



LC4897

**ORDERING****Available Stat:**

No

**Performing Lab:**

ARUP

**Synonyms:**

- sTfR
- TfR
- Transferrin Receptor
- Transferrin Receptor Level
- STR

**COLLECTION****Sample Type:**

Serum or plasma; Gold or red top

**Label Abbreviation:**

STR

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**PROCESSING****Test Code:**

SOLTR

**ARUP Test Code:**

0070283

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**ADMINISTRATIVE****LOINC:**

- 30248-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SOLTR

**ARUP Test Code:**

0070283

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum or plasma; Gold or red top

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Synonyms:**

- sTfR
- TfR
- Transferrin Receptor
- Transferrin Receptor Level
- STR

**LOINC:**

- 30248-9

## 3-Hydroxy-3-Methylglutaryl Coenzyme A Reductase (HMGCR) Antibody, IgG

LAB5656

### ORDERING

**Ordering Recommendations:**

Differential diagnosis of myositis in patients with or without statin exposure.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Wed, Fri

**Methodology:**

Semi-Quantitative Chemiluminescent Immunoassay (CLIA)

**Reported:**

1-15 days

**Synonyms:**

- HMG antibody
- HMG
- HMGCR

### COLLECTION

**Sample Type:**

Serum (Gold top tube)

**Label Abbreviation:**

HMGCR

**Collect:**

Serum separator tube (SST).

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 30 days (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**Unacceptable Conditions:**

Contaminated, heat-inactivated, clots, fibrin, gross red blood cells, severely lipemic, severely hemolyzed, or severely icteric specimens.

### PROCESSING

**Test Code:**

HMGCR

**ARUP Test Code:**

2013101

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum (Min: 0.3 mL) to an ARUP standard transport tube.

**Additional Processing Instructions:**

Aliquot and freeze specimen. Transport to CB frozen. Order ARUP test code 2013101.

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.15 mL serum

**Unacceptable Conditions:**

Contaminated, heat-inactivated, clots, fibrin, gross red blood cells, severely lipemic, severely hemolyzed, or severely icteric specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 30 days (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**RESULT INTERPRETATION****Reference Interval:**

| Components          | Reference Interval       |
|---------------------|--------------------------|
| HMGCR Antibody, IgG | 0.0-19.9 Units: Negative |

**Interpretive Data:**

IgG antibodies to 3-hydroxy-3-methylglutaryl-coenzyme A reductase (HMGCR) are mainly associated with necrotizing autoimmune myopathy (NAM) in a subset of statin-treated patients. Although infrequent, these antibodies may also be observed in statin-naïve patients with NAM. Strong clinical correlation is recommended in the absence of muscle fiber necrosis, elevated serum creatine kinase, perimysial pathology, and/or statin exposure.

**ADMINISTRATIVE****CPT Codes:**

82397

**LOINC:**

- 93493-5

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Differential diagnosis of myositis in patients with or without statin exposure.

**Test Code:**

HMGCR

**ARUP Test Code:**

2013101

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Wed, Fri

**Methodology:**

Semi-Quantitative Chemiluminescent Immunoassay (CLIA)

**Collect:**

Serum separator tube (SST).

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum (Gold top tube)

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.15 mL serum

**Unacceptable Conditions:**

Contaminated, heat-inactivated, clots, fibrin, gross red blood cells, severely lipemic, severely hemolyzed, or severely icteric specimens.



**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum (Min: 0.3 mL) to an ARUP standard transport tube.

**Additional Processing Instructions:**

Aliquot and freeze specimen. Transport to CB frozen. Order ARUP test code 2013101.

**Reference Interval:**

| Components          | Reference Interval       |
|---------------------|--------------------------|
| HMGCR Antibody, IgG | 0.0-19.9 Units: Negative |

**Interpretive Data:**

IgG antibodies to 3-hydroxy-3-methylglutaryl-coenzyme A reductase (HMGCR) are mainly associated with necrotizing autoimmune myopathy (NAM) in a subset of statin-treated patients. Although infrequent, these antibodies may also be observed in statin-naïve patients with NAM. Strong clinical correlation is recommended in the absence of muscle fiber necrosis, elevated serum creatine kinase, perimysial pathology, and/or statin exposure.

**Synonyms:**

- HMG antibody
- HMG
- HMGCR

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 30 days (avoid repeated freeze/thaw cycles)

**Reported:**

1-15 days

**CPT Codes:**

82397

**LOINC:**

- 93493-5

# Insulin-Like Growth Factor Binding Protein-3 (IGFBP-3)

LAB3338

## ORDERING

**Ordering Recommendations:**

Not a first-line test in the evaluation of growth disorders. Aids in workup of suspected anterior hypopituitarism.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Chemiluminescent Immunoassay (CLIA)

**Reported:**

1-2 days

**Synonyms:**

- IGF Binding Protein-3
- IGFBP-3
- IGFBP3
- Insulin-Like Growth Factor Binding Protein-3
- Somatomedin C binding protein
- BP3
- Somatomedin C

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

BP3

**Collect:**

Serum separator tube. Also acceptable: Green (sodium heparin).

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 year

**Storage/Transport Temperature:**

Frozen.

**Unacceptable Conditions:**

Tissue or urine. Grossly hemolyzed or lipemic specimens.

## PROCESSING

**Test Code:**

BP3

**ARUP Test Code:**

0070060

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Tissue or urine. Grossly hemolyzed or lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 year

**Storage/Transport Temperature:**

Frozen.

**RESULT INTERPRETATION**

**Units:**

ng/mL

## Reference Interval:

| Components            | Reference Interval |                                     |
|-----------------------|--------------------|-------------------------------------|
| IGF Binding Protein 3 | <b>Age</b>         | <b>Reference Intervals (ng/mL)</b>  |
|                       | 0-7 days           | 500-900                             |
|                       | 8-14 days          | 500-1400                            |
|                       | 15 days-11 months  | Reference intervals not available   |
|                       | 1 year             | 700-3600                            |
|                       | 2 years            | 800-3900                            |
|                       | 3 years            | 900-4300                            |
|                       | 4 years            | 1000-4700                           |
|                       | 5 years            | 1100-5200                           |
|                       | 6 years            | 1300-5600                           |
|                       | 7 years            | 1400-6100                           |
|                       | 8 years            | 1600-6500                           |
|                       | 9 years            | 1800-7100                           |
|                       | 10 years           | 2100-7700                           |
|                       | 11 years           | 2400-8400                           |
|                       | 12 years           | 2700-8900                           |
|                       | 13 years           | 3100-9500                           |
|                       | 14 years           | 3300-10000                          |
|                       | 15 years           | 3500-10000                          |
|                       | 16 years           | 3400-9500                           |
|                       | 17 years           | 3200-8700                           |
|                       | 18 years           | 3100-7900                           |
|                       | 19 years           | 2900-7300                           |
|                       | 20 years           | 2900-7200                           |
|                       | 21-25 years        | 3400-7800                           |
|                       | 26-30 years        | 3500-7600                           |
|                       | 31-35 years        | 3500-7000                           |
|                       | 36-40 years        | 3400-6700                           |
|                       | 41-45 years        | 3300-6600                           |
|                       | 46-50 years        | 3300-6700                           |
|                       | 51-55 years        | 3400-6800                           |
|                       | 56-60 years        | 3400-6900                           |
|                       | 61-65 years        | 3200-6600                           |
|                       | 66-70 years        | 3000-6200                           |
|                       | 71-75 years        | 2800-5700                           |
|                       | 76-80 years        | 2500-5100                           |
|                       | <b>Age</b>         | <b>Reference Intervals (ng/mL)</b>  |
|                       | 81-85 years        | 2200-4500                           |
|                       | 86 years and older | Reference intervals not established |

**Interpretive Data:**

| Tanner Stage     | Male (ng/mL) | Female (ng/mL) |
|------------------|--------------|----------------|
| Tanner Stage I   | 1400-5200    | 1200-6400      |
| Tanner Stage II  | 2300-6300    | 2800-6900      |
| Tanner Stage III | 3100-8900    | 3900-9400      |
| Tanner Stage IV  | 3700-8700    | 3300-8100      |
| Tanner Stage V   | 2600-8600    | 2700-9100      |

**ADMINISTRATIVE****CPT Codes:**

82397

**LOINC:**

- 2483-6

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Not a first-line test in the evaluation of growth disorders. Aids in workup of suspected anterior hypopituitarism.

**Test Code:**

BP3

**ARUP Test Code:**

0070060

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Chemiluminescent Immunoassay (CLIA)

**Collect:**

Serum separator tube. Also acceptable: Green (sodium heparin).

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Tissue or urine. Grossly hemolyzed or lipemic specimens.

**Specimen Preparation:**

Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

**Units:**

ng/mL

## Reference Interval:

| Components            | Reference Interval |                                     |
|-----------------------|--------------------|-------------------------------------|
| IGF Binding Protein 3 | <b>Age</b>         | <b>Reference Intervals (ng/mL)</b>  |
|                       | 0-7 days           | 500-900                             |
|                       | 8-14 days          | 500-1400                            |
|                       | 15 days-11 months  | Reference intervals not available   |
|                       | 1 year             | 700-3600                            |
|                       | 2 years            | 800-3900                            |
|                       | 3 years            | 900-4300                            |
|                       | 4 years            | 1000-4700                           |
|                       | 5 years            | 1100-5200                           |
|                       | 6 years            | 1300-5600                           |
|                       | 7 years            | 1400-6100                           |
|                       | 8 years            | 1600-6500                           |
|                       | 9 years            | 1800-7100                           |
|                       | 10 years           | 2100-7700                           |
|                       | 11 years           | 2400-8400                           |
|                       | 12 years           | 2700-8900                           |
|                       | 13 years           | 3100-9500                           |
|                       | 14 years           | 3300-10000                          |
|                       | 15 years           | 3500-10000                          |
|                       | 16 years           | 3400-9500                           |
|                       | 17 years           | 3200-8700                           |
|                       | 18 years           | 3100-7900                           |
|                       | 19 years           | 2900-7300                           |
|                       | 20 years           | 2900-7200                           |
|                       | 21-25 years        | 3400-7800                           |
|                       | 26-30 years        | 3500-7600                           |
|                       | 31-35 years        | 3500-7000                           |
|                       | 36-40 years        | 3400-6700                           |
|                       | 41-45 years        | 3300-6600                           |
|                       | 46-50 years        | 3300-6700                           |
|                       | 51-55 years        | 3400-6800                           |
|                       | 56-60 years        | 3400-6900                           |
|                       | 61-65 years        | 3200-6600                           |
|                       | 66-70 years        | 3000-6200                           |
|                       | 71-75 years        | 2800-5700                           |
|                       | 76-80 years        | 2500-5100                           |
|                       | <b>Age</b>         | <b>Reference Intervals (ng/mL)</b>  |
|                       | 81-85 years        | 2200-4500                           |
|                       | 86 years and older | Reference intervals not established |

**Interpretive Data:**

| <b>Tanner Stage</b> | <b>Male (ng/mL)</b> | <b>Female (ng/mL)</b> |
|---------------------|---------------------|-----------------------|
| Tanner Stage I      | 1400-5200           | 1200-6400             |
| Tanner Stage II     | 2300-6300           | 2800-6900             |
| Tanner Stage III    | 3100-8900           | 3900-9400             |
| Tanner Stage IV     | 3700-8700           | 3300-8100             |
| Tanner Stage V      | 2600-8600           | 2700-9100             |

**Synonyms:**

- IGF Binding Protein-3
- IGFBP-3
- IGFBP3
- Insulin-Like Growth Factor Binding Protein-3
- Somatomedin C binding protein
- BP3
- Somatomedin C

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 year

**Reported:**

1-2 days

**CPT Codes:**

82397

**LOINC:**

- 2483-6

# Measles (Rubeola) Antibody, IgM, CSF by IFA

LAB9067

## ORDERING

**Ordering Recommendations:**

Aid in the diagnosis of measles encephalitis. False positive results are possible and it is recommended that testing only be performed in individuals with known exposure.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon-Fri

**Methodology:**

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

**Reported:**

1-5 days

**Synonyms:**

- English Measles
- measles IgM CSF
- MMR
- Rubeola IgM CSF
- MSCM

## COLLECTION

**Sample Type:**

CSF in steril container

**Label Abbreviation:**

MSCM

**Collect:**

CSF.

**Amount to Collect:**

0.5 mL

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.2 mL

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

New York State Clients: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

New York State Clients: Refrigerated

**Unacceptable Conditions:**

Bacterially contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.

## PROCESSING

**Test Code:**

MSCM

**ARUP Test Code:**

0054441

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 0.5 mL CSF to an ARUP standard transport tube. (Min: 0.2 mL)

New York State Clients: 1 mL (Min: 0.075 mL)

**Preferred Volume:**

0.5 mL



**Minimum Volume:**

0.2 mL

**Unacceptable Conditions:**

Bacterially contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

New York State Clients: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

New York State Clients: Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

| Components                         | Reference Interval |
|------------------------------------|--------------------|
| Measles, Rubeola, Antibody IgM CSF | Less than 1:2      |

**Interpretive Data:**

The detection of antibodies to rubeola in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

|                |                                                                                                                                       |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Less than 1:2  | Negative: No evidence of recent infection. False-negative results are possible if the specimen was collected too soon after exposure. |
| 1:2 or greater | Positive: Indicative of recent primary measles infection.                                                                             |

**ADMINISTRATIVE****CPT Codes:**

86765

**LOINC:**

- 21502-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aid in the diagnosis of measles encephalitis. False positive results are possible and it is recommended that testing only be performed in individuals with known exposure.

**Test Code:**

MSCM

**ARUP Test Code:**

0054441

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon-Fri

**Methodology:**

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

**Collect:**

CSF.

**Amount to Collect:**

0.5 mL

**Sample Type:**

CSF in steril container

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.2 mL

**Unacceptable Conditions:**

Bacterially contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.

**Specimen Preparation:**

Transfer 0.5 mL CSF to an ARUP standard transport tube. (Min: 0.2 mL)

New York State Clients: 1 mL (Min: 0.075 mL)

**Reference Interval:**

| Components                         | Reference Interval |
|------------------------------------|--------------------|
| Measles, Rubeola, Antibody IgM CSF | Less than 1:2      |

**Interpretive Data:**

The detection of antibodies to rubeola in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

|                |                                                                                                                                       |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Less than 1:2  | Negative: No evidence of recent infection. False-negative results are possible if the specimen was collected too soon after exposure. |
| 1:2 or greater | Positive: Indicative of recent primary measles infection.                                                                             |

**Synonyms:**

- English Measles
- measles IgM CSF
- MMR
- Rubeola IgM CSF
- MSCM

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

New York State Clients: Refrigerated

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

New York State Clients: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

**Reported:**

1-5 days

**CPT Codes:**

86765

**LOINC:**

- 21502-0

***Bartonella henselae* & *B. quintana* Antibodies, IgG & IgM**

LAB3407

**ORDERING****Ordering Recommendations:**

May confirm a current or past exposure to *B. henselae* or *B. quintana* in patient with typical signs and symptoms and a compatible exposure history.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Thu

**Methodology:**

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

**Reported:**

1-8 days

**Synonyms:**

- BA
- Bacillary angiomatosis
- Cat Scratch Disease
- CSD
- peliosis hepatitis
- Rickettsia henselae
- Rickettsia quintana
- Rochalimea
- B henselae IgG
- B henselae IgM
- B quintana IgG
- B quintana IgM
- Bartonella henselae Abs
- Bartonella Quintana, IgG/IgM
- BART

**COLLECTION****Sample Type:**

Serum

**Label Abbreviation:**

BART

**Collect:**

Serum separator tube.

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Contaminated, hemolyzed, or severely lipemic specimens.

**PROCESSING****Test Code:**

BART

**ARUP Test Code:**

2002280

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Contaminated, hemolyzed, or severely lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Interpretive Data:**

| Component                                | Interpretation                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bartonella henselae Antibody, IgG by IFA | <1:64 Negative - No significant level of Bartonella henselae IgG antibody detected.<br>1:64-1:128 Equivocal - Questionable presence of Bartonella henselae IgG antibody detected. Repeat testing in 10-14 days may be helpful.<br>≥1:256 Positive - Presence of IgG antibody to Bartonella henselae detected, suggestive of current or past infection.  |
| Bartonella henselae Antibody, IgM by IFA | < 1:16 Negative - No significant level of Bartonella henselae IgM antibody detected.<br>≥1:16 Positive - Presence of IgM antibody to Bartonella henselae detected, suggestive of current or recent infection.                                                                                                                                           |
| Bartonella quintana Antibody, IgG by IFA | < 1:64 Negative - No significant level of Bartonella quintana IgG antibody detected.<br>1:64-1:128 Equivocal - Questionable presence of Bartonella quintana IgG antibody detected. Repeat testing in 10-14 days may be helpful.<br>≥1:256 Positive - Presence of IgG antibody to Bartonella quintana detected, suggestive of current or past infection. |
| Bartonella quintana Antibody, IgM by IFA | < 1:16 Negative - No significant level of Bartonella quintana IgM antibody detected.<br>≥1:16 Positive - Presence of IgM antibody to Bartonella quintana detected, suggestive of current or recent infection.                                                                                                                                           |

**ADMINISTRATIVE****CPT Codes:**

86611 x4

**LOINC:**

- 9360-9
- 6954-2
- 6955-9
- 9361-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

May confirm a current or past exposure to B. henselae or B. quintana in patient with typical signs and symptoms and a compatible exposure history.

**Test Code:**

BART

**ARUP Test Code:**

2002280

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Thu

**Methodology:**

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

**Collect:**

Serum separator tube.

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Contaminated, hemolyzed, or severely lipemic specimens.

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

**Interpretive Data:**

| Component                                | Interpretation                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bartonella henselae Antibody, IgG by IFA | <1:64 Negative - No significant level of Bartonella henselae IgG antibody detected.<br>1:64-1:128 Equivocal - Questionable presence of Bartonella henselae IgG antibody detected. Repeat testing in 10-14 days may be helpful.<br>≥1:256 Positive - Presence of IgG antibody to Bartonella henselae detected, suggestive of current or past infection.  |
| Bartonella henselae Antibody, IgM by IFA | < 1:16 Negative - No significant level of Bartonella henselae IgM antibody detected.<br>≥1:16 Positive - Presence of IgM antibody to Bartonella henselae detected, suggestive of current or recent infection.                                                                                                                                           |
| Bartonella quintana Antibody, IgG by IFA | < 1:64 Negative - No significant level of Bartonella quintana IgG antibody detected.<br>1:64-1:128 Equivocal - Questionable presence of Bartonella quintana IgG antibody detected. Repeat testing in 10-14 days may be helpful.<br>≥1:256 Positive - Presence of IgG antibody to Bartonella quintana detected, suggestive of current or past infection. |
| Bartonella quintana Antibody, IgM by IFA | < 1:16 Negative - No significant level of Bartonella quintana IgM antibody detected.<br>≥1:16 Positive - Presence of IgM antibody to Bartonella quintana detected, suggestive of current or recent infection.                                                                                                                                           |

**Synonyms:**

- BA
- Bacillary angiomatosis
- Cat Scratch Disease
- CSD
- peliosis hepatitis
- Rickettsia henselae
- Rickettsia quintana
- Rochalimea
- B henselae IgG
- B henselae IgM
- B quintana IgG
- B quintana IgM
- Bartonella henselae Abs
- Bartonella Quintana, IgG/IgM
- BART

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Reported:**

1-8 days

**CPT Codes:**

86611 x4

**LOINC:**

- 9360-9
- 6954-2
- 6955-9
- 9361-7

# ***Borrelia* Species by PCR (Lyme Disease)**

LC4871

## ORDERING

**Ordering Recommendations:**

Not a first-line test for Lyme disease. May be useful if strong suspicion of Lyme disease persists in spite of persistent negative serologic testing. Blood and CSF specimens have poor clinical sensitivity for detection of *Borrelia burgdorferi* by PCR.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Wed, Fri

**Methodology:**

Qualitative Polymerase Chain Reaction

**Reported:**

1-4 days

**Synonyms:**

- Borreliosis
- *Borrelia burgdorferi*
- *B. burgdorferi* DNA detection
- Lyme Disease
- Lyme Disease PCR
- Tick Borne Disease
- LYMEPCR

## COLLECTION

**Sample Type:**

Blood, CSF, synovial fluid, tissue

**Label Abbreviation:**

LYMEPCR

**Collect:**Lavender (EDTA), pink (K<sub>2</sub>EDTA) or serum separator tube. OR CSF, synovial fluid or tissue.**Amount to Collect:**

2 mL blood or 1 mL fluid

**Preferred Volume:**

1 mL plasma/serum or fluid

**Minimum Volume:**

0.5 mL plasma/serum or fluid

**Remarks:**

Specimen source required.

**Stability (from collection to initiation):**

Tissue: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 year

All Others: Ambient: 8 hours; Refrigerated: 72 hours; Frozen: 1 year

**Storage/Transport Temperature:**

Frozen.

**Unacceptable Conditions:**

Heparinized specimens, tissues in optimal cutting temperature compound.

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**ARUP Test Code:**

0055570

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum or plasma from cells. Transfer 1 mL serum, plasma, CSF or synovial fluid to a sterile container. (Min: 0.5 mL). Tissue: Transfer to a sterile container and freeze immediately.

**Preferred Volume:**

1 mL plasma/serum or fluid

**Minimum Volume:**

0.5 mL plasma/serum or fluid

**Unacceptable Conditions:**

Heparinized specimens, tissues in optimal cutting temperature compound.

**Stability (from collection to initiation):**

Tissue: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 year

All Others: Ambient: 8 hours; Refrigerated: 72 hours; Frozen: 1 year

**Storage/Transport Temperature:**

Frozen.

**RESULT INTERPRETATION****Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

87476

**LOINC:**

- 31208-2
- 4991-6

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Not a first-line test for Lyme disease. May be useful if strong suspicion of Lyme disease persists in spite of persistent negative serologic testing. Blood and CSF specimens have poor clinical sensitivity for detection of *Borrelia burgdorferi* by PCR.

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**ARUP Test Code:**

0055570

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Wed, Fri

**Methodology:**

Qualitative Polymerase Chain Reaction

**Remarks:**

Specimen source required.

**Collect:**

Lavender (EDTA), pink (K<sub>2</sub>EDTA) or serum separator tube. OR CSF, synovial fluid or tissue.

**Amount to Collect:**

2 mL blood or 1 mL fluid

**Sample Type:**

Blood, CSF, synovial fluid, tissue

**Preferred Volume:**

1 mL plasma/serum or fluid

**Minimum Volume:**

0.5 mL plasma/serum or fluid



**Unacceptable Conditions:**

Heparinized specimens, tissues in optimal cutting temperature compound.

**Specimen Preparation:**

Separate serum or plasma from cells. Transfer 1 mL serum, plasma, CSF or synovial fluid to a sterile container. (Min: 0.5 mL). Tissue: Transfer to a sterile container and freeze immediately.

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Borreliosis
- Borrelia burgdorferi
- B. burgdorferi DNA detection
- Lyme Disease
- Lyme Disease PCR
- Tick Borne Disease
- LYMEPCR

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

Tissue: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 year  
All Others: Ambient: 8 hours; Refrigerated: 72 hours; Frozen: 1 year

**Reported:**

1-4 days

**CPT Codes:**

87476

**LOINC:**

- 31208-2
- 4991-6

# **Brucella Antibody (Total) by Agglutination**

LAB6231

## ORDERING

**Ordering Recommendations:**

Recommended serology test to detect recent infection from Brucella in the context of a clinically compatible illness and exposure history.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon-Fri

**Methodology:**

Semi-Quantitative Agglutination

**Reported:**

2-4 days

**Synonyms:**

- Brucella Serology
- Brucella Total Antibody Agglutination, Serum
- Febrile Agglutinins
- BRUCA

## COLLECTION

**Sample Type:**

Serum (gold top)

**Label Abbreviation:**

BRUCA

**Collect:**

Serum Separator Tube (SST).

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Remarks:**

Mark specimens plainly as "acute" or "convalescent."

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 6 months (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.

## PROCESSING

**Test Code:**

BRUCA

**ARUP Test Code:**

0050135

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 6 months (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

Less than 1:20 Negative

**Interpretive Data:**

Cross-reactions may occur between Brucella and F. tularensis antigens and antisera; therefore, parallel tests should be run with these antigens. A fourfold rise in titer is considered diagnostic. A single serum titer of 1:80 or 1:160 is suggestive of brucellosis when accompanied by a compatible clinical course in a patient with a history of potential exposures.

**ADMINISTRATIVE****CPT Codes:**

86622

**LOINC:**

- 19053-8

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Recommended serology test to detect recent infection from Brucella in the context of a clinically compatible illness and exposure history.

**Test Code:**

BRUCA

**ARUP Test Code:**

0050135

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon-Fri

**Methodology:**

Semi-Quantitative Agglutination

**Remarks:**

Mark specimens plainly as "acute" or "convalescent."

**Collect:**

Serum Separator Tube (SST).

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum (gold top)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.

**Reference Interval:**

Less than 1:20 Negative

**Interpretive Data:**

Cross-reactions may occur between Brucella and F. tularensis antigens and antisera; therefore, parallel tests should be run with these antigens. A fourfold rise in titer is considered diagnostic. A single serum titer of 1:80 or 1:160 is suggestive of brucellosis when accompanied by a compatible clinical course in a patient with a history of potential exposures.

**Synonyms:**

- Brucella Serology
- Brucella Total Antibody Agglutination, Serum
- Febrile Agglutinins
- BRUCA

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 6 months (avoid repeated freeze/thaw cycles)

**Reported:**

2-4 days

**CPT Codes:**

86622

**LOINC:**

- 19053-8

**CBFB::MYH11 inv(16) Detection, Quantitative**

LAB4372

**ORDERING****Ordering Recommendations:**

Use to detect and quantitate CBFB::MYH11 fusion transcripts (type A, D, or E) which result from inv(16) or t(16;16). Use to monitor for minimal residual disease and assess the risk of disease relapse.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Varies

**Methodology:**

Quantitative Reverse Transcription Polymerase Chain Reaction

**Reported:**

5-9 days

**Additional Technical Information:**

- Time Sensitive

**Additional Information:**

Cannot be collected on Fridays or weekends due to stability.

**Synonyms:**

- CBFB-MYH11 inv(16) Detection, Quantitative
- CBFB::MYH11 inv(16) Detection, Quantitative
- CBFBINV

**COLLECTION****Sample Type:**

Blood or bone marrow

**Label Abbreviation:**

CBFBINV

**Collect:**

Lavender (EDTA) or bone marrow (EDTA).

**Amount to Collect:**

Whole Blood: Transport 5 mL whole blood. (Min: 3 mL)

Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: Unacceptable

**Storage/Transport Temperature:**

Whole Blood or Bone Marrow: CRITICAL REFRIGERATED. Separate specimens must be submitted when multiple tests are ordered.

**Unacceptable Conditions:**

Serum, plasma, extracted DNA, CSF, FFPE tissue, ambient whole blood, or frozen whole blood or bone marrow.

Specimens collected in anticoagulants other than EDTA. Severely hemolyzed or clotted specimens.

Ambient bone marrow specimens past 7 days will be canceled.

Refrigerated whole blood or bone marrow specimens past 7 days will be canceled.

**PROCESSING****Test Code:**

LAB4372

**ARUP Test Code:**

2011114

**Performing Lab:**

ARUP

**Specimen Preparation:**

Whole Blood: Transport 5 mL whole blood. (Min: 3 mL)

Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)

Refrigerate immediately. Specimens must be received within 48 hours of collection due to lability of RNA.

**Unacceptable Conditions:**

Serum, plasma, extracted DNA, CSF, FFPE tissue, ambient whole blood, or frozen whole blood or bone marrow.  
 Specimens collected in anticoagulants other than EDTA. Severely hemolyzed or clotted specimens.  
 Ambient bone marrow specimens past 7 days will be canceled.  
 Refrigerated whole blood or bone marrow specimens past 7 days will be canceled.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: Unacceptable

**Storage/Transport Temperature:**

Whole Blood or Bone Marrow: CRITICAL REFRIGERATED. Separate specimens must be submitted when multiple tests are ordered.

**RESULT INTERPRETATION****Additional Information:**

Cannot be collected on Fridays or weekends due to stability.

**Additional Technical Information:**

- Time Sensitive

**Interpretive Data:**

Refer to report.

**ADMINISTRATIVE****CPT Codes:**

81401

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to detect and quantitate CBFB::MYH11 fusion transcripts (type A, D, or E) which result from inv(16) or t(16;16). Use to monitor for minimal residual disease and assess the risk of disease relapse.

**Test Code:**

LAB4372

**ARUP Test Code:**

2011114

**Performing Lab:**

ARUP

**Performed:**

Varies

**Methodology:**

Quantitative Reverse Transcription Polymerase Chain Reaction

**Collect:**

Lavender (EDTA) or bone marrow (EDTA).

**Amount to Collect:**

Whole Blood: Transport 5 mL whole blood. (Min: 3 mL)  
 Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)

**Sample Type:**

Blood or bone marrow

**Unacceptable Conditions:**

Serum, plasma, extracted DNA, CSF, FFPE tissue, ambient whole blood, or frozen whole blood or bone marrow.  
 Specimens collected in anticoagulants other than EDTA. Severely hemolyzed or clotted specimens.  
 Ambient bone marrow specimens past 7 days will be canceled.  
 Refrigerated whole blood or bone marrow specimens past 7 days will be canceled.

**Specimen Preparation:**

Whole Blood: Transport 5 mL whole blood. (Min: 3 mL)  
 Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)  
 Refrigerate immediately. Specimens must be received within 48 hours of collection due to lability of RNA.

**Interpretive Data:**

Refer to report.

**Synonyms:**

- CFBF-MYH11 inv(16) Detection, Quantitative
- CFBF::MYH11 inv(16) Detection, Quantitative
- CFBFINV

**Storage/Transport Temperature:**

Whole Blood or Bone Marrow: CRITICAL REFRIGERATED. Separate specimens must be submitted when multiple tests are ordered.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: Unacceptable

**Reported:**

5-9 days

**Additional Information:**

Cannot be collected on Fridays or weekends due to stability.

**Additional Technical Information:**

- Time Sensitive

**CPT Codes:**

81401

# Coccidioides Antibodies by Complement Fixation

LAB3522

## ORDERING

**Ordering Recommendations:**

Use to monitor coccidioidal antibody titer in serum in response to treatment. For initial diagnosis of coccidioidomycosis, refer to Coccidioides Antibodies Reflexive Panel, Serum (3001982).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Complement Fixation

**Reported:**

2-5 days

**Synonyms:**

- Cocci IgG, IgM CF
- Coccidioidomycosis IgG/IgM
- San Joaquin Fever Antibody
- Valley Fever antibodies
- Coccidioides immitis
- Coccidioidomycosis
- Valley Fever
- COCF

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

COCF

**Collect:**

Serum separator tube (SST).

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.15 mL serum

**Remarks:**

Mark specimens plainly as "acute" or "convalescent."

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Other body fluids. Contaminated, hemolyzed, icteric, or lipemic specimens.

## PROCESSING

**Test Code:**

COCF

**ARUP Test Code:**

0050170

**Sendout:**

Yes

**Performing Lab:**

ARUP



**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.6 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens..

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.15 mL serum

**Unacceptable Conditions:**

Other body fluids. Contaminated, hemolyzed, icteric, or lipemic specimens.

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

Less than 1:2

**Interpretive Data:**

A titer of 1:2 or greater suggests past or current infection. However, greater than 30 percent of cases with chronic residual pulmonary disease have negative complement fixation (CF) tests. Titers of less than 1:32 (even as low as 1:2) may indicate past infection or self-limited disease; anticoccidioidal CF antibody titers in excess of 1:16 may indicate disseminated infection. CF serology may be used to follow therapy. Antibody in CSF is considered diagnostic for coccidioidal meningitis, although 10 percent of patients with coccidioidal meningitis will not have antibody in CSF.

**ADMINISTRATIVE****CPT Codes:**

86635

**LOINC:**

- 33380-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to monitor coccidioidal antibody titer in serum in response to treatment. For initial diagnosis of coccidioidomycosis, refer to Coccidioides Antibodies Reflexive Panel, Serum (3001982).

**Test Code:**

COCF

**ARUP Test Code:**

0050170

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Complement Fixation

**Remarks:**

Mark specimens plainly as "acute" or "convalescent."

**Collect:**

Serum separator tube (SST).

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.15 mL serum

**Unacceptable Conditions:**

Other body fluids. Contaminated, hemolyzed, icteric, or lipemic specimens.

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.6 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens..

**Reference Interval:**

Less than 1:2

**Interpretive Data:**

A titer of 1:2 or greater suggests past or current infection. However, greater than 30 percent of cases with chronic residual pulmonary disease have negative complement fixation (CF) tests. Titers of less than 1:32 (even as low as 1:2) may indicate past infection or self-limited disease; anticoccidioidal CF antibody titers in excess of 1:16 may indicate disseminated infection. CF serology may be used to follow therapy. Antibody in CSF is considered diagnostic for coccidioidal meningitis, although 10 percent of patients with coccidioidal meningitis will not have antibody in CSF.

**Synonyms:**

- Cocci IgG, IgM CF
- Coccidioidomycosis IgG/IgM
- San Joaquin Fever Antibody
- Valley Fever antibodies
- Coccidioides immitis
- Coccidioidomycosis
- Valley Fever
- COCF

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Reported:**

2-5 days

**CPT Codes:**

86635

**LOINC:**

- 33380-7

# Coccidioides Antibodies by Complement Fixation, CSF

LAB6245

## ORDERING

**Ordering Recommendations:**

Aids in the diagnosis of coccidioidal meningitis and in monitoring of coccidioidal antibody titer in CSF in response to treatment. For comprehensive diagnostic testing that includes immunoassay (IgM and IgG), complement fixation, and immunodiffusion, refer to Coccidioides Antibodies Panel, CSF (3000061).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Complement Fixation

**Reported:**

2-4 days

**Synonyms:**

- Cocci IgG, IgM CF
- Coccidioidomycosis IgG/IgM
- San Joaquin Fever Antibody
- Valley Fever antibodies
- CF
- Coccidioides immitis
- TP
- Coccidioidomycosis
- Precipitin
- Valley Fever
- COCFC

## COLLECTION

**Sample Type:**

CSF in sterile tube

**Label Abbreviation:**

COCFC

**Collect:**

CSF

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.6 mL

**Remarks:**

Mark specimens plainly as "acute" or "convalescent."

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Other body fluids. Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.

## PROCESSING

**Test Code:**

COCFC

**ARUP Test Code:**

3000059

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 1 mL CSF to an ARUP standard transport tube. (Min 0.6 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens.

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.6 mL

**Unacceptable Conditions:**

Other body fluids. Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

Less than 1:2

**Interpretive Data:**

A titer of 1:2 or greater suggests past or current infection. However, greater than 30 percent of cases with chronic residual pulmonary disease have negative complement fixation (CF) tests. Titers of less than 1:32 (even as low as 1:2) may indicate past infection or self-limited disease; anticoccidioidal CF antibody titers in excess of 1:16 may indicate disseminated infection. CF serology may be used to follow therapy. Antibody in CSF is considered diagnostic for coccidioidal meningitis, although 10 percent of patients with coccidioidal meningitis will not have antibody in CSF.

**ADMINISTRATIVE****CPT Codes:**

86635

**LOINC:**

- 13917-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aids in the diagnosis of coccidioidal meningitis and in monitoring of coccidioidal antibody titer in CSF in response to treatment. For comprehensive diagnostic testing that includes immunoassay (IgM and IgG), complement fixation, and immunodiffusion, refer to Coccidioides Antibodies Panel, CSF (3000061).

**Test Code:**

COCFC

**ARUP Test Code:**

3000059

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Complement Fixation

**Remarks:**

Mark specimens plainly as "acute" or "convalescent."

**Collect:**

CSF

**Sample Type:**

CSF in sterile tube

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.6 mL

**Unacceptable Conditions:**

Other body fluids. Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.

**Specimen Preparation:**

Transfer 1 mL CSF to an ARUP standard transport tube. (Min 0.6 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens.

**Reference Interval:**

Less than 1:2

**Interpretive Data:**

A titer of 1:2 or greater suggests past or current infection. However, greater than 30 percent of cases with chronic residual pulmonary disease have negative complement fixation (CF) tests. Titers of less than 1:32 (even as low as 1:2) may indicate past infection or self-limited disease; anticoccidioidal CF antibody titers in excess of 1:16 may indicate disseminated infection. CF serology may be used to follow therapy. Antibody in CSF is considered diagnostic for coccidioidal meningitis, although 10 percent of patients with coccidioidal meningitis will not have antibody in CSF.

**Synonyms:**

- Cocci IgG, IgM CF
- Coccidioidomycosis IgG/IgM
- San Joaquin Fever Antibody
- Valley Fever antibodies
- CF
- Coccidioides immitis
- TP
- Coccidioidomycosis
- Precipitin
- Valley Fever
- COCFC

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Reported:**

2-4 days

**CPT Codes:**

86635

**LOINC:**

- 13917-0

# Coccidioides Antigen Quantitative by EIA

LAB6821

## ORDERING

**Ordering Recommendations:**

Aids in the diagnosis and monitoring of Coccidioides infection in serum, plasma, and body fluids.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Varies

**Methodology:**

Quantitative Enzyme Immunoassay (EIA)

**Reported:**

3-4 days

**Synonyms:**

- Cocci Antigen
- Cocci Ag
- COCCA

## COLLECTION

**Sample Type:**

Urine, serum/plasma, CSF, BAL

**Label Abbreviation:**

COCCA

**Collect:**

Plain red, serum separator tube (SST), lavender (K2 or K3 EDTA), pink (K2 EDTA), green (sodium or lithium heparin), or light blue (sodium citrate). Also acceptable: Urine, CSF, or BAL.

**Preferred Volume:**

Urine and BAL: 1 mL  
Serum/plasma: 2 mL  
CSF: 1 mL

**Minimum Volume:**

Urine and BAL: 0.5 mL  
Serum/plasma: 1.2 mL  
CSF: 0.8 mL

**Remarks:**

Specimen source required.

**Stability (from collection to initiation):**

Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: Indefinitely

**Storage/Transport Temperature:**

Frozen. Also acceptable: Room temperature or refrigerated.

## PROCESSING

**Test Code:**

COCCA

**ARUP Test Code:**

2011075

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 2 mL serum or plasma to an ARUP standard transport tube. (Min: 1.2 mL)  
Transfer 1 mL urine or BAL to an ARUP standard transport tube. (Min: 0.5 mL)  
Transfer 1 mL CSF to an ARUP standard transport tube. (Min: 0.8 mL)  
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Preferred Volume:**

Urine and BAL: 1 mL  
Serum/plasma: 2 mL  
CSF: 1 mL

**Minimum Volume:**

Urine and BAL: 0.5 mL  
Serum/plasma: 1.2 mL  
CSF: 0.8 mL

**Stability (from collection to initiation):**

Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: Indefinitely

**Storage/Transport Temperature:**

Frozen. Also acceptable: Room temperature or refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

By Report

**ADMINISTRATIVE****CPT Codes:**

87449

**LOINC:**

- 93226-9
- 31208-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aids in the diagnosis and monitoring of Coccidioides infection in serum, plasma, and body fluids.

**Test Code:**

COCCA

**ARUP Test Code:**

2011075

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Varies

**Methodology:**

Quantitative Enzyme Immunoassay (EIA)

**Remarks:**

Specimen source required.

**Collect:**

Plain red, serum separator tube (SST), lavender (K2 or K3 EDTA), pink (K2 EDTA), green (sodium or lithium heparin), or light blue (sodium citrate). Also acceptable: Urine, CSF, or BAL.

**Sample Type:**

Urine, serum/plasma, CSF, BAL

**Preferred Volume:**

Urine and BAL: 1 mL  
Serum/plasma: 2 mL  
CSF: 1 mL

**Minimum Volume:**

Urine and BAL: 0.5 mL  
Serum/plasma: 1.2 mL  
CSF: 0.8 mL

**Specimen Preparation:**

Transfer 2 mL serum or plasma to an ARUP standard transport tube. (Min: 1.2 mL)  
Transfer 1 mL urine or BAL to an ARUP standard transport tube. (Min: 0.5 mL)  
Transfer 1 mL CSF to an ARUP standard transport tube. (Min: 0.8 mL)  
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Reference Interval:**

By Report

**Synonyms:**

- Cocci Antigen
- Cocci Ag
- COCCA

**Storage/Transport Temperature:**

Frozen. Also acceptable: Room temperature or refrigerated.

**Stability (from collection to initiation):**

Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: Indefinitely

**Reported:**

3-4 days

**CPT Codes:**

87449

**LOINC:**

- 93226-9
- 31208-2



# ***Histoplasma* Antibodies by Immunodiffusion**

LAB795

## ORDERING

**Ordering Recommendations:**

Aids in the diagnosis of histoplasmosis. Not recommended as a standalone test. For more complete serologic testing, refer to Histoplasma Antibodies by Complement Fixation and Immunodiffusion (0050627).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Immunodiffusion

**Reported:**

3-6 days

**Synonyms:**

- H. capsulatum
- Histoplasma ID
- Histoplasma Precipitin
- Histoplasma spp Ab
- Histoplasmosis Antibody
- Histoplasmosis
- H antigen
- Histoplasma capsulatum
- M antigen
- Precipitin
- HSTO

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

HSTO

**Collect:**

Serum separator tube.

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Contaminated, hemolyzed, or severely lipemic specimens.

## PROCESSING

**Test Code:**

HSTO

**ARUP Test Code:**

0050174

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.15 mL serum

**Unacceptable Conditions:**

Contaminated, hemolyzed, or severely lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

Not Detected

**Interpretive Data:**

Refer to report.

**ADMINISTRATIVE****CPT Codes:**

86698

**LOINC:**

- 5218-3

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aids in the diagnosis of histoplasmosis. Not recommended as a standalone test. For more complete serologic testing, refer to Histoplasma Antibodies by Complement Fixation and Immunodiffusion (0050627).

**Test Code:**

HSTO

**ARUP Test Code:**

0050174

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Immunodiffusion

**Collect:**

Serum separator tube.

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.15 mL serum

**Unacceptable Conditions:**

Contaminated, hemolyzed, or severely lipemic specimens.

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

**Reference Interval:**

Not Detected

**Interpretive Data:**

Refer to report.

**Synonyms:**

- H. capsulatum
- Histoplasma ID
- Histoplasma Precipitin
- Histoplasma spp Ab
- Histoplasmosis Antibody
- Histoplasmosis
- H antigen
- Histoplasma capsulatum
- M antigen
- Precipitin
- HSTO

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Reported:**

3-6 days

**CPT Codes:**

86698

**LOINC:**

- 5218-3

**Notes:**

This immunodiffusion test detects total antibodies against the H and M antigens of *Histoplasma capsulatum*.

# JAK2 (V617F) Mutation by ddPCR, Quantitative

MOLT

## ORDERING

**Ordering Recommendations:**

Aids in the workup of suspected myeloproliferative neoplasms. Use to detect the JAK2 V617F mutation in peripheral blood or bone marrow.

**Available Stat:**

No

**Performed:**

Varies

**Methodology:**

Droplet Digital PCR (ddPCR)

**Reported:**

2-9 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- BCR-ABL1-negative testing
- Classic BCR-ABL1-negative MPN testing
- MPN JAK 2
- mutant JAK 2 V617F allelic burden
- BCR-ABL1 negative testing
- Classic BCR-ABL1-negative testing
- MPN JAK2
- mutant JAK2 V617F allelic burden

## COLLECTION

**Label Abbreviation:**

MOLT

**Collect:**

Whole blood or bone marrow in lavender (EDTA). Also acceptable: Whole blood in green (sodium heparin).

**Preferred Volume:**

Whole Blood: 5 mL

Bone Marrow: 3 mL

**Minimum Volume:**

Whole Blood: 1 mL

Bone Marrow: 1 mL

**Stability (from collection to initiation):**

Refrigerated: 7 days; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Plasma, serum, FFPE tissue blocks/slides, or fresh or frozen tissue. Specimens collected in anticoagulants other than EDTA or sodium heparin. Clotted or grossly hemolyzed specimens.

## PROCESSING

**Test Code:**

MOLT

**ARUP Test Code:**

3003751

**Sendout:**

Yes

**Specimen Preparation:**

Whole Blood: Do not freeze. Transport 5 mL whole blood. (Min: 1 mL)

Bone Marrow: Do not freeze. Transport 3 mL bone marrow. (Min: 1 mL)

**Additional Processing Instructions:**

This is a specialized send out test for quantitative JAK2 V617F allele frequency. For the standard in-house qualitative assay, please see [Janus kinase 2 Mutation, Qualitative \(test code JAK2\)](#).

**Preferred Volume:**

Whole Blood: 5 mL  
Bone Marrow: 3 mL

**Minimum Volume:**

Whole Blood: 1 mL  
Bone Marrow: 1 mL

**Unacceptable Conditions:**

Plasma, serum, FFPE tissue blocks/slides, or fresh or frozen tissue. Specimens collected in anticoagulants other than EDTA or sodium heparin. Clotted or grossly hemolyzed specimens.

**Stability (from collection to initiation):**

Refrigerated: 7 days; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

Refer to report.

**ADMINISTRATIVE****CPT Codes:**

81270

**LOINC:**

- 31208-2
- 43399-5
- 53761-3

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aids in the workup of suspected myeloproliferative neoplasms. Use to detect the JAK2 V617F mutation in peripheral blood or bone marrow.

**Test Code:**

MOLT

**ARUP Test Code:**

3003751

**Sendout:**

Yes

**Performed:**

Varies

**Methodology:**

Droplet Digital PCR (ddPCR)

**Collect:**

Whole blood or bone marrow in lavender (EDTA). Also acceptable: Whole blood in green (sodium heparin).

**Preferred Volume:**

Whole Blood: 5 mL  
Bone Marrow: 3 mL

**Minimum Volume:**

Whole Blood: 1 mL  
Bone Marrow: 1 mL

**Unacceptable Conditions:**

Plasma, serum, FFPE tissue blocks/slides, or fresh or frozen tissue. Specimens collected in anticoagulants other than EDTA or sodium heparin. Clotted or grossly hemolyzed specimens.

**Specimen Preparation:**

Whole Blood: Do not freeze. Transport 5 mL whole blood. (Min: 1 mL)  
Bone Marrow: Do not freeze. Transport 3 mL bone marrow. (Min: 1 mL)

**Additional Processing Instructions:**

This is a specialized send out test for quantitative JAK2 V617F allele frequency. For the standard in-house qualitative assay, please see [Janus kinase 2 Mutation, Qualitative \(test code JAK2\)](#).

**Interpretive Data:**

Refer to report.

**Synonyms:**

- BCR-ABL1-negative testing
- Classic BCR-ABL1-negative MPN testing
- MPN JAK 2
- mutant JAK 2 V617F allelic burden
- BCR-ABL1 negative testing
- Classic BCR-ABL1-negative testing
- MPN JAK2
- mutant JAK2 V617F allelic burden

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Refrigerated: 7 days; Frozen: Unacceptable

**Reported:**

2-9 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

81270

**LOINC:**

- 31208-2
- 43399-5
- 53761-3

# KIT (D816V) Mutation by ddPCR, Quantitative

LAB175

## ORDERING

**Ordering Recommendations:**

Aids in the diagnosis of mastocytosis. Provides prognostic and predictive information for tyrosine kinase inhibitor (TKI) therapy planning.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Varies

**Methodology:**

Droplet Digital PCR (ddPCR)

**Reported:**

2-9 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- allergy
- Asp816Val
- C-KIT
- CKIT
- D816V
- KIT exon 17
- systemic mastocytosis
- KITDQ

## COLLECTION

**Sample Type:**

Blood or bone marrow

**Label Abbreviation:**

KITDQ

**Collect:**

Whole blood or bone marrow in lavender (EDTA) preferred. Also acceptable: Green (sodium heparin)

**Amount to Collect:**

5 mL blood

3 mL bone marrow

**Minimum Volume:**

1 mL blood

1 mL bone marrow

**Stability (from collection to initiation):**

Refrigerated: 7 days; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Plasma, serum, FFPE tissue blocks/slides, or fresh or frozen tissue. Specimens collected in anticoagulants other than EDTA or sodium heparin. Clotted or grossly hemolyzed specimens.

## PROCESSING

**Test Code:**

KITDQ

**ARUP Test Code:**

3002956

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Whole Blood: Do not freeze. Transport 5 mL whole blood. (Min: 1 mL)  
Bone Marrow: Do not freeze. Transport 3 mL bone marrow. (Min: 1 mL)

**Minimum Volume:**

1 mL blood  
1 mL bone marrow

**Unacceptable Conditions:**

Plasma, serum, FFPE tissue blocks/slides, or fresh or frozen tissue. Specimens collected in anticoagulants other than EDTA or sodium heparin. Clotted or grossly hemolyzed specimens.

**Stability (from collection to initiation):**

Refrigerated: 7 days; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

Refer to report.

**ADMINISTRATIVE****CPT Codes:**

81273

**LOINC:**

- 88519-4
- 81258-6
- 31208-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aids in the diagnosis of mastocytosis. Provides prognostic and predictive information for tyrosine kinase inhibitor (TKI) therapy planning.

**Test Code:**

KITDQ

**ARUP Test Code:**

3002956

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Varies

**Methodology:**

Droplet Digital PCR (ddPCR)

**Collect:**

Whole blood or bone marrow in lavender (EDTA) preferred. Also acceptable: Green (sodium heparin)

**Amount to Collect:**

5 mL blood  
3 mL bone marrow

**Sample Type:**

Blood or bone marrow

**Minimum Volume:**

1 mL blood  
1 mL bone marrow



**Unacceptable Conditions:**

Plasma, serum, FFPE tissue blocks/slides, or fresh or frozen tissue. Specimens collected in anticoagulants other than EDTA or sodium heparin. Clotted or grossly hemolyzed specimens.

**Specimen Preparation:**

Whole Blood: Do not freeze. Transport 5 mL whole blood. (Min: 1 mL)

Bone Marrow: Do not freeze. Transport 3 mL bone marrow. (Min: 1 mL)

**Interpretive Data:**

Refer to report.

**Synonyms:**

- allergy
- Asp816Val
- C-KIT
- CKIT
- D816V
- KIT exon 17
- systemic mastocytosis
- KITDQ

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Refrigerated: 7 days; Frozen: Unacceptable

**Reported:**

2-9 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

81273

**LOINC:**

- 88519-4
- 81258-6
- 31208-2

# ***Legionella pneumophila* Antibodies (Types 1-6), IgG, IgM, and IgA by ELISA**

MOLT

## ORDERING

**Ordering Recommendations:**

May aid in the diagnosis of legionellosis caused by infection with *L. pneumophila*.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Fri

**Methodology:**

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Reported:**

1-6 days

**Synonyms:**

- Legionnaire's disease, legionellosis
- Legionnaire's disease, legionellosis

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

MOLT

**Collect:**

Serum separator tube (SST) or plain red.

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

**Storage/Transport Temperature:**

Preferred transport temp: Refrigerated. Also acceptable: Frozen

**Unacceptable Conditions:**

Contaminated, heat-inactivated, hemolyzed, icteric, or lipemic specimens.

## PROCESSING

**Test Code:**

LEGAB

**ARUP Test Code:**

3005200

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.3 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Contaminated, heat-inactivated, hemolyzed, icteric, or lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

**Storage/Transport Temperature:**

Preferred transport temp: Refrigerated. Also acceptable: Frozen

**RESULT INTERPRETATION****Reference Interval:**

| Components                             | Reference Interval |
|----------------------------------------|--------------------|
| L. pneumophila (Types 1-6), Antibodies | 0.90 IV or less    |

**Interpretive Data:**

| Component                              | Interpretation                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| L. pneumophila (Types 1-6), Antibodies | <p>&lt;=0.90 IV Negative: No significant amount of IgG/IgM/IgA antibodies to L. pneumophila detected.</p> <p>0.91 to 1.09 IV Equivocal: Recommend repeat testing in 1-3 weeks with fresh sample.</p> <p>&gt;=1.10 IV Positive: IgG/IgM/IgA antibodies specific to L. pneumophila suggesting current or prior infection. A positive result cannot distinguish between previous or active infection, therefore this result alone cannot be used to establish a diagnosis.</p> |

**ADMINISTRATIVE****CPT Codes:**

86713

**LOINC:**

- 30046-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

May aid in the diagnosis of legionellosis caused by infection with L. pneumophila.

**Test Code:**

LEGAB

**ARUP Test Code:**

3005200

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Fri

**Methodology:**

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Collect:**

Serum separator tube (SST) or plain red.

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Contaminated, heat-inactivated, hemolyzed, icteric, or lipemic specimens.

**Specimen Preparation:**

Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.3 mL)

**Reference Interval:**

| Components                             | Reference Interval |
|----------------------------------------|--------------------|
| L. pneumophila (Types 1-6), Antibodies | 0.90 IV or less    |

**Interpretive Data:**

| Component                              | Interpretation                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| L. pneumophila (Types 1-6), Antibodies | <p>&lt;=0.90 IV Negative: No significant amount of IgG/IgM/IgA antibodies to L. pneumophila detected.</p> <p>0.91 to 1.09 IV Equivocal: Recommend repeat testing in 1-3 weeks with fresh sample.</p> <p>&gt;=1.10 IV Positive: IgG/IgM/IgA antibodies specific to L. pneumophila suggesting current or prior infection. A positive result cannot distinguish between previous or active infection, therefore this result alone cannot be used to establish a diagnosis.</p> |

**Synonyms:**

- Legionnaire's disease, legionellosis
- Legionnaire's disease, legionellosis

**Storage/Transport Temperature:**

Preferred transport temp: Refrigerated. Also acceptable: Frozen

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

**Reported:**

1-6 days

**CPT Codes:**

86713

**LOINC:**

- 30046-7

# Leptospira Antibody, IgM by Dot Blot

LAB1249

## ORDERING

**Ordering Recommendations:**

Aids in the detection of acute leptospirosis.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Thu

**Methodology:**

Qualitative Immunoblot

**Reported:**

1-5 days

**Synonyms:**

- Leptospira IgM antibody
- Leptospira IgM Dot Blot
- LEPTM

## COLLECTION

**Label Abbreviation:**

LEPTM

**Collect:**

Serum Separator Tube (SST) or Green (Sodium or Lithium Heparin).

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Any other body fluid. Contaminated, heat-inactivated, hemolyzed, severely lipemic specimens.

## PROCESSING

**Test Code:**

LEPTM

**ARUP Test Code:**

0055233

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimen plainly as acute or convalescent.

**Unacceptable Conditions:**

Any other body fluid. Contaminated, heat-inactivated, hemolyzed, severely lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**

Negative: No significant level of Leptospira IgM antibody detected.

Equivocal: Questionable presence of Leptospira IgM antibody detected. Repeat testing in 10-14 days may be helpful.

Positive: Presence of IgM antibody to Leptospira detected, suggestive of a current or recent infection.

**Interpretive Data:**

Samples interpreted as negative indicate that antibody is not present in the sample, or is below the detection level of the method. Since antibodies may not be present during early disease, confirmation two to three weeks later is recommended. An initially-negative result followed by a positive result indicates IgM seroconversion.

Equivocal specimens should be cautiously interpreted. Further testing with an additional specimen is recommended. If the specimen remains equivocal, a second serological method should be considered if leptospirosis infection is still suspected.

Samples interpreted as positive may indicate the specific antibody. Antibody presence alone cannot be used for diagnosis of acute infection, however, because antibodies from prior exposure may circulate for a prolonged period of time.

**ADMINISTRATIVE****CPT Codes:**

86720

**LOINC:**

- 23202-5

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aids in the detection of acute leptospirosis.

**Test Code:**

LEPTM

**ARUP Test Code:**

0055233

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Thu

**Methodology:**

Qualitative Immunoblot

**Collect:**

Serum Separator Tube (SST) or Green (Sodium or Lithium Heparin).

**Unacceptable Conditions:**

Any other body fluid. Contaminated, heat-inactivated, hemolyzed, severely lipemic specimens.

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimen plainly as acute or convalescent.

**Reference Interval:**

Negative: No significant level of *Leptospira* IgM antibody detected.

Equivocal: Questionable presence of *Leptospira* IgM antibody detected. Repeat testing in 10-14 days may be helpful.

Positive: Presence of IgM antibody to *Leptospira* detected, suggestive of a current or recent infection.

**Interpretive Data:**

Samples interpreted as negative indicate that antibody is not present in the sample, or is below the detection level of the method. Since antibodies may not be present during early disease, confirmation two to three weeks later is recommended. An initially-negative result followed by a positive result indicates IgM seroconversion.

Equivocal specimens should be cautiously interpreted. Further testing with an additional specimen is recommended. If the specimen remains equivocal, a second serological method should be considered if leptospirosis infection is still suspected.

Samples interpreted as positive may indicate the specific antibody. Antibody presence alone cannot be used for diagnosis of acute infection, however, because antibodies from prior exposure may circulate for a prolonged period of time.

**Synonyms:**

- *Leptospira* IgM antibody
- *Leptospira* IgM Dot Blot
- LEPTM

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Reported:**

1-5 days

**CPT Codes:**

86720

**LOINC:**

- 23202-5

**Notes:**

A negative result does not rule out the possibility of leptospirosis.

# MPL Mutation Detection by Capillary Electrophoresis

LAB2076

## ORDERING

**Ordering Recommendations:**

May be useful when essential thrombocythemia or idiopathic myelofibrosis is suspected in JAK2 V617F-negative individuals.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Varies

**Methodology:**

Capillary Electrophoresis

**Reported:**

7-12 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- JAK-2 negative MPN diagnosis
- JAK2 V617 negative testing
- MPL 1p34
- MPL

## COLLECTION

**Sample Type:**

Blood or bone marrow

**Label Abbreviation:**

MPL

**Collect:**

Whole blood or bone marrow in lavender (EDTA).

**Preferred Volume:**

Whole Blood: 5 mL

Bone Marrow: 3 mL

**Minimum Volume:**

Whole Blood: 1 mL

Bone Marrow: 1 mL

**Stability (from collection to initiation):**

Refrigerated: 7 days; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Plasma, serum, FFPE tissue blocks/slides, or frozen tissue. Specimens collected in anticoagulants other than EDTA. Clotted or grossly hemolyzed specimens.

## PROCESSING

**Test Code:**

MPL

**ARUP Test Code:**

2005545

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Whole Blood: Do not freeze. Transport 5 mL whole blood. (Min: 1 mL)

Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)



**Preferred Volume:**

Whole Blood: 5 mL  
Bone Marrow: 3 mL

**Minimum Volume:**

Whole Blood: 1 mL  
Bone Marrow: 1 mL

**Unacceptable Conditions:**

Plasma, serum, FFPE tissue blocks/slides, or frozen tissue. Specimens collected in anticoagulants other than EDTA.  
Clotted or grossly hemolyzed specimens.

**Stability (from collection to initiation):**

Refrigerated: 7 days; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

Refer to report.

**ADMINISTRATIVE****CPT Codes:**

81338

**LOINC:**

- 62948-5
- 31208-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

May be useful when essential thrombocythemia or idiopathic myelofibrosis is suspected in JAK2 V617F-negative individuals.

**Test Code:**

MPL

**ARUP Test Code:**

2005545

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Varies

**Methodology:**

Capillary Electrophoresis

**Collect:**

Whole blood or bone marrow in lavender (EDTA).

**Sample Type:**

Blood or bone marrow

**Preferred Volume:**

Whole Blood: 5 mL  
Bone Marrow: 3 mL

**Minimum Volume:**

Whole Blood: 1 mL  
Bone Marrow: 1 mL

**Unacceptable Conditions:**

Plasma, serum, FFPE tissue blocks/slides, or frozen tissue. Specimens collected in anticoagulants other than EDTA.  
Clotted or grossly hemolyzed specimens.

**Specimen Preparation:**

Whole Blood: Do not freeze. Transport 5 mL whole blood. (Min: 1 mL)

Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)

**Interpretive Data:**

Refer to report.

**Synonyms:**

- JAK-2 negative MPN diagnosis
- JAK2 V617 negative testing
- MPL 1p34
- MPL

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Refrigerated: 7 days; Frozen: Unacceptable

**Reported:**

7-12 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

81338

**LOINC:**

- 62948-5
- 31208-2

**Notes:**

The test will detect MPL mutations W515K, W515L, W515A, and S505N.

**RUNX1::RUNX1T1 (AML1::ETO) t(8;21) Detection, Quantitative**

LAB4373

**ORDERING****Ordering Recommendations:**

Use to detect and quantitate RUNX1::RUNX1T1 fusions arising from t(8;21). Use to monitor for minimal residual disease and assess the risk of disease relapse.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Varies

**Methodology:**

Reverse Transcription Polymerase Chain Reaction

**Reported:**

5-9 days

**Additional Technical Information:**

- Time Sensitive

**Synonyms:**

- RUNX1::RUNX1T1 (AML1::ETO)
- t(8;21) (RUNX1-RUNX1T1 (AML1-ETO) t(8;21) Detection, Quantitative)
- RUNX1

**COLLECTION****Sample Type:**

Blood or bone marrow

**Label Abbreviation:**

RUNX1

**Collect:**

Whole blood or bone marrow in lavender (EDTA).

**Preferred Volume:**

Whole Blood: Transport 5 mL whole blood. (Min: 3 mL)

Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: Unacceptable

**Storage/Transport Temperature:**

Whole Blood or Bone Marrow: CRITICAL REFRIGERATED. Separate specimens must be submitted when multiple tests are ordered.

**Unacceptable Conditions:**

Serum, plasma, extracted DNA, CSF, FFPE tissue, ambient whole blood, or frozen whole blood or bone marrow.

Specimens collected in anticoagulants other than EDTA. Severely hemolyzed or clotted specimens.

Ambient bone marrow specimens past 7 days will be canceled.

Refrigerated whole blood or bone marrow specimens past 7 days will be canceled.

**PROCESSING****Test Code:**

LAB4373

**ARUP Test Code:**

2010138

**Performing Lab:**

ARUP

**Specimen Preparation:**

Whole Blood: Transport 5 mL whole blood. (Min: 3 mL)

Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)

Refrigerate immediately. Specimens must be received within 48 hours of collection due to lability of RNA.

**Preferred Volume:**

Whole Blood: Transport 5 mL whole blood. (Min: 3 mL)

Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)

**Unacceptable Conditions:**

Serum, plasma, extracted DNA, CSF, FFPE tissue, ambient whole blood, or frozen whole blood or bone marrow.  
 Specimens collected in anticoagulants other than EDTA. Severely hemolyzed or clotted specimens.  
 Ambient bone marrow specimens past 7 days will be canceled.  
 Refrigerated whole blood or bone marrow specimens past 7 days will be canceled.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: Unacceptable

**Storage/Transport Temperature:**

Whole Blood or Bone Marrow: CRITICAL REFRIGERATED. Separate specimens must be submitted when multiple tests are ordered.

**RESULT INTERPRETATION****Additional Technical Information:**

- Time Sensitive

**Interpretive Data:**

Refer to report.

**ADMINISTRATIVE****CPT Codes:**

81401

**LOINC:**

- 21819-8
- 21821-4
- 21793-5

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to detect and quantitate RUNX1::RUNX1T1 fusions arising from t(8;21). Use to monitor for minimal residual disease and assess the risk of disease relapse.

**Test Code:**

LAB4373

**ARUP Test Code:**

2010138

**Performing Lab:**

ARUP

**Performed:**

Varies

**Methodology:**

Reverse Transcription Polymerase Chain Reaction

**Collect:**

Whole blood or bone marrow in lavender (EDTA).

**Sample Type:**

Blood or bone marrow

**Preferred Volume:**

Whole Blood: Transport 5 mL whole blood. (Min: 3 mL)  
 Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)

**Unacceptable Conditions:**

Serum, plasma, extracted DNA, CSF, FFPE tissue, ambient whole blood, or frozen whole blood or bone marrow.  
 Specimens collected in anticoagulants other than EDTA. Severely hemolyzed or clotted specimens.  
 Ambient bone marrow specimens past 7 days will be canceled.  
 Refrigerated whole blood or bone marrow specimens past 7 days will be canceled.

**Specimen Preparation:**

Whole Blood: Transport 5 mL whole blood. (Min: 3 mL)  
 Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)  
 Refrigerate immediately. Specimens must be received within 48 hours of collection due to lability of RNA.

**Interpretive Data:**

Refer to report.

**Synonyms:**

- RUNX1::RUNX1T1 (AML1::ETO)
- t(8;21) (RUNX1-RUNX1T1 (AML1-ETO) t(8;21) Detection, Quantitative)
- RUNX1

**Storage/Transport Temperature:**

Whole Blood or Bone Marrow: CRITICAL REFRIGERATED. Separate specimens must be submitted when multiple tests are ordered.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: Unacceptable

**Reported:**

5-9 days

**Additional Technical Information:**

- Time Sensitive

**CPT Codes:**

81401

**LOINC:**

- 21819-8
- 21821-4
- 21793-5

**SLCO1B1, 1 Variant**

LAB6130

**ORDERING****Ordering Recommendations:**

Identify individuals at increased risk for statin-related muscle toxicity.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Thu

**Methodology:**

Polymerase Chain Reaction (PCR)/Fluorescence Monitoring

**Reported:**

5-10 days

**Synonyms:**

- Simvastatin myotoxicity assay
- Statin-induced myopathy assay
- SCO1B1

**COLLECTION****Sample Type:**

Whole blood

**Label Abbreviation:**

SCO1B1

**Collect:**

Lavender (EDTA) or pink (K2EDTA), or yellow (ACD Solution A or B).

**Amount to Collect:**

3 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Plasma or serum. Heparinized specimens. Frozen specimens in glass collection tubes.

**Submit with Order:**

- [Informed Consent for Genetic Testing \(Required for NY patients\)](#)

**PROCESSING****Test Code:**

SCO1B1

**ARUP Test Code:**

2008426

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transport 3 mL whole blood. (Min: 1 mL)

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Plasma or serum. Heparinized specimens. Frozen specimens in glass collection tubes.

**Stability (from collection to initiation):**

Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**  
Refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**  
By report

**Interpretive Data:**  
Refer to report.

## ADMINISTRATIVE

**CPT Codes:**  
81328

**LOINC:**

- 93412-5
- 66746-9
- 11526-1

## COMPLETE VIEW

**Available Stat:**  
No

**Ordering Recommendations:**  
Identify individuals at increased risk for statin-related muscle toxicity.

**Test Code:**  
SCO1B1

**ARUP Test Code:**  
2008426

**Performing Lab:**  
ARUP

**Sendout:**  
Yes

**Performed:**  
Mon, Thu

**Methodology:**  
Polymerase Chain Reaction (PCR)/Fluorescence Monitoring

**Collect:**  
Lavender (EDTA) or pink (K2EDTA), or yellow (ACD Solution A or B).

**Amount to Collect:**  
3 mL

**Sample Type:**  
Whole blood

**Minimum Volume:**  
1 mL

**Unacceptable Conditions:**  
Plasma or serum. Heparinized specimens. Frozen specimens in glass collection tubes.

**Specimen Preparation:**  
Transport 3 mL whole blood. (Min: 1 mL)

**Reference Interval:**  
By report

**Interpretive Data:**  
Refer to report.

**Synonyms:**

- Simvastatin myotoxicity assay
- Statin-induced myopathy assay
- SCO1B1

**Storage/Transport Temperature:**  
Refrigerated.

**Stability (from collection to initiation):**

Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month

**Reported:**

5-10 days

**CPT Codes:**

81328

**LOINC:**

- 93412-5
- 66746-9
- 11526-1



**Strongyloides Antibody, IgG by ELISA, Serum**

LAB3485

**ORDERING****Ordering Recommendations:**

Aid in the diagnosis of Strongyloides infection. Positive results in patients from endemic areas may not represent active infection.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Reported:**

1-3 days

**Synonyms:**

- Ova and Parasite Exam
- Strongyloides IgG
- STRONG

**COLLECTION****Sample Type:**

Serum

**Label Abbreviation:**

STRONG

**Collect:**

Serum separator tube (SST) or plain red.

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Bacterially contaminated, heat-inactivated, hemolyzed, icteric, or lipemic specimens.

**PROCESSING****Test Code:**

STRONG

**Test Group:**

Strongyloides

**ARUP Test Code:**

0099564

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 1 mL serum to an ARUP standard transport tube. (Min. 0.3 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Bacterially contaminated, heat-inactivated, hemolyzed, icteric, or lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

Effective August 20, 2018

|                   |                                                                                                                                                                    |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0.9 IV or less    | Negative - No significant level of Strongyloides IgG antibody detected.                                                                                            |
| 1.0 IV            | Equivocal - The Strongyloides IgG antibody result is borderline and therefore inconclusive. Recommend retesting the patient in 2-4 weeks, if clinically indicated. |
| 1.1 IV or greater | Positive - IgG antibodies to Strongyloides detected, which may suggest current or past infection.                                                                  |

**Interpretive Data:**

False-positive results may occur with prior exposure to other helminth infections. Testing low-prevalence populations may also result in false-positive results.

**ADMINISTRATIVE****CPT Codes:**

86682

**LOINC:**

- 34376-4

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aid in the diagnosis of Strongyloides infection. Positive results in patients from endemic areas may not represent active infection.

**Test Code:**

STRONG

**Test Group:**

Strongyloides

**ARUP Test Code:**

0099564

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Collect:**

Serum separator tube (SST) or plain red.

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Bacterially contaminated, heat-inactivated, hemolyzed, icteric, or lipemic specimens.

**Specimen Preparation:**

Transfer 1 mL serum to an ARUP standard transport tube. (Min. 0.3 mL)

**Reference Interval:**

Effective August 20, 2018

|                   |                                                                                                                                                                    |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0.9 IV or less    | Negative - No significant level of Strongyloides IgG antibody detected.                                                                                            |
| 1.0 IV            | Equivocal - The Strongyloides IgG antibody result is borderline and therefore inconclusive. Recommend retesting the patient in 2-4 weeks, if clinically indicated. |
| 1.1 IV or greater | Positive - IgG antibodies to Strongyloides detected, which may suggest current or past infection.                                                                  |

**Interpretive Data:**

False-positive results may occur with prior exposure to other helminth infections. Testing low-prevalence populations may also result in false-positive results.

**Synonyms:**

- Ova and Parasite Exam
- Strongyloides IgG
- STRONG

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Reported:**

1-3 days

**CPT Codes:**

86682

**LOINC:**

- 34376-4

# Mitotane, Serum or Plasma

LC3647

## ORDERING

**Ordering Recommendations:**

Optimize drug therapy.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Varies

**Methodology:**

Quantitative Gas Chromatography

**Reported:**

7-10 days

**Synonyms:**

- Lysodren
- MITN

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

MITN

**Collect:**Plain Red, Lavender (K<sub>2</sub>EDTA), or Pink (K<sub>2</sub>EDTA).**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Stability (from collection to initiation):**

Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 28 days

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Room temperature or frozen.

**Unacceptable Conditions:**

Separator tubes.

## PROCESSING

**Test Code:**

MITN

**ARUP Test Code:**

2013014

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Unacceptable Conditions:**

Separator tubes.

**Stability (from collection to initiation):**

Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 28 days

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Room temperature or frozen.

**RESULT INTERPRETATION****Reference Interval:**

By report

**ADMINISTRATIVE****CPT Codes:**

80375 (Alt code: G0480)

**LOINC:**

- 13626-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Optimize drug therapy.

**Test Code:**

MITN

**ARUP Test Code:**

2013014

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Varies

**Methodology:**

Quantitative Gas Chromatography

**Collect:**Plain Red, Lavender (K<sub>2</sub>EDTA), or Pink (K<sub>2</sub>EDTA).**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Unacceptable Conditions:**

Separator tubes.

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Reference Interval:**

By report

**Synonyms:**

- Lysodren
- MITN

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Room temperature or frozen.

**Stability (from collection to initiation):**

Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 28 days

**Reported:**

7-10 days

**CPT Codes:**

80375 (Alt code: G0480)

**LOINC:**

- 13626-7

# 11- Ketotestosterone

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

LabCorp (via ARUP)

**Methodology:**

LC-MS/MS

**Reported:**

11-15 days

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

MOLT

**Collect:**

Serum from red-top tube or EDTA plasma tube or heparin plasma tube

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

0.6 mL serum or plasma

**Remarks:**

Collect into vacutainer and separate within 2 hours. Send serum in a plastic transport tube.

**Stability (from collection to initiation):**

Room temperature: 14 days

Refrigerated: 14 days

Frozen: 441 days

Freeze/thaw cycle: Stable x6

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Gross hemolysis, gross lipemia, incorrect specimen type

## PROCESSING

**Test Code:**

MOLT

**Sendout:**

Yes

**Performing Lab:**

LabCorp (via ARUP)

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

0.6 mL serum or plasma

**Unacceptable Conditions:**

Gross hemolysis, gross lipemia, incorrect specimen type

**Stability (from collection to initiation):**

Room temperature: 14 days

Refrigerated: 14 days

Frozen: 441 days

Freeze/thaw cycle: Stable x6

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

ng/dL

**Reference Interval:**

5.0-60.6 ng/dL

**Interpretive Data:**

11-oxo-androgens are emerging biomarkers for androgen production of adrenal origin. These biomarkers will be useful in disease in men and women and children. Although the presence of androgens with oxygen at the 11 position of the steroid backbone have been known for some time, the clinical utility and prevalence of these androgens have only recently come to light. As has been the case historically, the research has been enhanced with availability of good assay techniques, in this case HPLC MS/MS. 11-ketotestosterone and 11-ketodihydrotestosterone bind the androgen receptor as well as testosterone and DHT.<sup>1</sup> The 11-oxo-androgens also follow the same metabolic pathways as androgens without oxygen at 11.

Interestingly, the origin of 11-oxo-androgens is entirely adrenal. All of this is important because 11-oxo-androgens appear to play a significant role in some endocrine diseases.

PCOS: Polycystic ovary syndrome (PCOS) is a disease characterized by amenorrhea or oligomenorrhea and excess androgens. Although this syndrome is found in 5-10% of women, the disease is not well understood. 11-ketotestosterone has been shown to be in excess in PCOS patients, and levels in those patients are in fact higher than levels of testosterone.<sup>3</sup> This finding significantly points to the adrenal as a source of the excess androgens. This idea is supported by the similarity of the levels found in adult men and women. 11-ketotestosterone may be a better biomarker than testosterone or androstenedione for androgen excess in women with PCOS.

CAH: Congenital adrenal hyperplasia (CAH) due to 21-hydroxylase deficiency is a genetic disease affecting about 1/10,000 people.<sup>4</sup> The enzyme defect that causes the disease causes excess adrenal androgen production driven by ACTH, and the major androgens are 11-oxygenated.<sup>2</sup> Therefore, 11-oxoandrogens are important to monitor for control of CAH, especially in children and women. In men, 11-oxo-androgens are proposed to be biomarkers for disease activity because they are of adrenal origin. Although excess androgens are a lesser problem for adult men with CAH, these patients are subject to other sequelae of CAH, especially TARTS (testicular adrenal-rest tumors). Following 11-oxo-androgens is expected to be a uniquely useful biomarker since testosterone is not useful as an adrenal androgen for adult men.<sup>6</sup>

Puberty: Adrenarche is a stage of development that precedes puberty; clinically it is defined by axillary hair and body odor; biochemically it is defined by a rise in adrenal androgens, such as DHEA-sulfate. Testosterone levels do not rise significantly during adrenarche. Recent academic research shows that during adrenarche both DHEA-sulfate and 11-ketotestosterone rise.<sup>7</sup> However, DHEA-sulfate is not an active androgen, while 11-ketotestosterone is fully active. Therefore, 11-ketotestosterone may be measured along with DHEA-sulfate when investigating premature adrenarche and premature puberty.

Prostate Cancer: The goal of GnRH agonist treatment, antiandrogens and 17-hydroxylase blockade is to minimize androgens in prostate cancer. Eliminating adrenal androgens has been helpful in castration-resistant prostate cancer, and it now appears that 11-ketotestosterone is an important adrenal androgen to control in castration-resistant prostate cancer.<sup>1,5</sup> 11-ketotestosterone may be an effective adrenal androgen biomarker to monitor in castration-resistant prostate cancer.

**ADMINISTRATIVE****CPT Codes:**

82542

**LOINC Codes:**

93242-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT

**Performing Lab:**

LabCorp (via ARUP)



**Sendout:**

Yes

**Methodology:**

LC-MS/MS

**Remarks:**

Collect into vacutainer and separate within 2 hours. Send serum in a plastic transport tube.

**Collect:**

Serum from red-top tube or EDTA plasma tube or heparin plasma tube

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

2 mL serum of plasma

**Minimum Volume:**

0.6 mL serum or plasma

**Unacceptable Conditions:**

Gross hemolysis, gross lipemia, incorrect specimen type

**Units:**

ng/dL

**Reference Interval:**

5.0-60.6 ng/dL

**Interpretive Data:**

11-oxo-androgens are emerging biomarkers for androgen production of adrenal origin. These biomarkers will be useful in disease in men and women and children. Although the presence of androgens with oxygen at the 11 position of the steroid backbone have been known for some time, the clinical utility and prevalence of these androgens have only recently come to light. As has been the case historically, the research has been enhanced with availability of good assay techniques, in this case HPLC MS/MS. 11-ketotestosterone and 11-ketodihydrotestosterone bind the androgen receptor as well as testosterone and DHT.<sup>1</sup> The 11-oxo-androgens also follow the same metabolic pathways as androgens without oxygen at 11.

Interestingly, the origin of 11-oxo-androgens is entirely adrenal. All of this is important because 11-oxo-androgens appear to play a significant role in some endocrine diseases.

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CAH: Congenital adrenal hyperplasia (CAH) due to 21-hydroxylase deficiency is a genetic disease affecting about 1/10,000 people.<sup>4</sup> The enzyme defect that causes the disease causes excess adrenal androgen production driven by ACTH, and the major androgens are 11-oxygenated.<sup>2</sup> Therefore, 11-oxoandrogens are important to monitor for control of CAH, especially in children and women. In men, 11-oxo-androgens are proposed to be biomarkers for disease activity because they are of adrenal origin. Although excess androgens are a lesser problem for adult men with CAH, these patients are subject to other sequelae of CAH, especially TARTS (testicular adrenal-rest tumors). Following 11-oxo-androgens is expected to be a uniquely useful biomarker since testosterone is not useful as an adrenal androgen for adult men.<sup>6</sup>

Puberty: Adrenarche is a stage of development that precedes puberty; clinically it is defined by axillary hair and body odor; biochemically it is defined by a rise in adrenal androgens, such as DHEA-sulfate. Testosterone levels do not rise significantly during adrenarche. Recent academic research shows that during adrenarche both DHEA-sulfate and 11-ketotestosterone rise.<sup>7</sup> However, DHEA-sulfate is not an active androgen, while 11-ketotestosterone is fully active. Therefore, 11-ketotestosterone may be measured along with DHEA-sulfate when investigating premature adrenarche and premature puberty.

Prostate Cancer: The goal of GnRH agonist treatment, antiandrogens and 17-hydroxylase blockade is to minimize androgens in prostate cancer. Eliminating adrenal androgens has been helpful in castration-resistant prostate cancer, and it now appears that 11-ketotestosterone is an important adrenal androgen to control in castration-resistant prostate cancer.<sup>1,5</sup> 11-ketotestosterone may be an effective adrenal androgen biomarker to monitor in castration-resistant prostate cancer.

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: 14 days

Refrigerated: 14 days

Frozen: 441 days

Freeze/thaw cycle: Stable x6

**Reported:**

11-15 days

**CPT Codes:**

82542

**LOINC Codes:**

93242-6

# 11-Deoxycorticosterone Quantitative by HPLC-MS/MS, Serum or Plasma

LAB974

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Wed, Fri

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-8 days

**Synonyms:**

- DOC

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

DOC

**Collect:**Serum separator tube. Also acceptable: Plain red, pink (K<sub>2</sub>EDTA), plasma separator tube, green (sodium heparin), or green (lithium heparin).**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum/plasma

**Minimum Volume:**

0.3 mL serum/plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

## PROCESSING

**Test Code:**

DOC

**ARUP Test Code:**

2008458

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL)

**Preferred Volume:**

1 mL serum/plasma

**Minimum Volume:**

0.3 mL serum/plasma

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months

**Storage/Transport Temperature:**  
Refrigerated. Also acceptable: Frozen.

## RESULT INTERPRETATION

**Units:**  
ng/dL

**Reference Interval:**

| Components                         | Reference Interval      |                                                               |
|------------------------------------|-------------------------|---------------------------------------------------------------|
| 11-Deoxycorticosterone, HPLC-MS/MS | Age                     | ng/dL                                                         |
|                                    | Premature (26-28 weeks) | 20-105                                                        |
|                                    | Premature (29-33 weeks) | Not Applicable                                                |
|                                    | Premature (34-36 weeks) | 28-78                                                         |
|                                    | Full Term Newborn       | Elevated at birth; decreases to 7- 49 ng/dL during first week |
|                                    | 1-11 months             | 7-49                                                          |
|                                    | Prepubertal Children    | Less than or equal to 34                                      |
|                                    | Adults                  | Less than or equal to 19                                      |

## ADMINISTRATIVE

**CPT Codes:**  
82633

**LOINC:**

- 1656-8

**LOINC Codes:**  
1656-8

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
DOC

**ARUP Test Code:**  
2008458

**Performing Lab:**  
ARUP

**Sendout:**  
Yes

**Performed:**  
Mon, Wed, Fri

**Methodology:**  
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**  
Serum separator tube. Also acceptable: Plain red, pink (K<sub>2</sub>EDTA), plasma separator tube, green (sodium heparin), or green (lithium heparin).

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum or plasma

**Preferred Volume:**  
1 mL serum/plasma

**Minimum Volume:**  
0.3 mL serum/plasma

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

**Specimen Preparation:**

Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL)

**Units:**

ng/dL

**Reference Interval:**

| Components                         | Reference Interval      |                                                               |
|------------------------------------|-------------------------|---------------------------------------------------------------|
| 11-Deoxycorticosterone, HPLC-MS/MS | Age                     | ng/dL                                                         |
|                                    | Premature (26-28 weeks) | 20-105                                                        |
|                                    | Premature (29-33 weeks) | Not Applicable                                                |
|                                    | Premature (34-36 weeks) | 28-78                                                         |
|                                    | Full Term Newborn       | Elevated at birth; decreases to 7- 49 ng/dL during first week |
|                                    | 1-11 months             | 7-49                                                          |
|                                    | Prepubertal Children    | Less than or equal to 34                                      |
|                                    | Adults                  | Less than or equal to 19                                      |

**Synonyms:**

- DOC

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months

**Reported:**

1-8 days

**CPT Codes:**

82633

**LOINC:**

- 1656-8

**LOINC Codes:**

1656-8

# 11-Deoxycortisol Quantitative by HPLC-MS/MS, Serum or Plasma

LAB3442

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Wed, Fri

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-8 days

**Synonyms:**

- Deoxycortisol, 11- post extraction
- Adrenogenital syndrome
- 11-deoxy-17-Hydroxycorticosterone
- Cortodoxone
- CSPE

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

CSPE

**Collect:**Serum separator tube. Also acceptable: Plain red, pink (K<sub>2</sub>EDTA), plasma separator tube, green (sodium heparin), or green (lithium heparin).**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

## PROCESSING

**Test Code:**

CSPE

**Test Group:**

Deoxycortisol, 11-

**ARUP Test Code:**

0092331

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL)

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**RESULT INTERPRETATION****Reference Interval:**

Effective August 19, 2013

| Age                          | Female                          | Male                            |
|------------------------------|---------------------------------|---------------------------------|
| Premature (26-28 weeks)      | 110-1376 ng/dL                  | 110-1376 ng/dL                  |
| Premature (29-36 weeks)      | 70-455 ng/dL                    | 70-455 ng/dL                    |
| Full Term (1-5 months)       | 10-200 ng/dL                    | 10-200 ng/dL                    |
| 6-11 months                  | 10-276 ng/dL                    | 10-276 ng/dL                    |
| 1-3 years                    | 7-247 ng/dL                     | 7-202 ng/dL                     |
| 4-6 years                    | 8-291 ng/dL                     | 8-235 ng/dL                     |
| 7-9 years                    | Less than or equal to 94 ng/dL  | Less than or equal to 120 ng/dL |
| 10-12 years                  | Less than or equal to 123 ng/dL | Less than or equal to 92 ng/dL  |
| 13-15 years                  | Less than or equal to 107 ng/dL | Less than or equal to 95 ng/dL  |
| 16-17 years                  | Less than or equal to 47 ng/dL  | Less than or equal to 106 ng/dL |
| 18 years and older           | Less than 33 ng/dL              | Less than 50 ng/dL              |
| Tanner Stage I               | Less than or equal to 94 ng/dL  | Less than or equal to 105 ng/dL |
| Tanner Stage II              | Less than or equal to 136 ng/dL | Less than or equal to 108 ng/dL |
| Tanner Stage III             | Less than or equal to 99 ng/dL  | Less than or equal to 111 ng/dL |
| Tanner Stage IV & V          | Less than or equal to 50 ng/dL  | Less than or equal to 83 ng/dL  |
| After metyrapone stimulation | Greater than 8000 ng/dL         | Greater than 8000 ng/dL         |

**ADMINISTRATIVE****CPT Codes:**

82634

**LOINC:**

- 1657-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CSPE

**Test Group:**

Deoxycortisol, 11-

**ARUP Test Code:**

0092331

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Wed, Fri

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**Serum separator tube. Also acceptable: Plain red, pink (K<sub>2</sub>EDTA), plasma separator tube, green (sodium heparin), or green (lithium heparin).

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

**Specimen Preparation:**

Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL)

**Reference Interval:**

Effective August 19, 2013

| Age                          | Female                          | Male                            |
|------------------------------|---------------------------------|---------------------------------|
| Premature (26-28 weeks)      | 110-1376 ng/dL                  | 110-1376 ng/dL                  |
| Premature (29-36 weeks)      | 70-455 ng/dL                    | 70-455 ng/dL                    |
| Full Term (1-5 months)       | 10-200 ng/dL                    | 10-200 ng/dL                    |
| 6-11 months                  | 10-276 ng/dL                    | 10-276 ng/dL                    |
| 1-3 years                    | 7-247 ng/dL                     | 7-202 ng/dL                     |
| 4-6 years                    | 8-291 ng/dL                     | 8-235 ng/dL                     |
| 7-9 years                    | Less than or equal to 94 ng/dL  | Less than or equal to 120 ng/dL |
| 10-12 years                  | Less than or equal to 123 ng/dL | Less than or equal to 92 ng/dL  |
| 13-15 years                  | Less than or equal to 107 ng/dL | Less than or equal to 95 ng/dL  |
| 16-17 years                  | Less than or equal to 47 ng/dL  | Less than or equal to 106 ng/dL |
| 18 years and older           | Less than 33 ng/dL              | Less than 50 ng/dL              |
| Tanner Stage I               | Less than or equal to 94 ng/dL  | Less than or equal to 105 ng/dL |
| Tanner Stage II              | Less than or equal to 136 ng/dL | Less than or equal to 108 ng/dL |
| Tanner Stage III             | Less than or equal to 99 ng/dL  | Less than or equal to 111 ng/dL |
| Tanner Stage IV & V          | Less than or equal to 50 ng/dL  | Less than or equal to 83 ng/dL  |
| After metyrapone stimulation | Greater than 8000 ng/dL         | Greater than 8000 ng/dL         |

**Synonyms:**

- Deoxycortisol, 11- post extraction
- Adrenogenital syndrome
- 11-deoxy-17-Hydroxycorticosterone
- Cortodoxone
- CSPE

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months

**Reported:**

1-8 days

**CPT Codes:**

82634

**LOINC:**

- 1657-6



# 14Q32 IGH Rearrangement FISH

IGHQ32, BIGH

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization (break apart FISH)

**Reported:**

7-14 days

**Synonyms:**

- IGH Rearrangement
- IGHQ32
- BIGH

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Collect:**

Dark Green top

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

?Bone core: 1 cm

**Remarks:**

Mix sample well by gentle inversion.

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## PROCESSING

**Test Code:**

BIGH: Blood

IGHQ32: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

?Bone core: 1 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Stability (from collection to initiation):**

48 hours

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275 x1

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BIGH: Blood

IGHQ32: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization (break apart FISH)

**Remarks:**

Mix sample well by gentle inversion.

**Collect:**

Dark Green top

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

?Bone core: 1 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Reference Interval:**

Not detected

**Synonyms:**

- IGH Rearrangement
- IGHQ32
- BIGH

**Stability (from collection to initiation):**

48 hours

**Reported:**

7-14 days

**CPT Codes:**

88271 x2, 88275 x1

**LDT or Modified FDA:**

Yes

# 17-Hydroxypregnenolone Quantitative by LC-MS/MS, Serum or Plasma

LAB530

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon-Fri

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-5 days

**Synonyms:**

- HPRE

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

HPRE

**Collect:**Serum separator tube. Also acceptable: Plain red, lavender (EDTA), pink (K<sub>2</sub>EDTA), or green (sodium or lithium heparin).**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Unacceptable Conditions:**

Refrigerated or room temperature specimens.

## PROCESSING

**Test Code:**

HPRE

**ARUP Test Code:**

0092333

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer two 0.5 mL serum or plasma specimens to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.25 mL/container)

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.25 mL serum

**Unacceptable Conditions:**

Refrigerated or room temperature specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**RESULT INTERPRETATION****Reference Interval:**

| Age                     | Female                          | Male                            |
|-------------------------|---------------------------------|---------------------------------|
| Premature (26-28 weeks) | 1219-9799 ng/dL                 | 1219-9799 ng/dL                 |
| Premature (29-36 weeks) | 346-8911 ng/dL                  | 346-8911 ng/dL                  |
| Full Term (1-5 months)  | 229-3104 ng/dL                  | 229-3104 ng/dL                  |
| 6-12 months             | less than or equal to 917ng/dL  | less than or equal to 917ng/dL  |
| 13-23 months            | less than or equal to 592 ng/dL | less than or equal to 592 ng/dL |
| 2-4 years               | less than or equal to 280 ng/dL | less than or equal to 249 ng/dL |
| 5-6 years               | less than or equal to 350 ng/dL | less than or equal to 319 ng/dL |
| 7-9 years               | less than or equal to 212 ng/dL | less than or equal to 187 ng/dL |
| 10-12 years             | less than or equal to 398 ng/dL | less than or equal to 392 ng/dL |
| 13-15 years             | less than or equal to 407 ng/dL | 35-465 ng/dL                    |
| 16-17 years             | less than or equal to 423 ng/dL | 32-478 ng/dL                    |
| 18 years and older      | Less than 226 ng/dL             | Less than 442 ng/dL             |
| Tanner Stage I          | less than or equal to 235 ng/dL | less than or equal to 208 ng/dL |
| Tanner Stage II         | less than or equal to 367 ng/dL | less than or equal to 355 ng/dL |
| Tanner Stage III        | less than or equal to 430 ng/dL | less than or equal to 450 ng/dL |
| Tanner Stage IV-V       | less than or equal to 412 ng/dL | 35-478 ng/dL                    |

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

84143

**LOINC:**

- 6765-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HPRE

**ARUP Test Code:**

0092333

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon-Fri

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**Serum separator tube. Also acceptable: Plain red, lavender (EDTA), pink (K<sub>2</sub>EDTA), or green (sodium or lithium heparin).**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.25 mL serum

**Unacceptable Conditions:**

Refrigerated or room temperature specimens.

**Specimen Preparation:**

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer two 0.5 mL serum or plasma specimens to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.25 mL/container)

**Reference Interval:**

| Age                     | Female                          | Male                            |
|-------------------------|---------------------------------|---------------------------------|
| Premature (26-28 weeks) | 1219-9799 ng/dL                 | 1219-9799 ng/dL                 |
| Premature (29-36 weeks) | 346-8911 ng/dL                  | 346-8911 ng/dL                  |
| Full Term (1-5 months)  | 229-3104 ng/dL                  | 229-3104 ng/dL                  |
| 6-12 months             | less than or equal to 917ng/dL  | less than or equal to 917ng/dL  |
| 13-23 months            | less than or equal to 592 ng/dL | less than or equal to 592 ng/dL |
| 2-4 years               | less than or equal to 280 ng/dL | less than or equal to 249 ng/dL |
| 5-6 years               | less than or equal to 350 ng/dL | less than or equal to 319 ng/dL |
| 7-9 years               | less than or equal to 212 ng/dL | less than or equal to 187 ng/dL |
| 10-12 years             | less than or equal to 398 ng/dL | less than or equal to 392 ng/dL |
| 13-15 years             | less than or equal to 407 ng/dL | 35-465 ng/dL                    |
| 16-17 years             | less than or equal to 423 ng/dL | 32-478 ng/dL                    |
| 18 years and older      | Less than 226 ng/dL             | Less than 442 ng/dL             |
| Tanner Stage I          | less than or equal to 235 ng/dL | less than or equal to 208 ng/dL |
| Tanner Stage II         | less than or equal to 367 ng/dL | less than or equal to 355 ng/dL |
| Tanner Stage III        | less than or equal to 430 ng/dL | less than or equal to 450 ng/dL |
| Tanner Stage IV-V       | less than or equal to 412 ng/dL | 35-478 ng/dL                    |

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- HPRE

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

**Reported:**

1-5 days

**CPT Codes:**

84143

**LOINC:**

- 6765-2

# 17-Hydroxyprogesterone

LAB720

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

Test run six days a week. Turnaround 3-6 days

**Additional Information:**

To convert ng/dL to nmol/L (SI units) multiply by 0.0303.

17-Hydroxyprogesterone is elevated in patients with Congenital Adrenal Hyperplasia (CAH). CAH is a group of autosomal recessive diseases characterized by a deficiency of cortisol and an excess of ACTH concentration.

17 Hydroxyprogesterone is also useful in monitoring cortisol replacement therapy and in evaluating infertility and adrenal and ovarian neoplasms.

**Synonyms:**

- 17-OH-progesterone
- 17HP

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

17HP

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Remarks:**

Collect in red top tube only, Gold top is not acceptable

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 week, frozen at -20C 2 years.

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

17HP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Order Quest # 17180.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 week, frozen at -20C 2 years.

**RESULT INTERPRETATION****Units:**

ng/dL

**Reference Interval:**

|                                   |              |
|-----------------------------------|--------------|
| Premature Infants (31 - 35 weeks) | <= 360 ng/dL |
| Term Infants (3 days)             | <= 420 ng/dL |

**Pediatric:**

|               |                |
|---------------|----------------|
| 1 - 12 months | 11 - 170 ng/dL |
| 1 - 4 years   | 4 - 115 ng/dL  |
| 5 - 9 years   | <= 90 ng/dL    |
| 10 - 13 years | <= 169 ng/dL   |
| 14 - 17 years | 16 - 283 ng/dL |

**Pregnancy:**

|                  |                |
|------------------|----------------|
| First Trimester  | 78 - 457 ng/dL |
| Second Trimester | 90 - 357 ng/dL |
| Third Trimester  | 44 - 578 ng/dL |

**>= 18 year old males:**

|             |              |
|-------------|--------------|
| 8-30 years  | 32-307 ng/dL |
| 31-40 years | 42-196 ng/dL |
| 41-50 years | 33-195 ng/dL |
| 51-60 years | 37-129 ng/dL |

|                         |              |
|-------------------------|--------------|
| >= 18 year old females: |              |
| Follicular phase        | <= 185 ng/dL |
| Mid-cycle phase         | <= 225 ng/dL |
| Luteal phase            | <= 285 ng/dL |
| Postmenopausal          | <= 45 ng/dL  |

**Additional Information:**

To convert ng/dL to nmol/L (SI units) multiply by 0.0303.

17-Hydroxyprogesterone is elevated in patients with Congenital Adrenal Hyperplasia (CAH). CAH is a group of autosomal recessive diseases characterized by a deficiency of cortisol and an excess of ACTH concentration.

17 Hydroxyprogesterone is also useful in monitoring cortisol replacement therapy and in evaluating infertility and adrenal and ovarian neoplasms.

**ADMINISTRATIVE****CPT Codes:**

83498-90

**LOINC Codes:**

1668-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

17HP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Remarks:**

Collect in red top tube only, Gold top is not acceptable

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Order Quest # 17180.

**Units:**

ng/dL

**Reference Interval:**

|                                   |              |
|-----------------------------------|--------------|
| Premature Infants (31 - 35 weeks) | <= 360 ng/dL |
| Term Infants (3 days)             | <= 420 ng/dL |

**Pediatric:**

|               |                |
|---------------|----------------|
| 1 - 12 months | 11 - 170 ng/dL |
| 1 - 4 years   | 4 - 115 ng/dL  |
| 5 - 9 years   | <= 90 ng/dL    |
| 10 - 13 years | <= 169 ng/dL   |
| 14 - 17 years | 16 - 283 ng/dL |

**Pregnancy:**

|                  |                |
|------------------|----------------|
| First Trimester  | 78 - 457 ng/dL |
| Second Trimester | 90 - 357 ng/dL |
| Third Trimester  | 44 - 578 ng/dL |

**>= 18 year old males:**

|             |              |
|-------------|--------------|
| 18-30 years | 32-307 ng/dL |
| 31-40 years | 42-196 ng/dL |
| 41-50 years | 33-195 ng/dL |
| 51-60 years | 37-129 ng/dL |

|                         |              |
|-------------------------|--------------|
| >= 18 year old females: |              |
| Follicular phase        | <= 185 ng/dL |
| Mid-cycle phase         | <= 225 ng/dL |
| Luteal phase            | <= 285 ng/dL |
| Postmenopausal          | <= 45 ng/dL  |

**Synonyms:**

- 17-OH-progesterone
- 17HP

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 week, frozen at -20C 2 years.



**Reported:**

Test run six days a week. Turnaround 3-6 days

**Additional Information:**

To convert ng/dL to nmol/L (SI units) multiply by 0.0303.

17-Hydroxyprogesterone is elevated in patients with Congenital Adrenal Hyperplasia (CAH). CAH is a group of autosomal recessive diseases characterized by a deficiency of cortisol and an excess of ACTH concentration.

17 Hydroxyprogesterone is also useful in monitoring cortisol replacement therapy and in evaluating infertility and adrenal and ovarian neoplasms.

**CPT Codes:**

83498-90

**LOINC Codes:**

1668-3

**2,3-Dinor 11B-Prostaglandin F2a, 24Hr, U**

LAB6160

**ORDERING****Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

LC-MS/MS

**Additional Information:**

2,3-Dinor-11beta-prostaglandin F2 alpha is the most abundant metabolic product of prostaglandins released by activated mast cells. Systemic mastocytosis (SM) is a disease in which clonally derived mast cells accumulate in peripheral tissues. Degranulation of these mast cells releases large amounts of histamines, prostaglandins, leukotrienes, and tryptase.

**Synonyms:**

- 11 Beta-Prostaglandin F2
- 11BPG
- 2,3 11 Beta-Prostaglandin F2 Alpha
- 23BPG
- BPG2
- Mastocytosis
- Prostaglandin
- 23BPT
- 23
- BPT23

**COLLECTION****Sample Type:**

Random/24 hour urine

**Label Abbreviation:**

23BPG

**Collect:**

Urine container

**Amount to Collect:**

4 mL

**Preferred Volume:**

4 mL

**Minimum Volume:**

4 mL

**Remarks:**

Random or 24 hour urine acceptable. No preservative preferred.

**Stability (from collection to initiation):**

Refrigerated (preferred): 14 days

Frozen: 30 days

Ambient: 8 hours

**PROCESSING****Test Code:**

23BPG

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Aliquot and freeze specimen. Transport to CB frozen. Order Mayo test code 23BPG

**Preferred Volume:**

4 mL

**Minimum Volume:**

4 mL

**Stability (from collection to initiation):**

Refrigerated (preferred): 14 days

Frozen: 30 days

Ambient: 8 hours

**RESULT INTERPRETATION****Units:**

pg/mg Cr

**Reference Interval:**

&lt;5205 pg/mg Cr

**Additional Information:**

2,3-Dinor-11beta-prostaglandin F2 alpha is the most abundant metabolic product of prostaglandins released by activated mast cells. Systemic mastocytosis (SM) is a disease in which clonally derived mast cells accumulate in peripheral tissues. Degranulation of these mast cells releases large amounts of histamines, prostaglandins, leukotrienes, and tryptase.

**ADMINISTRATIVE****CPT Codes:**

84150-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

23BPG

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

LC-MS/MS

**Remarks:**

Random or 24 hour urine acceptable. No preservative preferred.

**Collect:**

Urine container

**Amount to Collect:**

4 mL

**Sample Type:**

Random/24 hour urine

**Preferred Volume:**

4 mL

**Minimum Volume:**

4 mL

**Specimen Preparation:**

Aliquot and freeze specimen. Transport to CB frozen. Order Mayo test code 23BPG

**Units:**

pg/mg Cr

**Reference Interval:**

&lt;5205 pg/mg Cr

**Synonyms:**

- 11 Beta-Prostaglandin F2
- 11BPG
- 2,3 11 Beta-Prostaglandin F2 Alpha
- 23BPG
- BPG2
- Mastocytosis
- Prostaglandin
- 23BPT
- 23
- BPT23

**Stability (from collection to initiation):**

Refrigerated (preferred): 14 days

Frozen: 30 days

Ambient: 8 hours

**Additional Information:**

2,3-Dinor-11beta-prostaglandin F2 alpha is the most abundant metabolic product of prostaglandins released by activated mast cells. Systemic mastocytosis (SM) is a disease in which clonally derived mast cells accumulate in peripheral tissues. Degranulation of these mast cells releases large amounts of histamines, prostaglandins, leukotrienes, and tryptase.

**CPT Codes:**

84150-90

# 21-Hydroxylase Antibody

LAB5601

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Radiobinding

**Reported:**

5-7 days

**Additional Information:**

Used in the diagnosis of Autoimmune Polyglandular Syndrome (APS), Type 1 or 2. and/or Addison's disease.

**Synonyms:**

- 21HA

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

21HA

**Collect:**

Gold or Red top vacutainer

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 1 week, frozen 6 months

## PROCESSING

**Test Code:**

21HA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze serum. Transport to CB frozen. Order Quest test code 177816P

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 1 week, frozen 6 months

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Used in the diagnosis of Autoimmune Polyglandular Syndrome (APS), Type 1 or 2. and/or Addison's disease.

## ADMINISTRATIVE

**CPT Codes:**  
83519-90

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
21HA

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Radiobinding

**Collect:**  
Gold or Red top vacutainer

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

**Specimen Preparation:**  
Aliquot and freeze serum. Transport to CB frozen. Order Quest test code 177816P

**Reference Interval:**  
Negative

**Synonyms:**  

- 21HA

**Stability (from collection to initiation):**  
Room temperature 1 day, refrigerated 1 week, frozen 6 months

**Reported:**  
5-7 days

**Additional Information:**  
Used in the diagnosis of Autoimmune Polyglandular Syndrome (APS), Type 1 or 2. and/or Addison's disease.

**CPT Codes:**  
83519-90

# 5-a-Dihydrotestosterone by Tandem Mass Spectrometry, Serum

LAB977

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun, Wed, Thu, Fri, Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-5 days

**Synonyms:**

- DHT
- DHT (5-a-Dihydrotestosterone by Tandem Mass Spectrometry, Serum)
- Dihydrotestosterone, LC/MS/MS (5-a-Dihydrotestosterone by Tandem Mass Spectrometry, Serum)

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

DHT

**Collect:**

Plain red or serum separator tube (SST).

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.6 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 5 days; Frozen: 6 months

**Storage/Transport Temperature:**

Frozen.

**Unacceptable Conditions:**

Hemolyzed or lipemic specimens.

## PROCESSING

**Test Code:**

DHT

**ARUP Test Code:**

2002349

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube and freeze immediately. (Min: 0.6 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.6 mL serum

**Unacceptable Conditions:**

Hemolyzed or lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 5 days; Frozen: 6 months

**Storage/Transport Temperature:**  
Frozen.

## RESULT INTERPRETATION

### Reference Interval:

| Components                        | Reference Interval |                |                |
|-----------------------------------|--------------------|----------------|----------------|
| 5-a-Dihydrotestosterone, LC-MS/MS | Age                | Male (pg/mL)   | Female (pg/mL) |
|                                   | Premature          | 100.0-530.0    | 20.0-130.0     |
|                                   | Full Term          | 50.0-600.0     | 20.0-150.0     |
|                                   | 1 week-6 months    | 120.0-850.0    | Not Applicable |
|                                   | 1 week-9 years     | Not Applicable | 0.0-49.9       |
|                                   | 7 months-9 years   | 0.0-49.9       | Not Applicable |
|                                   | 10-19 years        | 0.0-533.0      | 50.0-170.0     |
|                                   | 20 years and older | 106.0-719.0    | 24.0-208.0     |
|                                   | Tanner Stage I     | 1.0-47.6       | 1.0-64.3       |
|                                   | Tanner Stage II    | 3.5-397.9      | 5.5-95.9       |
|                                   | Tanner Stage III   | 14.8-574.6     | 11.4-158.3     |
|                                   | Tanner Stage IV-V  | 44.9-511.8     | 18.7-193.8     |

## ADMINISTRATIVE

**CPT Codes:**  
82642

**LOINC:**

- 1848-1

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
DHT

**ARUP Test Code:**  
2002349

**Performing Lab:**  
ARUP

**Sendout:**  
Yes

**Performed:**  
Sun, Wed, Thu, Fri, Sat

**Methodology:**  
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**  
Plain red or serum separator tube (SST).

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.6 mL serum

**Unacceptable Conditions:**  
Hemolyzed or lipemic specimens.



**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube and freeze immediately. (Min: 0.6 mL)

**Reference Interval:**

| Components                        | Reference Interval |                |                |
|-----------------------------------|--------------------|----------------|----------------|
| 5-a-Dihydrotestosterone, LC-MS/MS | Age                | Male (pg/mL)   | Female (pg/mL) |
|                                   | Premature          | 100.0-530.0    | 20.0-130.0     |
|                                   | Full Term          | 50.0-600.0     | 20.0-150.0     |
|                                   | 1 week-6 months    | 120.0-850.0    | Not Applicable |
|                                   | 1 week-9 years     | Not Applicable | 0.0-49.9       |
|                                   | 7 months-9 years   | 0.0-49.9       | Not Applicable |
|                                   | 10-19 years        | 0.0-533.0      | 50.0-170.0     |
|                                   | 20 years and older | 106.0-719.0    | 24.0-208.0     |
|                                   | Tanner Stage I     | 1.0-47.6       | 1.0-64.3       |
|                                   | Tanner Stage II    | 3.5-397.9      | 5.5-95.9       |
|                                   | Tanner Stage III   | 14.8-574.6     | 11.4-158.3     |
|                                   | Tanner Stage IV-V  | 44.9-511.8     | 18.7-193.8     |

**Synonyms:**

- DHT
- DHT (5-a-Dihydrotestosterone by Tandem Mass Spectrometry, Serum)
- Dihydrotestosterone, LC/MS/MS (5-a-Dihydrotestosterone by Tandem Mass Spectrometry, Serum)

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 5 days; Frozen: 6 months

**Reported:**

1-5 days

**CPT Codes:**

82642

**LOINC:**

- 1848-1

# 5-Hydroxyindoleacetic Acid, Urine, 24 Hour

LAB3385

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC

**Reported:**

Test run Monday-Friday. Turnaround: 2-5 days.

**Additional Information:**To convert mg to  $\mu\text{mol}$  (SI units) multiply by 5.2.**Synonyms:**

- HIAA
- 5HQT

## COLLECTION

**Patient Preparation:**

Patient should avoid food high in indoles: avocados, bananas, berries, eggplant, nuts, passion fruit, pineapple and its juice, plantains, plums, and tomatoes. Patient should also avoid alcohol, tobacco, tea and coffee three days prior to and during specimen collection.

**Sample Type:**

24 hour urine collection

**Label Abbreviation:**

5HQT

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, 30mL 6N HCL

**Amount to Collect:**

Entire 24 urine output

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Remarks:**

72 hours prior to and throughout the entire period of specimen collection avoid avocados, bananas, berries, eggplant, nuts, passion fruit, pineapple and its juice, plantains, plums, and tomatoes, as well as alcohol, coffee, tea and tobacco. Obtain container with preservative at Specimen Receiving. Refrigerate sample while collecting.

## PROCESSING

**Test Code:**

5HQT

**Test Group:**

HIAA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Order Quest # 9936N

If pH > 6, add a few drops of 6N HCl to acidify urine aliquot to pH 6 or less before shipping frozen.

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**RESULT INTERPRETATION****Units:**

mg/24 h or mg/g creat.

**Reference Interval:**

2-10 years: &lt; 8.0 mg/d

&gt; 10 years: &lt; 6.0 mg/d

**Additional Information:**To convert mg to  $\mu$ mol (SI units) multiply by 5.2.**ADMINISTRATIVE****CPT Codes:**

82570-90, 83497-90

**LOINC Codes:**

31203-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

5HQT

**Test Group:**

HIAA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC

**Patient Preparation:**

Patient should avoid food high in indoles: avocados, bananas, berries, eggplant, nuts, passion fruit, pineapple and its juice, plantains, plums, and tomatoes. Patient should also avoid alcohol, tobacco, tea and coffee three days prior to and during specimen collection.

**Remarks:**

72 hours prior to and throughout the entire period of specimen collection avoid avocados, bananas, berries, eggplant, nuts, passion fruit, pineapple and its juice, plantains, plums, and tomatoes, as well as alcohol, coffee, tea and tobacco. Obtain container with preservative at Specimen Receiving. Refrigerate sample while collecting.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, 30mL 6N HCL

**Amount to Collect:**

Entire 24 urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Specimen Preparation:**

Order Quest # 9936N

If pH > 6, add a few drops of 6N HCl to acidify urine aliquot to pH 6 or less before shipping frozen.

**Units:**

mg/24 h or mg/g creat.

**Reference Interval:**

2-10 years: &lt; 8.0 mg/d

&gt; 10 years: &lt; 6.0 mg/d

**Synonyms:**

- HIAA
- 5HQT

**Reported:**

Test run Monday-Friday. Turnaround: 2-5 days.

**Additional Information:**

To convert mg to  $\mu\text{mol}$  (SI units) multiply by 5.2.

**CPT Codes:**

82570-90, 83497-90

**LOINC Codes:**

31203-3

# 5-Hydroxyindoleacetic Acid, Urine, Random

LAB3489

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC with electrochemical detection

**Reported:**

Set up 5x per week, turnaround 3-5 days

**Additional Information:**

5-HIAA is the end product of serotonin (5-hydroxytryptophan) and tryptophan metabolism. Patients with carcinoid tumors of the midgut, e.g., ileum, produce high concentrations of 5-HIAA. Patients with carcinoid tumors of the foregut and hindgut may produce little or no 5-HIAA or do so intermittently.

**Synonyms:**

- HIAA
- 5HQTR

## COLLECTION

**Patient Preparation:**

Patient should avoid food high in indoles: avocados, bananas, berries, eggplant, nuts, passion fruit, pineapple and its juice, plantains, plums, and tomatoes. Patient should also avoid alcohol, tobacco, tea and coffee three days prior to and during specimen collection.

**Sample Type:**

Random urine

**Label Abbreviation:**

5HQTR

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 month, frozen at -20C 1 month

## PROCESSING

**Test Code:**

5HQTR

**Test Group:**

HIAA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot sample and adjust urine pH to < 3.0 using 6N HCl. Refrigerate. Order Quest test # 84871N

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 month, frozen at -20C 1 month

## RESULT INTERPRETATION

**Units:**

mg/g creatinine

**Reference Interval:**

2-10 years:  $\leq 12.0$  mg/g creatinine  
 > 10 years:  $\leq 10.0$  mg/g creatinine

**Additional Information:**

5-HIAA is the end product of serotonin (5-hydroxytryptophan) and tyrtophan metabolism. Patients with carcinoid tumors of the midgut, e.g., ileum, produce high concentrations of 5-HIAA. Patients with carcinoid tumors of the foregut and hindgut may produce little or no 5-HIAA or do so intermittently.

**ADMINISTRATIVE****CPT Codes:**

82570-90, 83497-90

**LOINC Codes:**

11145-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

5HQTR

**Test Group:**

HIAA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC with electrochemical detection

**Patient Preparation:**

Patient should avoid food high in indoles: avocados, bananas, berries, eggplant, nuts, passion fruit, pineapple and its juice, plantains, plums, and tomatoes. Patient should also avoid alcohol, tobacco, tea and coffee three days prior to and during specimen collection.

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Specimen Preparation:**

Aliquot sample and adjust urine pH to  $< 3.0$  using 6N HCl. Refrigerate. Order Quest test # 84871N

**Units:**

mg/g creatinine

**Reference Interval:**

2-10 years:  $\leq 12.0$  mg/g creatinine  
 > 10 years:  $\leq 10.0$  mg/g creatinine

**Synonyms:**

- HIAA
- 5HQTR

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 month, frozen at  $-20^{\circ}\text{C}$  1 month

**Reported:**

Set up 5x per week, turnaround 3-5 days

**Additional Information:**

5-HIAA is the end product of serotonin (5-hydroxytryptophan) and tyrtophan metabolism. Patients with carcinoid tumors of the midgut, e.g., ileum, produce high concentrations of 5-HIAA. Patients with carcinoid tumors of the foregut and hindgut may produce little or no 5-HIAA or do so intermittently.

**CPT Codes:**

82570-90, 83497-90

**LOINC Codes:**

11145-0

# 7-Dehydrocholesterol

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

GCMS

**Reported:**

Batched 1-2 times per week. Turnaround 7-14 days

**Additional Information:**

Deficiency of 7-dehydrocholesterol reductase leads to accumulation of this compound in Smith-Lemli-Opitz Syndrome.

This laboratory is not eligible for MediCal reimbursement. Specimens on MediCal patients must be charged either to a budget account or paid for in advance in cash.

**Synonyms:**

- Smith-Lemli-Opitz syndrome
- Dehydrocholesterol,7-
- MOLT

## COLLECTION

**Sample Type:**

EDTA Plasma

**Label Abbreviation:**

MOLT

**Collect:**

Lavender top (Green top acceptable)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.1 mL plasma

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 48 hours, frozen at -20C indefinite.

## PROCESSING

**Test Code:**

DHC7

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze at -20C. Ship frozen to China Basin. Order Quest # 17664X

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.1 mL plasma

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 48 hours, frozen at -20C indefinite.

## RESULT INTERPRETATION

**Reference Interval:**

See Additional Information



**Additional Information:**

Deficiency of 7-dehydrocholesterol reductase leads to accumulation of this compound in Smith-Lemli-Opitz Syndrome.

This laboratory is not eligible for MediCal reimbursement. Specimens on MediCal patients must be charged either to a budget account or paid for in advance in cash.

**ADMINISTRATIVE****CPT Codes:**

82542-90

**LOINC Codes:**

33275-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

DHC7

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

GCMS

**Collect:**

Lavender top (Green top acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

EDTA Plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.1 mL plasma

**Specimen Preparation:**

Freeze at -20C. Ship frozen to China Basin. Order Quest # 17664X

**Reference Interval:**

See Additional Information

**Synonyms:**

- Smith-Lemli-Opitz syndrome
- Dehydrocholesterol,7-
- MOLT

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 48 hours, frozen at -20C indefinite.

**Reported:**

Batched 1-2 times per week. Turnaround 7-14 days

**Additional Information:**

Deficiency of 7-dehydrocholesterol reductase leads to accumulation of this compound in Smith-Lemli-Opitz Syndrome.

This laboratory is not eligible for MediCal reimbursement. Specimens on MediCal patients must be charged either to a budget account or paid for in advance in cash.

**CPT Codes:**

82542-90

**LOINC Codes:**

33275-9

# ABL1 Break Apart Rearrangement FISH

BABL1R, ABL1R

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7~14 days

**Synonyms:**

- ABL1 FISH
- 9q34 BA FISH
- BABL1R
- ABL1R

## COLLECTION

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Collect:**

Blood: Dark Green top Sodium Heparin tube

Bone marrow: Dark Green Top Sodium Heparin tube for Bone Marrow, Sterile container with medium for Bone Core

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

Blood: BABL1R

Bone marrow: ABL1R

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**ADMINISTRATIVE****CPT Codes:**

88271x2, 88275x1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

Blood: BABL1R

Bone marrow: ABL1R

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri 9 am to 5 pm

**Methodology:**

FISH

**Collect:**

Blood: Dark Green top Sodium Heparin tube

Bone marrow: Dark Green Top Sodium Heparin tube for Bone Marrow, Sterile container with medium for Bone Core

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Synonyms:**

- ABL1 FISH
- 9q34 BA FISH
- BABL1R
- ABL1R

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

2 days

**Reported:**

7~14 days

**CPT Codes:**

88271x2, 88275x1

# ABL2 Break Apart Rearrangement FISH

BABL2R, ABL2R

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon-Fri 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7-14 days

**Synonyms:**

- BABL2R
- ABL2R
- ABL2 1q25 BA FISH

## COLLECTION

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Collect:**

Blood: Dark Green Top Sodium Heparin tube for Blood

Bone marrow: Dark Green Top Sodium Heparin tube for Bone Marrow, Sterile container with medium for Bone Core

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room Temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

## PROCESSING

**Test Code:**

Blood: BABL2R

Bone marrow ABL2R

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room Temperature

**ADMINISTRATIVE****CPT Codes:**

88271x2, 88275x1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

Blood: BABL2R

Bone marrow ABL2R

**Performing Lab:**

Cytogenetics

**Performed:**

Mon-Fri 9 am to 5 pm

**Methodology:**

FISH

**Collect:**

Blood: Dark Green Top Sodium Heparin tube for Blood

Bone marrow: Dark Green Top Sodium Heparin tube for Bone Marrow, Sterile container with medium for Bone Core

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Synonyms:**

- BABL2R
- ABL2R
- ABL2 1q25 BA FISH

**Storage/Transport Temperature:**

Room Temperature

**Stability (from collection to initiation):**

2 days

**Reported:**

7-14 days

**CPT Codes:**

88271x2, 88275x1

# ABO Grouping

LAB3669

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and MtZ Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Reported:**

STAT 1 hour, ASAP 2 hours Routine 4 hours

**Additional Information:**

When and if following bone marrow or liver transplantation there is disagreement between the results of ABO or Rh results based on testing of RBCs ("forward" testing) and results based on testing of plasma ("reverse" testing), the discrepancy will be reported. Samples must be signed and dated by the person who obtained the sample.

**Synonyms:**

- Blood grouping
- Blood typing
- cord blood tests
- ABO

## COLLECTION

**Sample Type:**

EDTA whole blood

**Label Abbreviation:**

ABO

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

## PROCESSING

**Test Code:**

ABO

**Test Group:**

ABO / Rh

**Performing Lab:**

Parnassus, Mission Bay and MtZ Blood Banks

**Specimen Preparation:**

Maintain samples at room temperature and provide to Blood Bank asap.

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

## RESULT INTERPRETATION

**Additional Information:**

When and if following bone marrow or liver transplantation there is disagreement between the results of ABO or Rh results based on testing of RBCs ("forward" testing) and results based on testing of plasma ("reverse" testing), the discrepancy will be reported. Samples must be signed and dated by the person who obtained the sample.

**ADMINISTRATIVE****CPT Codes:**

86900

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

ABO

**Test Group:**

ABO / Rh

**Performing Lab:**

Parnassus, Mission Bay and MtZ Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

**Specimen Preparation:**

Maintain samples at room temperature and provide to Blood Bank asap.

**Synonyms:**

- Blood grouping
- Blood typing
- cord blood tests
- ABO

**Reported:**

STAT 1 hour, ASAP 2 hours Routine 4 hours

**Additional Information:**

When and if following bone marrow or liver transplantation there is disagreement between the results of ABO or Rh results based on testing of RBCs ("forward" testing) and results based on testing of plasma ("reverse" testing), the discrepancy will be reported. Samples must be signed and dated by the person who obtained the sample.

**CPT Codes:**

86900

**ABO/Rh**

LAB895

**ORDERING****Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and MtZ Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Reported:**

STAT 1 hour, ASAP 2 hours Routine 4 hours

**Additional Information:**

When and if following bone marrow or liver transplantation there is disagreement between the results of ABO or Rh results based on testing of RBCs ("forward" testing) and results based on testing of plasma ("reverse" testing), the discrepancy will be reported.

**Reflex Testing:**

Cord blood: If baby and mother are both Rh Negative on initial testing, weak D testing will be automatically performed on the cord sample and charged for.

**Synonyms:**

- Blood grouping
- Blood typing
- Rh typing
- cord blood tests
- ABO/RH

**COLLECTION****Sample Type:**

EDTA whole blood

**Label Abbreviation:**

ABO/RH

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

**PROCESSING****Test Code:**

ABRH

**Test Group:**

ABO / Rh

**Performing Lab:**

Parnassus, Mission Bay and MtZ Blood Banks

**Specimen Preparation:**

Maintain samples at room temperature and provide to Blood Bank asap.

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.



**RESULT INTERPRETATION****Additional Information:**

When and if following bone marrow or liver transplantation there is disagreement between the results of ABO or Rh results based on testing of RBCs ("forward" testing) and results based on testing of plasma ("reverse" testing), the discrepancy will be reported.

**ADMINISTRATIVE****CPT Codes:**

86900,86901

**LOINC Codes:**

34530-6

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

ABRH

**Test Group:**

ABO / Rh

**Performing Lab:**

Parnassus, Mission Bay and MtZ Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

**Specimen Preparation:**

Maintain samples at room temperature and provide to Blood Bank asap.

**Synonyms:**

- Blood grouping
- Blood typing
- Rh typing
- cord blood tests
- ABO/RH

**Reported:**

STAT 1 hour, ASAP 2 hours Routine 4 hours

**Reflex Testing:**

Cord blood: If baby and mother are both Rh Negative on initial testing, weak D testing will be automatically performed on the cord sample and charged for.

**Additional Information:**

When and if following bone marrow or liver transplantation there is disagreement between the results of ABO or Rh results based on testing of RBCs ("forward" testing) and results based on testing of plasma ("reverse" testing), the discrepancy will be reported.

**CPT Codes:**

86900,86901

**LOINC Codes:**

34530-6

# Acanthamoeba Culture and Smear

LAB6127

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday day shift

**Methodology:**

Culture, and exam of smear by microscopy

**Reported:**

Culture: 7-10 days, Smear: 1-3 days

**Reflex Testing:**

A culture for Acanthamoeba will be performed on all specimen types.

An additional charge is billed for the smear.

For ophthalmology specimens, a smear is stained and examined when a slide is received, and when contact lens solution or contact lens case with fluid or lens is received.

**Synonyms:**

- Acanthamoeba, Naegleria, Balamuthia, Amoeba
- Amoeba Cx

## COLLECTION

**Sample Type:**

Corneal scraping/biopsy  
Contact lens solution  
Contact lens case with fluid or lens  
CSF  
Brain tissue  
Skin abscess

**Label Abbreviation:**

Amoeba Cx

**Collect:**

Corneal scraping/biopsy: Non-nutrient agar plate  
Contact lens solution: Sterile container  
Contact lens case with solution or lens  
CSF/Tissue: CSF tube or sterile collection tube

**Amount to Collect:**

Contact lens solution: 0.5 mL  
CSF: 5 mL  
Tissue: approximately 6 mm

**Preferred Volume:**

Contact lens solution: 0.5 mL  
CSF: 5 mL  
Tissue: approximately 6 mm

**Minimum Volume:**

Contact lens solution: 0.5 mL  
CSF: 2 mL  
Tissue: 3 mL

**Remarks:**

Transport specimens to Microbiology as soon as possible.

Corneal scrapings or biopsy: Place specimen directly onto the center of a non-nutrient agar plate. Label the plates at the edge so as not to interfere with microscopic analysis. Tape the plate closed and transport in a sealed specimen bag. If a stain is requested, submit a slide with a centered dime-sized smear, frosted side face up, labeled, and in a slide transport container.

Contact lens solution: Submit in original container or sterile container.

Contact lens case: Submit with fluid or with lenses.

**Unacceptable Conditions:**

Dry contact lens case without contact lens

**PROCESSING****Test Code:**

P417

**Test Group:**

Parasitology

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Store samples (including tissues) at room temperature on the parasitology workbench near the microscopes. Notify a parasitology CLS, if present.

**Preferred Volume:**

Contact lens solution: 0.5 mL

CSF: 5 mL

Tissue: approximately 6 mm

**Minimum Volume:**

Contact lens solution: 0.5 mL

CSF: 2 mL

Tissue: 3 mL

**Unacceptable Conditions:**

Dry contact lens case without contact lens

**RESULT INTERPRETATION****Reference Interval:**

No Acanthamoeba spp. present/isolated

No Parasites Seen

**ADMINISTRATIVE****CPT Codes:**

Culture: 87081, Smear: 87207

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P417

**Test Group:**

Parasitology

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday day shift

**Methodology:**

Culture, and exam of smear by microscopy

**Remarks:**

Transport specimens to Microbiology as soon as possible.

Corneal scrapings or biopsy: Place specimen directly onto the center of a non-nutrient agar plate. Label the plates at the edge so as not to interfere with microscopic analysis. Tape the plate closed and transport in a sealed specimen bag. If a stain is requested, submit a slide with a centered dime-sized smear, frosted side face up, labeled, and in a slide transport container.

Contact lens solution: Submit in original container or sterile container.

Contact lens case: Submit with fluid or with lenses.

**Collect:**

Corneal scraping/biopsy: Non-nutrient agar plate

Contact lens solution: Sterile container

Contact lens case with solution or lens

CSF/Tissue: CSF tube or sterile collection tube

**Amount to Collect:**

Contact lens solution: 0.5 mL

CSF: 5 mL

Tissue: approximately 6 mm

**Sample Type:**

Corneal scraping/biopsy

Contact lens solution

Contact lens case with fluid or lens

CSF

Brain tissue

Skin abscess

**Preferred Volume:**

Contact lens solution: 0.5 mL

CSF: 5 mL

Tissue: approximately 6 mm

**Minimum Volume:**

Contact lens solution: 0.5 mL

CSF: 2 mL

Tissue: 3 mL

**Unacceptable Conditions:**

Dry contact lens case without contact lens

**Specimen Preparation:**

Store samples (including tissues) at room temperature on the parasitology workbench near the microscopes. Notify a parasitology CLS, if present.

**Reference Interval:**

No Acanthamoeba spp. present/isolated

No Parasites Seen

**Synonyms:**

- Acanthamoeba, Naegleria, Balamuthia, Amoeba
- Amoeba Cx

**Reported:**

Culture: 7-10 days, Smear: 1-3 days

**Reflex Testing:**

A culture for Acanthamoeba will be performed on all specimen types.

An additional charge is billed for the smear.

For ophthalmology specimens, a smear is stained and examined when a slide is received, and when contact lens solution or contact lens case with fluid or lens is received.

**CPT Codes:**

Culture: 87081, Smear: 87207

# Acetaminophen Level

LAB43

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

24-hours per day, 7-days per week

**Methodology:**

Enzymatic/Colorimetric on Abbott Architect c8000 or ci4000

**Reported:**

STAT 1 hour, Routine 1-3 days

**Additional Information:**

In suspected intoxication, at least 4 hours must have elapsed post-ingestion before a serum level can assist in determining the need to initiate N-acetylcysteine therapy; earlier levels are uninterpretable for this purpose. For additional emergency information, you may call the San Francisco regional poison center, 1-800-876-4766 (from UCSF dial 47-28600)

Note: Some monoclonal proteins may cause falsely low acetaminophen results. Testing for acetaminophen levels in parallel dilution studies and with a different assay may be useful in cases where interference by a monoclonal protein or abnormal immunoglobulin is suspected.

**Synonyms:**

- Tylenol
- Datril
- Paracetamol
- AAPH

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

AAPH

**Collect:**

Preferred tube type: Gold top (SST)

Acceptable tube type: Light Green top (lithium heparin) or Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room Temperature (20-25°C): 24 hours

Refrigerated (2-8°C): 24 days

Frozen (-20°C or colder): 50 days

## PROCESSING

**Test Code:**

AAPH

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room Temperature (20-25°C): 24 hours

Refrigerated (2-8°C): 24 days

Frozen (-20°C or colder): 50 days

**RESULT INTERPRETATION****Units:**

mg/L

**Reference Interval:**

Therapeutic: 10-20 mg/L

Toxic: &gt; 150 mg/L (4 hours post ingestion)

**Critical Values:**

&gt; 50 mg/L

**Additional Information:**

In suspected intoxication, at least 4 hours must have elapsed post-ingestion before a serum level can assist in determining the need to initiate N-acetylcysteine therapy; earlier levels are uninterpretable for this purpose. For additional emergency information, you may call the San Francisco regional poison center, 1-800-876-4766 (from UCSF dial 47-28600)

Note: Some monoclonal proteins may cause falsely low acetaminophen results. Testing for acetaminophen levels in parallel dilution studies and with a different assay may be useful in cases where interference by a monoclonal protein or abnormal immunoglobulin is suspected.

**ADMINISTRATIVE****CPT Codes:**

80143

**LOINC Codes:**

3298-7

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

AAPH

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

24-hours per day, 7-days per week

**Methodology:**

Enzymatic/Colorimetric on Abbott Architect c8000 or ci4000

**Collect:**

Preferred tube type: Gold top (SST)

Acceptable tube type: Light Green top (lithium heparin) or Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 10-20 mg/L

Toxic: &gt; 150 mg/L (4 hours post ingestion)

**Critical Values:**

&gt; 50 mg/L

**Synonyms:**

- Tylenol
- Datril
- Paracetamol
- AAPH

**Stability (from collection to initiation):**

Room Temperature (20-25°C): 24 hours

Refrigerated (2-8°C): 24 days

Frozen (-20°C or colder): 50 days

**Reported:**

STAT 1 hour, Routine 1-3 days

**Additional Information:**

In suspected intoxication, at least 4 hours must have elapsed post-ingestion before a serum level can assist in determining the need to initiate N-acetylcysteine therapy; earlier levels are uninterpretable for this purpose. For additional emergency information, you may call the San Francisco regional poison center, 1-800-876-4766 (from UCSF dial 47-28600)

Note: Some monoclonal proteins may cause falsely low acetaminophen results. Testing for acetaminophen levels in parallel dilution studies and with a different assay may be useful in cases where interference by a monoclonal protein or abnormal immunoglobulin is suspected.

**CPT Codes:**

80143

**LOINC Codes:**

3298-7

# Acetylcholine Receptor Binding Ab

LAB836

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Radiobinding assay

**Reported:**

Test performed Monday-Friday. Turnaround time: 2-5 days.

**Synonyms:**

- Myasthenia gravis

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ACRA

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 weeks, frozen at -20C 1 year.

**Unacceptable Conditions:**

Hemolysis, lipemia

**Rejection Criteria:**

Hemolysis, lipemia

## PROCESSING

**Test Code:**

ACRA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate Serum. Order Quest #110346P

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Hemolysis, lipemia

**Rejection Criteria:**

Hemolysis, lipemia

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 weeks, frozen at -20C 1 year.

## RESULT INTERPRETATION

**Units:**

nmol/L



**Reference Interval:**

Negative:  $\leq 0.30$  nmol/L  
Equivocal: 0.31-0.49 nmol/L  
Positive:  $\geq 0.50$  nmol/L

**ADMINISTRATIVE****CPT Codes:**

86041

**LOINC Codes:**

11034-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ACRA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Radiobinding assay

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Rejection Criteria:**

Hemolysis, lipemia

**Unacceptable Conditions:**

Hemolysis, lipemia

**Specimen Preparation:**

Refrigerate Serum. Order Quest #110346P

**Units:**

nmol/L

**Reference Interval:**

Negative:  $\leq 0.30$  nmol/L  
Equivocal: 0.31-0.49 nmol/L  
Positive:  $\geq 0.50$  nmol/L

**Synonyms:**

- Myasthenia gravis

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 weeks, frozen at -20C 1 year.

**Reported:**

Test performed Monday-Friday. Turnaround time: 2-5 days.

**CPT Codes:**

86041

**LOINC Codes:**

11034-6

# Acetylcholine Receptor Blocking Ab

LAB9014

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Radioimmunoassay

**Reported:**

4-7 days

**Additional Information:**

Myasthenia Gravis (MG) is an autoimmune neuromuscular disorder characterized by muscle weakness, most commonly due to autoantibody-mediated loss of functional acetylcholine receptors (AChR) in the neuromuscular junction. AChR binding autoantibodies are diagnostic of MG, and are found in 85-90% of MG patients. AChR blocking autoantibodies prevent inter-action of binding antibodies with the AChR. Fewer than 1% of patients have blocking antibodies without binding antibodies. Blocking antibodies are present in about 50% of patients with MG, but rare in other conditions. Therefore, blocking antibodies have utility in ruling out a possible false positive binding assay and detecting the rare patient without AChR binding antibodies.

**Synonyms:**

- Myasthenia Gravis
- ACRB

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ACRB

**Collect:**

Gold or red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature: 14 days

Refrigerated: 14 days

Frozen: 30 days

**Rejection Criteria:**

Gross Hemolysis, Grossly lipemic, Microbially contaminated

## PROCESSING

**Test Code:**

ACRB

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze sample. Transport to CB frozen. Order Quest test code 34459.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Gross Hemolysis, Grossly lipemic, Microbially contaminated

**Stability (from collection to initiation):**

Room temperature: 14 days

Refrigerated: 14 days

Frozen: 30 days

**RESULT INTERPRETATION****Units:**

% of inhibition

**Reference Interval:**

&lt; 15%

**Additional Information:**

Myasthenia Gravis (MG) is an autoimmune neuromuscular disorder characterized by muscle weakness, most commonly due to autoantibody-mediated loss of functional acetylcholine receptors (AChR) in the neuromuscular junction. AChR binding autoantibodies are diagnostic of MG, and are found in 85-90% of MG patients. AChR blocking autoantibodies prevent inter-action of binding antibodies with the AChR. Fewer than 1% of patients have blocking antibodies without binding antibodies. Blocking antibodies are present in about 50% of patients with MG, but rare in other conditions. Therefore, blocking antibodies have utility in ruling out a possible false positive binding assay and detecting the rare patient without AChR binding antibodies.

**ADMINISTRATIVE****CPT Codes:**

86042

**LOINC Codes:**

11561-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ACRB

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Radioimmunoassay

**Collect:**

Gold or red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Gross Hemolysis, Grossly lipemic, Microbially contaminated

**Specimen Preparation:**

Aliquot and freeze sample. Transport to CB frozen. Order Quest test code 34459.

**Units:**

% of inhibition

**Reference Interval:**

&lt; 15%

**Synonyms:**

- Myasthenia Gravis
- ACRB

**Stability (from collection to initiation):**

Room temperature: 14 days

Refrigerated: 14 days

Frozen: 30 days

**Reported:**

4-7 days

**Additional Information:**

Myasthenia Gravis (MG) is an autoimmune neuromuscular disorder characterized by muscle weakness, most commonly due to autoantibody-mediated loss of functional acetylcholine receptors (AChR) in the neuromuscular junction. AChR binding autoantibodies are diagnostic of MG, and are found in 85-90% of MG patients. AChR blocking autoantibodies prevent inter-action of binding antibodies with the AChR. Fewer than 1% of patients have blocking antibodies without binding antibodies. Blocking antibodies are present in about 50% of patients with MG, but rare in other conditions. Therefore, blocking antibodies have utility in ruling out a possible false positive binding assay and detecting the rare patient without AChR binding antibodies.

**CPT Codes:**

86042

**LOINC Codes:**

11561-8

# Acetylcholine Receptor Modulating Ab

LAB9013

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Radiobinding Assay

**Reported:**

4-7 days

**Additional Information:**

Myasthenia Gravis (MG) is an autoimmune neuromuscular disorder characterized by muscle weakness, most commonly due to autoantibody-mediated loss of functional acetylcholine receptors (AChR) in the neuromuscular junction. AChR binding autoantibodies are diagnostic of MG, and are found in 85-90% of MG patients. AChR modulating antibodies cross-link AChR molecules on cell surface, promoting internalization, and decreasing AChR surface density. The AChR binding and modulating antibody assays have similar sensitivities, but performing them together increases sensitivity of antibody detection by approximately 5%.

**Synonyms:**

- ACRM

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ACRM

**Collect:**

Gold or red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature: 14 days

Refrigerated: 14 days

Frozen: 30 days

**Rejection Criteria:**

Gross hemolysis, Grossly lipemic, Microbially contaminated

## PROCESSING

**Test Code:**

ACRM

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze sample. Transport to CB frozen. Order Quest test code 26474.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Gross hemolysis, Grossly lipemic, Microbially contaminated

**Stability (from collection to initiation):**

Room temperature: 14 days

Refrigerated: 14 days

Frozen: 30 days

**RESULT INTERPRETATION****Units:**

% binding inhibition

**Reference Interval:**

&lt; 32%

**Additional Information:**

Myasthenia Gravis (MG) is an autoimmune neuromuscular disorder characterized by muscle weakness, most commonly due to autoantibody-mediated loss of functional acetylcholine receptors (AChR) in the neuromuscular junction. AChR binding autoantibodies are diagnostic of MG, and are found in 85-90% of MG patients. AChR modulating antibodies cross-link AChR molecules on cell surface, promoting internalization, and decreasing AChR surface density. The AChR binding and modulating antibody assays have similar sensitivities, but performing them together increases sensitivity of antibody detection by approximately 5%.

**ADMINISTRATIVE****CPT Codes:**

86043

**LOINC Codes:**

11562-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ACRM

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Radiobinding Assay

**Collect:**

Gold or red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Gross hemolysis, Grossly lipemic, Microbially contaminated

**Specimen Preparation:**

Aliquot and freeze sample. Transport to CB frozen. Order Quest test code 26474.

**Units:**

% binding inhibition

**Reference Interval:**

&lt; 32%

**Synonyms:**

- ACRM

**Stability (from collection to initiation):**

Room temperature: 14 days

Refrigerated: 14 days

Frozen: 30 days

**Reported:**

4-7 days

**Additional Information:**

Myasthenia Gravis (MG) is an autoimmune neuromuscular disorder characterized by muscle weakness, most commonly due to autoantibody-mediated loss of functional acetylcholine receptors (AChR) in the neuromuscular junction. AChR binding autoantibodies are diagnostic of MG, and are found in 85-90% of MG patients. AChR modulating antibodies cross-link AChR molecules on cell surface, promoting internalization, and decreasing AChR surface density. The AChR binding and modulating antibody assays have similar sensitivities, but performing them together increases sensitivity of antibody detection by approximately 5%.

**CPT Codes:**

86043

**LOINC Codes:**

11562-6

# Acid Phosphatase, Total, Serum

LAB5528

## ORDERING

**Ordering Recommendations:**

Total acid phosphatase (ACP) activity may be useful when evaluating for prostate cancer, Paget disease, hyperparathyroidism with skeletal involvement, and Gaucher disease since elevations in ACP activity occur in these conditions.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Enzymatic Assay

**Reported:**

1-2 days

**Synonyms:**

- ACPT

## COLLECTION

**Label Abbreviation:**

ACPT

**Collect:**

Plain red or SST

**Stability (from collection to initiation):**

After separation from cells: Room temperature: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Unacceptable Conditions:**

Plasma. Nonfrozen specimens. Hemolyzed specimens.

## PROCESSING

**Test Code:**

ACPT

**ARUP Test Code:**

0020544

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Transfer 1.5 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)

**Unacceptable Conditions:**

Plasma. Nonfrozen specimens. Hemolyzed specimens.

**Stability (from collection to initiation):**

After separation from cells: Room temperature: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

## RESULT INTERPRETATION

**Reference Interval:**

0.0-4.3 U/L

## ADMINISTRATIVE



**CPT Codes:**

84060

**LOINC:**

- 12173-1

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Total acid phosphatase (ACP) activity may be useful when evaluating for prostate cancer, Paget disease, hyperparathyroidism with skeletal involvement, and Gaucher disease since elevations in ACP activity occur in these conditions.

**Test Code:**

ACPT

**ARUP Test Code:**

0020544

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Enzymatic Assay

**Collect:**

Plain red or SST

**Unacceptable Conditions:**

Plasma. Nonfrozen specimens. Hemolyzed specimens.

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Transfer 1.5 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)

**Reference Interval:**

0.0-4.3 U/L

**Synonyms:**

- ACPT

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Stability (from collection to initiation):**

After separation from cells: Room temperature: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

**Reported:**

1-2 days

**CPT Codes:**

84060

**LOINC:**

- 12173-1

# Actin (Smooth Muscle) Antibody, IgG

LAB512

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday (day shift)

**Methodology:**

EIA

**Reported:**

2 - 8 days

**Synonyms:**

- ACTIN IgG ANTIBODIES

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1.0 (blood)

**Preferred Volume:**

0.5 (serum)

**Minimum Volume:**

0.5 (serum)

**Unacceptable Conditions:**

Grossly hemolyzed, Icteric or lipemic serum

## PROCESSING

**Test Code:**

ASMGAB

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze sample at -20C

**Preferred Volume:**

0.5 (serum)

**Minimum Volume:**

0.5 (serum)

**Unacceptable Conditions:**

Grossly hemolyzed, Icteric or lipemic serum

## RESULT INTERPRETATION

**Units:**

Units

**Reference Interval:**

Negative: &lt; 20 Units

Weak Positive: 20 - 30 Units

Moderate to Strong Positive: &gt; 30 Units

## ADMINISTRATIVE

**CPT Codes:**

86015

**LOINC Codes:**

44706-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ASMGAB

**Performing Lab:**

Immunology

**Performed:**

Moday (day shift)

**Methodology:**

EIA

**Collect:**

Gold top

**Amount to Collect:**

1.0 (blood)

**Sample Type:**

Serum

**Preferred Volume:**

0.5 (serum)

**Minimum Volume:**

0.5 (serum)

**Unacceptable Conditions:**

Grossly hemolyzed, Icteric or lipemic serum

**Specimen Preparation:**

Freeze sample at -20C

**Units:**

Units

**Reference Interval:**

Negative: &lt; 20 Units

Weak Positive: 20 - 30 Units

Moderate to Strong Positive: &gt; 30 Units

**Synonyms:**

- ACTIN IgG ANTIBODIES

**Reported:**

2 - 8 days

**CPT Codes:**

86015

**LOINC Codes:**

44706-0

# Activated Partial Thromboplastin Time

LAB325

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Mechanical clot detection

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Current reagents permit the reporting of results up to 100 seconds; if no clot is detected by that time the result will be reported as > 100 seconds.

Per in-house study done 1/2023, the sensitivity of the PTT for detecting factor deficiencies is as follows:

Factor VIII level may prolong the PTT when < 39%

Factor IX level may prolong the PTT when < 21%

Factor XI level may prolong the PTT when < 31%

Therapeutic anticoagulation with unfractionated heparin is generally monitored with the PTT. Direct oral anticoagulant medications (non-vitamin K) should not be monitored with PT/INR or aPTT because the effect of these tests is not predictable. Recommendations for monitoring anticoagulant medications are available through the UCSF Hematology consultation services: for adults, pager 443-4276, for pediatrics pager 443-6966.

Patients with lupus anticoagulants being treated with unfractionated heparin are usually monitored with anti-Xa (heparin level), rather than with the PTT. Therapeutic anticoagulation with intravenous direct thrombin inhibitors (i.e. argatroban, bivalirudin) is generally monitored with the PTT. Recommendations for therapy and monitoring are available through the Hematology Consultation services.

For patients not being treated with heparin for whom a sample may be contaminated with heparin, a heparin-neutralizing enzyme can be employed to overcome the effect of up to 2U/mL of unfractionated heparin/mL. Heparin neutralization is not available at Parnassus or Mt. Zion. At Mission Bay, performance of an aPTT after heparin neutralization may rarely be necessary for care of pediatric patients, and is subject to approval by laboratory medicine resident or faculty. In these rare circumstances, heparin neutralization may detect a substantial unexpected coagulopathy when a sample is drawn through a heparinized line. Of note, heparin neutralization reduces coagulation factor levels (typically by approximately 10%, but up to a 30% decrease can occur; internal UCSF study, Jan & Apr 2013). Therefore, heparin neutralization should not be used to detect slight abnormalities of coagulation, small changes in clotting times, or when monitoring anticoagulation.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Synonyms:**

- PTT
- aPTT
- Monitoring Anticoagulation
- Monitoring heparin

## COLLECTION

**Sample Type:**

Citrated plasma

**Label Abbreviation:**

PTT

**Collect:**

Blue (2.7 mL) or Lt. Blue (1.8 mL) top filled to full extent of vacuum

**Amount to Collect:**

Blue top: 2.7 mL blood

Lt. Blue top: 1.8 mL blood

Note: If Hepzyme is required draw a full Blue top (2.7 mL) (available at Mission Bay only)

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

1 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (For Parnassus patients call 3-1747, for Mission Bay patients call 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

If the patient is not on heparin, unopened, uncentrifuged specimens are stable for up to 4 hours at room or refrigerator temperature. If the patient is on un-fractionated heparin, the plasma should be separated within one hour and tested within four hours of collection. Plasma may be frozen at -20C if PTT testing must be delayed, but results may be slightly affected.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**PROCESSING****Test Code:**

PTT

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Stability (from collection to initiation):**

If the patient is not on heparin, unopened, uncentrifuged specimens are stable for up to 4 hours at room or refrigerator temperature. If the patient is on un-fractionated heparin, the plasma should be separated within one hour and tested within four hours of collection. Plasma may be frozen at -20C if PTT testing must be delayed, but results may be slightly affected.

**RESULT INTERPRETATION****Units:**

seconds

**Reference Interval:**

| Age                               | Normal range        |
|-----------------------------------|---------------------|
| Full term infant, 0-5 day old     | 25.0-60.0 seconds   |
| Full term infant, 6 days-3 months | 24.0-50.0 seconds   |
| >3 months                         | 21.6 - 30.8 seconds |

An infant reference range has not been experimentally determined using our current PTT reagent. The PTTs of normal infants are longer than those of adults due to lower factor levels in the first months of life; the infant reference ranges provided (5 days, 3 months) are based on published literature (Ref: Andrew M et al. Blood 1987; 70-165). This publication further indicates that although trending longer, PTT values at 3 months may not differ statistically from adult values. If there is concern for clotting factor deficiency or inhibitor in an infant, factor activity assays should be requested if clinically indicated.

**Critical Values:**

$\geq 60$  seconds if new finding within previous 24 hours.  $\geq 80$  seconds are always phoned

**Additional Information:**

Current reagents permit the reporting of results up to 100 seconds; if no clot is detected by that time the result will be reported as > 100 seconds.

Per in-house study done 1/2023, the sensitivity of the PTT for detecting factor deficiencies is as follows:

Factor VIII level may prolong the PTT when < 39%

Factor IX level may prolong the PTT when < 21%

Factor XI level may prolong the PTT when < 31%

Therapeutic anticoagulation with unfractionated heparin is generally monitored with the PTT. Direct oral anticoagulant medications (non-vitamin K) should not be monitored with PT/INR or aPTT because the effect of these tests is not predictable. Recommendations for monitoring anticoagulant medications are available through the UCSF Hematology consultation services: for adults, page 443-4276, for pediatrics page 443-6966.

Patients with lupus anticoagulants being treated with unfractionated heparin are usually monitored with anti-Xa (heparin level), rather than with the PTT. Therapeutic anticoagulation with intravenous direct thrombin inhibitors (i.e. argatroban, bivalirudin) is generally monitored with the PTT. Recommendations for therapy and monitoring are available through the Hematology Consultation services.

For patients not being treated with heparin for whom a sample may be contaminated with heparin, a heparin-neutralizing enzyme can be employed to overcome the effect of up to 2U/mL of unfractionated heparin/mL. Heparin neutralization is not available at Parnassus or Mt. Zion. At Mission Bay, performance of an aPTT after heparin neutralization may rarely be necessary for care of pediatric patients, and is subject to approval by laboratory medicine resident or faculty. In these rare circumstances, heparin neutralization may detect a substantial unexpected coagulopathy when a sample is drawn through a heparinized line. Of note, heparin neutralization reduces coagulation factor levels (typically by approximately 10%, but up to a 30% decrease can occur; internal UCSF study, Jan & Apr 2013). Therefore, heparin neutralization should not be used to detect slight abnormalities of coagulation, small changes in clotting times, or when monitoring anticoagulation.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

85730

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

3173-2

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

PTT

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Mechanical clot detection

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's >= 55% please contact Hematology (For Parnassus patients call 3-1747, for Mission Bay patients call 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue (2.7 mL) or Lt. Blue (1.8 mL) top filled to full extent of vacuum

**Amount to Collect:**

Blue top: 2.7 mL blood  
 Lt. Blue top: 1.8 mL blood

Note: If Hepzyme is required draw a full Blue top (2.7 mL) (available at Mission Bay only)

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Units:**

seconds

**Reference Interval:**

| Age                               | Normal range        |
|-----------------------------------|---------------------|
| Full term infant, 0-5 day old     | 25.0-60.0 seconds   |
| Full term infant, 6 days-3 months | 24.0-50.0 seconds   |
| >3 months                         | 21.6 - 30.8 seconds |

An infant reference range has not been experimentally determined using our current PTT reagent. The PTTs of normal infants are longer than those of adults due to lower factor levels in the first months of life; the infant reference ranges provided (5 days, 3 months) are based on published literature (Ref: Andrew M et al. Blood 1987; 70-165). This publication further indicates that although trending longer, PTT values at 3 months may not differ statistically from adult values. If there is concern for clotting factor deficiency or inhibitor in an infant, factor activity assays should be requested if clinically indicated.

**Critical Values:**

>= 60 seconds if new finding within previous 24 hours. >= 80 seconds are always phoned

**Synonyms:**

- PTT
- aPTT
- Monitoring Anticoagulation
- Monitoring heparin

**Stability (from collection to initiation):**

If the patient is not on heparin, unopened, uncentrifuged specimens are stable for up to 4 hours at room or refrigerator temperature. If the patient is on un-fractionated heparin, the plasma should be separated within one hour and tested within four hours of collection. Plasma may be frozen at -20C if PTT testing must be delayed, but results may be slightly affected.

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Current reagents permit the reporting of results up to 100 seconds; if no clot is detected by that time the result will be reported as > 100 seconds.

Per in-house study done 1/2023, the sensitivity of the PTT for detecting factor deficiencies is as follows:

Factor VIII level may prolong the PTT when < 39%

Factor IX level may prolong the PTT when < 21%

Factor XI level may prolong the PTT when < 31%

Therapeutic anticoagulation with unfractionated heparin is generally monitored with the PTT. Direct oral anticoagulant medications (non-vitamin K) should not be monitored with PT/INR or aPTT because the effect of these tests is not predictable. Recommendations for monitoring anticoagulant medications are available through the UCSF Hematology consultation services: for adults, pager 443-4276, for pediatrics pager 443-6966.

Patients with lupus anticoagulants being treated with unfractionated heparin are usually monitored with anti-Xa (heparin level), rather than with the PTT. Therapeutic anticoagulation with intravenous direct thrombin inhibitors (i.e. argatroban, bivalirudin) is generally monitored with the PTT. Recommendations for therapy and monitoring are available through the Hematology Consultation services.

For patients not being treated with heparin for whom a sample may be contaminated with heparin, a heparin-neutralizing enzyme can be employed to overcome the effect of up to 2U/mL of unfractionated heparin/mL. Heparin neutralization is not available at Parnassus or Mt. Zion. At Mission Bay, performance of an aPTT after heparin neutralization may rarely be necessary for care of pediatric patients, and is subject to approval by laboratory medicine resident or faculty. In these rare circumstances, heparin neutralization may detect a substantial unexpected coagulopathy when a sample is drawn through a heparinized line. Of note, heparin neutralization reduces coagulation factor levels (typically by approximately 10%, but up to a 30% decrease can occur; internal UCSF study, Jan & Apr 2013). Therefore, heparin neutralization should not be used to detect slight abnormalities of coagulation, small changes in clotting times, or when monitoring anticoagulation.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

85730

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

3173-2



# Acute Lymphoblastic leukemia FISH panel #1

CYALL1

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Performed:**

Monday - Friday 0900-1700

**Methodology:**

FISH

**Reported:**

1-2 weeks

**Synonyms:**

- B ALL FISH Panel 1

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow aspirate, Bone marrow core biopsy

**Collect:**

Blood or Bone marrow aspirate: Dark green top

Bone marrow core: Screw top polypropylene tube with transport media

**Amount to Collect:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm core

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm core

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

Bone marrow biopsy: 1 cm core

**Remarks:**

Mix blood and marrow aspirate well with anticoagulant. Keep all samples at room temperature.

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Clotted samples. Samples received unlabeled, refrigerated or frozen.

## PROCESSING

**Test Code:**

CYALL1

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples.

Transport to China Basin Cytogenetics asap.

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm core

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

Bone marrow biopsy: 1 cm core

**Unacceptable Conditions:**

Clotted samples. Samples received unlabeled, refrigerated or frozen.

**Stability (from collection to initiation):**

Room temperature 2 days

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275 x6

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CYALL1

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Performed:**

Monday - Friday 0900-1700

**Methodology:**

FISH

**Remarks:**

Mix blood and marrow aspirate well with anticoagulant. Keep all samples at room temperature.

**Collect:**

Blood or Bone marrow aspirate: Dark green top

Bone marrow core: Screw top polypropylene tube with transport media

**Amount to Collect:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm core

**Sample Type:**

Heparinized whole blood or bone marrow aspirate, Bone marrow core biopsy

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm core

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

Bone marrow biopsy: 1 cm core

**Unacceptable Conditions:**

Clotted samples. Samples received unlabeled, refrigerated or frozen.

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples.

Transport to China Basin Cytogenetics asap.

**Synonyms:**

- B ALL FISH Panel 1

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x2, 88275 x6

**LDT or Modified FDA:**

Yes

# Acute Lymphoblastic leukemia FISH panel #2

CYALL2

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Performed:**

Monday - Friday 0900-1700

**Methodology:**

FISH

**Reported:**

1-2 weeks

**Synonyms:**

- B ALL FISH Panel 2

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow aspirate, Bone marrow core biopsy

**Collect:**

Blood or Bone marrow aspirate: Dark green top

Bone marrow core: Screw top polypropylene tube with transport media

**Amount to Collect:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm core

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm core

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

Bone marrow biopsy: 1 cm core

**Remarks:**

Mix blood and marrow aspirate well with anticoagulant.

Keep all samples at room temperature.

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Clotted samples. Samples received unlabeled, refrigerated or frozen.

## PROCESSING

**Test Code:**

CYALL2

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples.

Transport to China Basin Cytogenetics asap.

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm core

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

Bone marrow biopsy: 1 cm core

**Unacceptable Conditions:**

Clotted samples. Samples received unlabeled, refrigerated or frozen.

**Stability (from collection to initiation):**

Room temperature 2 days

**ADMINISTRATIVE****CPT Codes:**

88271 x8, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CYALL2

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Performed:**

Monday - Friday 0900-1700

**Methodology:**

FISH

**Remarks:**

Mix blood and marrow aspirate well with anticoagulant.

Keep all samples at room temperature.

**Collect:**

Blood or Bone marrow aspirate: Dark green top

Bone marrow core: Screw top polypropylene tube with transport media

**Amount to Collect:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm core

**Sample Type:**

Heparinized whole blood or bone marrow aspirate, Bone marrow core biopsy

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm core

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

Bone marrow biopsy: 1 cm core

**Unacceptable Conditions:**

Clotted samples. Samples received unlabeled, refrigerated or frozen.

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples.

Transport to China Basin Cytogenetics asap.

**Synonyms:**

- B ALL FISH Panel 2

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x8, 88275

**LDT or Modified FDA:**

Yes

# Acute Myeloid Leukemia FISH Panel

CYAML, BCYAML

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Monday - Friday day shift

**Methodology:**

Fluorescence in situ Hybridization (FISH)

**Reported:**

1-2 weeks

**Additional Information:**

Includes FISH probes for the following markers: Monosomy 5, Deletion 5q, Monosomy 7, Deletion 7q, Trisomy 8, Deletion 20q, Translocation 15:17, Inversion 16q, Translocation 8:21, Deletion 17p, MLL rearrangement

The individual FISH markers are orderable separately

**Synonyms:**

- AML
- M5D5Q
- M7D7Q
- TRIS8
- DEL20Q
- TR1517
- INV16Q
- TR821
- MLLQ23
- Monosomy 5
- Deletion 5q
- Monosomy 7
- Deletion 7q
- Trisomy 8
- Deletion 20q
- Translocation 15:17
- Inversion 16q
- Translocation 8:21
- CYAML
- BCYAML
- Deletion 17p
- DEL17P
- BD17P

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow aspirate or bone marrow biopsy core

**Collect:**

Dark green top

**Amount to Collect:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Remarks:**

Transport samples at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Frozen, cracked or mislabeled containers

**PROCESSING****Test Code:**

BCYAML: Blood

CYAML: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Do not centrifuge, store at room temperature. Transport samples to Cytogenetics as soon as possible.

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Frozen, cracked or mislabeled containers

**Stability (from collection to initiation):**

Room temperature 2 days

**RESULT INTERPRETATION****Additional Information:**

Includes FISH probes for the following markers: Monosomy 5, Deletion 5q, Monosomy 7, Deletion 7q, Trisomy 8, Deletion 20q, Translocation 15:17, Inversion 16q, Translocation 8:21, Deletion 17p, MLL rearrangement

The individual FISH markers are orderable separately

**ADMINISTRATIVE****CPT Codes:**

88271 x16, 88275 x9

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BCYAML: Blood

CYAML: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Monday - Friday day shift

**Methodology:**

Fluorescence in situ Hybridization (FISH)

**Remarks:**

Transport samples at room temperature

**Collect:**

Dark green top

**Amount to Collect:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Sample Type:**

Heparinized whole blood, bone marrow aspirate or bone marrow biopsy core

**Preferred Volume:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow core: 1 cm

**Unacceptable Conditions:**

Frozen, cracked or mislabeled containers

**Specimen Preparation:**

Do not centrifuge, store at room temperature. Transport samples to Cytogenetics as soon as possible.

**Synonyms:**

- AML
- M5D5Q
- M7D7Q
- TRIS8
- DEL20Q
- TR1517
- INV16Q
- TR821
- MLLQ23
- Monosomy 5
- Deletion 5q
- Monosomy 7
- Deletion 7q
- Trisomy 8
- Deletion 20q
- Translocation 15:17
- Inversion 16q
- Translocation 8:21
- CYAML
- BCYAML
- Deletion 17p
- DEL17P
- BD17P

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**Additional Information:**

Includes FISH probes for the following markers: Monosomy 5, Deletion 5q, Monosomy 7, Deletion 7q, Trisomy 8, Deletion 20q, Translocation 15:17, Inversion 16q, Translocation 8:21, Deletion 17p, MLL rearrangement

The individual FISH markers are orderable separately

**CPT Codes:**

88271 x16, 88275 x9

**LDT or Modified FDA:**

Yes

# Acylcarnitine Profile

LAB3357

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Lucille-Packard Children's Hospital

**Methodology:**

Stable Isotope Dilution LC-MS/MS

**Reported:**

Testing is batched, twice weekly. Turnaround time 1 week.

**Additional Information:**

For possible fatty acid oxidation abnormalities undetected by urinary organic acid analysis. Note that reference ranges differ for plasma vs. serum. Note that no analytic standards are yet available for hydroxylic and dicarboxylic acylcarnitines; for these analytes (marked with a \*), response ratios to internal standards are given instead. Urine acylcarnitine profiles are of no predictive values and will not be run unless approved by the reference laboratory director. Elevation of C14:1- and to a lesser extent of C16:1- and C18:1-carnitine esters is characteristic of deficient activity of long-chain acyl-coenzyme A dehydrogenase.

**Synonyms:**

- Acyl-carnitine
- C14:1 Carnitine
- Long chain fatty acid oxidation defect
- ACYLP

## COLLECTION

**Sample Type:**

Heparinized Plasma

**Label Abbreviation:**

ACYLP

**Collect:**

Dark Green (Na-Heparin)

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.3 mL plasma

## PROCESSING

**Test Code:**

ACYLP

**Sendout:**

Yes

**Performing Lab:**

Lucille-Packard Children's Hospital

**Specimen Preparation:**

Freeze plasma at -20C. Order Acylcarnitine profile. Ship on dry ice Monday-Friday only by Stanford Courier to: Stanford University Medical Center Biochemical Genetics Laboratory

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.3 mL plasma

## RESULT INTERPRETATION

**Reference Interval:**Click [here](#) for table.



**Additional Information:**

For possible fatty acid oxidation abnormalities undetected by urinary organic acid analysis. Note that reference ranges differ for plasma vs. serum. Note that no analytic standards are yet available for hydroxylic and dicarboxylic acylcarnitines; for these analytes (marked with a \*), response ratios to internal standards are given instead. Urine acylcarnitine profiles are of no predictive values and will not be run unless approved by the reference laboratory director. Elevation of C14:1- and to a lesser extent of C16:1- and C18:1-carnitine esters is characteristic of deficient activity of long-chain acyl-coenzyme A dehydrogenase.

**ADMINISTRATIVE****CPT Codes:**

82017-90

**LOINC Codes:**

43433-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ACYLP

**Performing Lab:**

Lucille-Packard Children's Hospital

**Sendout:**

Yes

**Methodology:**

Stable Isotope Dilution LC-MS/MS

**Collect:**

Dark Green (Na-Heparin)

**Amount to Collect:**

1 mL blood

**Sample Type:**

Heparinized Plasma

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.3 mL plasma

**Specimen Preparation:**

Freeze plasma at -20C. Order Acylcarnitine profile. Ship on dry ice Monday-Friday only by Stanford Courier to: Stanford University Medical Center Biochemical Genetics Laboratory

**Reference Interval:**Click [here](#) for table.**Synonyms:**

- Acyl-carnitine
- C14:1 Carnitine
- Long chain fatty acid oxidation defect
- ACYLP

**Reported:**

Testing is batched, twice weekly. Turnaround time 1 week.

**Additional Information:**

For possible fatty acid oxidation abnormalities undetected by urinary organic acid analysis. Note that reference ranges differ for plasma vs. serum. Note that no analytic standards are yet available for hydroxylic and dicarboxylic acylcarnitines; for these analytes (marked with a \*), response ratios to internal standards are given instead. Urine acylcarnitine profiles are of no predictive values and will not be run unless approved by the reference laboratory director. Elevation of C14:1- and to a lesser extent of C16:1- and C18:1-carnitine esters is characteristic of deficient activity of long-chain acyl-coenzyme A dehydrogenase.

**CPT Codes:**

82017-90

**LOINC Codes:**

43433-2

**Acylglycine Profile**  
LAB3400

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Mayo

**Methodology:**  
Stable Isotope Dilution/GCMS

**Reported:**  
Test performed weekly. Turnaround time: 2-9 days.

**Additional Information:**  
For possible fatty acid oxidation abnormalities due to a mutation of acylcoenzyme A dehydrogenase but undetected by urinary organic acid analysis. Elevation of hexanoyl- and phenylpropionylglycine is characteristic of deficient activity of medium-chain acylcoenzyme A dehydrogenase.

**Synonyms:**

- Acyl-glycine
- MCAD
- Medium chain acyl-coenzyme a dehydrogenase deficiency
- Medium chain fatty acid oxidation defect
- Hexanoylglycine
- Phenylpropionylglycine
- Suberylglycine
- 2-METHYLBUTYRYL GLYCINURIA
- ETHYLMALONIC ENCEPHALOPATHY (EE)
- GLUTARIC ACIDEMIA (GA)
- GLUTARYL-COA DEHYDROGENASE

**COLLECTION**

**Sample Type:**  
Random urine

**Label Abbreviation:**  
AGLY

**Collect:**  
Urine cup

**Amount to Collect:**  
20 mL urine

**Preferred Volume:**  
5 mL urine

**Minimum Volume:**  
3 mL urine

**PROCESSING**

**Test Code:**  
AGLY

**Sendout:**  
Yes

**Performing Lab:**  
Mayo

**Specimen Preparation:**  
Freeze at -20C. Order MAYO# 81249 PT54490. Forward specimen frozen to China Basin Sendout for Mayo courier pickup Monday-Friday at 1600 hours.

**Preferred Volume:**  
5 mL urine

**Minimum Volume:**  
3 mL urine

**RESULT INTERPRETATION**

**Units:**

µg/mg creatinine

**Reference Interval:**

|                                |                              |
|--------------------------------|------------------------------|
| 2-Ethylmalonic Acid            | 0.5-20.2 µg/mg creatinine    |
| 2-Methylsuccinic Acid          | 0.4-13.8 µg/mg creatinine    |
| Glutaric Acid                  | 0.6-15.2 µg/mg creatinine    |
| Isobutyrylglycine              | < 0.01-11.0 µg/mg creatinine |
| n-Butyrylglycine               | 0.1-2.1 µg/mg creatinine     |
| 2-Methylbutyrylglycine         | 0.3-7.5 µg/mg creatinine     |
| Isovalerylglycine              | 0.3-14.3 µg/mg creatinine    |
| n-Hexanoylglycine              | 0.2-1.9 µg/mg creatinine     |
| n-Octanoylglycine              | 0.1-2.1 µg/mg creatinine     |
| 3-Phenylpropionylglycine       | < 0.01-1.1 µg/mg creatinine  |
| Suberylglycine                 | < 0.01-11.0 µg/mg creatinine |
| trans-Cinnamoylglycine         | 0.2-14.7 µg/mg creatinine    |
| Dodecanedioic Acid (12 DCA)    | 0.1-1.1 µg/mg creatinine     |
| Tetradecanedioic Acid (14 DCA) | < 0.01-1.0 µg/mg creatinine  |
| Hexadecanedioic Acid (16 DCA)  | < 0.01-1.0 µg/mg creatinine  |

**Additional Information:**

For possible fatty acid oxidation abnormalities due to a mutation of acylcoenzyme A dehydrogenase but undetected by urinary organic acid analysis. Elevation of hexanoyl- and phenylpropionylglycine is characteristic of deficient activity of medium-chain acylcoenzyme A dehydrogenase.

**ADMINISTRATIVE****CPT Codes:**

82542

**LOINC Codes:**

13753-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AGLY

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Stable Isotope Dilution/GCMS

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

3 mL urine

**Specimen Preparation:**

Freeze at -20C. Order MAYO# 81249 PT54490. Forward specimen frozen to China Basin Sendout for Mayo courier pickup Monday-Friday at 1600 hours.

**Units:**

µg/mg creatinine

**Reference Interval:**

|                                |                              |
|--------------------------------|------------------------------|
| 2-Ethylmalonic Acid            | 0.5-20.2 µg/mg creatinine    |
| 2-Methylsuccinic Acid          | 0.4-13.8 µg/mg creatinine    |
| Glutaric Acid                  | 0.6-15.2 µg/mg creatinine    |
| Isobutyrylglycine              | < 0.01-11.0 µg/mg creatinine |
| n-Butyrylglycine               | 0.1-2.1 µg/mg creatinine     |
| 2-Methylbutyrylglycine         | 0.3-7.5 µg/mg creatinine     |
| Isovalerylglycine              | 0.3-14.3 µg/mg creatinine    |
| n-Hexanoylglycine              | 0.2-1.9 µg/mg creatinine     |
| n-Octanoylglycine              | 0.1-2.1 µg/mg creatinine     |
| 3-Phenylpropionylglycine       | < 0.01-1.1 µg/mg creatinine  |
| Suberylglycine                 | < 0.01-11.0 µg/mg creatinine |
| trans-Cinnamoylglycine         | 0.2-14.7 µg/mg creatinine    |
| Dodecanedioic Acid (12 DCA)    | 0.1-1.1 µg/mg creatinine     |
| Tetradecanedioic Acid (14 DCA) | < 0.01-1.0 µg/mg creatinine  |
| Hexadecanedioic Acid (16 DCA)  | < 0.01-1.0 µg/mg creatinine  |

**Synonyms:**

- Acyl-glycine
- MCAD
- Medium chain acyl-coenzyme a dehydrogenase deficiency
- Medium chain fatty acid oxidation defect
- Hexanoylglycine
- Phenylpropionylglycine
- Suberylglycine
- 2-METHYLBUTYRYL GLYCINURIA
- ETHYLMALONIC ENCEPHALOPATHY (EE)
- GLUTARIC ACIDEMIA (GA)
- GLUTARYL-COA DEHYDROGENASE

**Reported:**

Test performed weekly. Turnaround time: 2-9 days.

**Additional Information:**

For possible fatty acid oxidation abnormalities due to a mutation of acylcoenzyme A dehydrogenase but undetected by urinary organic acid analysis. Elevation of hexanoyl- and phenylpropionylglycine is characteristic of deficient activity of medium-chain acylcoenzyme A dehydrogenase.

**CPT Codes:**

82542

**LOINC Codes:**

13753-9

# Adalimumab and Antibodies to Adalimumab Quantitation

LAB6060

## ORDERING

**Ordering Recommendations:**

Use to monitor adalimumab or adalimumab biosimilar therapy.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Electrochemiluminescent Immunoassay (ECLIA) with Acid Dissociation

**Reported:**

3-7 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- Humira
- Abrilada
- Amjevita
- Cyltezo
- Hadlima
- Hulio
- Hymiroz
- Idacio
- Yusimry
- ADAN

## COLLECTION

**Patient Preparation:**

Collect specimens before next scheduled dose of adalimumab or adalimumab biosimilar (trough specimen). Avoid exposure to biotin (vitamin B7) for 12 hours prior to specimen collection.

**Sample Type:**

Serum

**Label Abbreviation:**

ADAN

**Collect:**

Serum separator tube.

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles).

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Grossly hemolyzed, icteric, or lipemic specimens.

## PROCESSING

**Test Code:**

ADAN

**ARUP Test Code:**

3017043

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP. Transfer 1 mL serum to an ARUP standard transport tube. (Min 0.1 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, icteric, or lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles).

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

Adalimumab Quantitation:

Limit of Quantitation = 0.4 ug/mL.

Results of 0.4 ug/mL or higher indicate the detection of adalimumab or an adalimumab biosimilar. Therapeutic level may vary depending on the disease being treated.

Antibodies to Adalimumab Quantitation:

Limit of Quantitation = 20 ng/mL

Results of 20 ng/mL or higher indicate the detection of antibodies against adalimumab or an adalimumab biosimilar. Interpret in the context of adalimumab or adalimumab biosimilar trough concentration to determine clinical significance and impact on treatment efficacy.

**ADMINISTRATIVE****CPT Codes:**

80145; 82397

**LOINC:**

- 86894-3
- 86895-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to monitor adalimumab or adalimumab biosimilar therapy.

**Test Code:**

ADAN

**ARUP Test Code:**

3017043

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Electrochemiluminescent Immunoassay (ECLIA) with Acid Dissociation

**Patient Preparation:**

Collect specimens before next scheduled dose of adalimumab or adalimumab biosimilar (trough specimen). Avoid exposure to biotin (vitamin B7) for 12 hours prior to specimen collection.

**Collect:**

Serum separator tube.

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, icteric, or lipemic specimens.

**Specimen Preparation:**

Separate serum from cells ASAP. Transfer 1 mL serum to an ARUP standard transport tube. (Min 0.1 mL)

**Interpretive Data:**

Adalimumab Quantitation:

Limit of Quantitation = 0.4 ug/mL.

Results of 0.4 ug/mL or higher indicate the detection of adalimumab or an adalimumab biosimilar. Therapeutic level may vary depending on the disease being treated.

Antibodies to Adalimumab Quantitation:

Limit of Quantitation = 20 ng/mL

Results of 20 ng/mL or higher indicate the detection of antibodies against adalimumab or an adalimumab biosimilar.

Interpret in the context of adalimumab or adalimumab biosimilar trough concentration to determine clinical significance and impact on treatment efficacy.

**Synonyms:**

- Humira
- Abrilada
- Amjevita
- Cyltezo
- Hadlima
- Hulio
- Hymiroz
- Idacio
- Yusimry
- ADAN

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles).

**Reported:**

3-7 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

80145; 82397

**LOINC:**

- 86894-3
- 86895-0

# ADAMTS13 Activity

LAB5681

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Machaon Diagnostics

**Methodology:**

ELISA

**Reported:**

1 - 2 days

**Additional Information:**

A severe decrease in ADAMTS-13 activity to less than 10% has been shown to be diagnostic for Thrombotic Thrombocytopenic Purpura (TTP), an illness characterized by thrombocytopenia, microangiopathic hemolytic anemia (MAHA), fever, renal dysfunction and central nervous system ischemia. TTP is often difficult to diagnose as well as differentiate from other thrombotic microangiopathies (TMA) such as hemolytic uremic syndrome (HUS) and atypical hemolytic uremic syndrome (aHUS).

TTP is characterized by the acquired or congenital deficiency of ADAMTS-13 activity. An antibody inhibitor will be present in roughly half of the cases diagnosed with idiopathic TTP.

Early diagnosis is paramount. Left untreated, TTP has a mortality rate above 90%; however, rapid diagnosis and treatment with plasma exchange improve the mortality rate to below 20%.

To maximize the clinical utility of this test, Machaon Diagnostics is offering ADAMTS-13 activity and inhibitor testing on a daily basis with clinical consultation.

Inhibitor assay is performed as a reflex if levels are low.

Absent or low levels of ADAMTS13 activity may allow the accumulation of ultra-large von Willebrand factor multimers (ULVWF) in plasma. It is hypothesized that these ULVWF cause the intravascular platelet aggregation characteristic of TTP.

Activity levels below 10% are seen in acute and relapsing idiopathic (autoimmune) thrombotic thrombocytopenic purpura (TTP) but also in a rare hereditary gene mutation of VWF protein at the cleavage site. Activity levels between 10 and 30% may be seen in some instances, including when immunosuppressive therapy or recent plasmapheresis exchange has been started. Mild decreases in ADAMTS-13 activity are seen in a wide variety of conditions including metastatic cancer, neonates, serious infections and cirrhosis of the liver.

**Reflex Testing:**

Yes, If the test for Protease Inhibitor is required, it will be ordered and billed at an additional charge.

**Synonyms:**

- von Willebrand Factor Cleaving Protease
- Thrombotic thrombocytopenic purpura
- TTP
- AD13AT

## COLLECTION

**Sample Type:**

Citrated platelet poor plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

1 mL plasma



**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

**Stability (from collection to initiation):**

Room temperature 7 days

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Marked hemolysis or hyperbilirubinemia

**Rejection Criteria:**

Marked hemolysis or hyperbilirubinemia

**PROCESSING****Test Code:**

AD13AT

**Test Group:**

von Willebrand

**Sendout:**

Yes

**Performing Lab:**

Machaon Diagnostics

**Specimen Preparation:**

Aliquot plasma and maintain at ambient. Call Machaon courier at (510) 839-5600. After hours and weekend samples will be handled by Hematology.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Marked hemolysis or hyperbilirubinemia

**Rejection Criteria:**

Marked hemolysis or hyperbilirubinemia

**Stability (from collection to initiation):**

Room temperature 7 days

**RESULT INTERPRETATION****Units:**

Activity %

**Reference Interval:**

40-130%

**Critical Values:**

Machaon: < 10%

**Additional Information:**

A severe decrease in ADAMTS-13 activity to less than 10% has been shown to be diagnostic for Thrombotic Thrombocytopenic Purpura (TTP), an illness characterized by thrombocytopenia, microangiopathic hemolytic anemia (MAHA), fever, renal dysfunction and central nervous system ischemia. TTP is often difficult to diagnose as well as differentiate from other thrombotic microangiopathies (TMA) such as hemolytic uremic syndrome (HUS) and atypical hemolytic uremic syndrome (aHUS).

TTP is characterized by the acquired or congenital deficiency of ADAMTS-13 activity. An antibody inhibitor will be present in roughly half of the cases diagnosed with idiopathic TTP.

Early diagnosis is paramount. Left untreated, TTP has a mortality rate above 90%; however, rapid diagnosis and treatment with plasma exchange improve the mortality rate to below 20%.

To maximize the clinical utility of this test, Machaon Diagnostics is offering ADAMTS-13 activity and inhibitor testing on a daily basis with clinical consultation.

Inhibitor assay is performed as a reflex if levels are low.

Absent or low levels of ADAMTS13 activity may allow the accumulation of ultra-large von Willebrand factor multimers (ULVWF) in plasma. It is hypothesized that these ULVWF cause the intravascular platelet aggregation characteristic of TTP.

Activity levels below 10% are seen in acute and relapsing idiopathic (autoimmune) thrombotic thrombocytopenic purpura (TTP) but also in a rare hereditary gene mutation of VWF protein at the cleavage site. Activity levels between 10 and 30% may be seen in some instances, including when immunosuppressive therapy or recent plasmapheresis exchange has been started. Mild decreases in ADAMTS-13 activity are seen in a wide variety of conditions including metastatic cancer, neonates, serious infections and cirrhosis of the liver.

**ADMINISTRATIVE****CPT Codes:**

85247 (activity), 85335 (inhibitor)

**LOINC Codes:**

34589-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AD13AT

**Test Group:**

von Willebrand

**Performing Lab:**

Machaon Diagnostics

**Sendout:**

Yes

**Methodology:**

ELISA

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated platelet poor plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

1 mL plasma

**Rejection Criteria:**

Marked hemolysis or hyperbilirubinemia

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Marked hemolysis or hyperbilirubinemia

**Specimen Preparation:**

Aliquot plasma and maintain at ambient. Call Machaon courier at (510) 839-5600. After hours and weekend samples will be handled by Hematology.

**Units:**

Activity %

**Reference Interval:**

40-130%

**Critical Values:**

Machaon: < 10%

**Synonyms:**

- von Willebrand Factor Cleaving Protease
- Thrombotic thrombocytopenic purpura
- TTP
- AD13AT

**Stability (from collection to initiation):**

Room temperature 7 days

**Reported:**

1 - 2 days

**Reflex Testing:**

Yes, If the test for Protease Inhibitor is required, it will be ordered and billed at an additional charge.

**Additional Information:**

A severe decrease in ADAMTS-13 activity to less than 10% has been shown to be diagnostic for Thrombotic Thrombocytopenic Purpura (TTP), an illness characterized by thrombocytopenia, microangiopathic hemolytic anemia (MAHA), fever, renal dysfunction and central nervous system ischemia. TTP is often difficult to diagnose as well as differentiate from other thrombotic microangiopathies (TMA) such as hemolytic uremic syndrome (HUS) and atypical hemolytic uremic syndrome (aHUS).

TTP is characterized by the acquired or congenital deficiency of ADAMTS-13 activity. An antibody inhibitor will be present in roughly half of the cases diagnosed with idiopathic TTP.

Early diagnosis is paramount. Left untreated, TTP has a mortality rate above 90%; however, rapid diagnosis and treatment with plasma exchange improve the mortality rate to below 20%.

To maximize the clinical utility of this test, Machaon Diagnostics is offering ADAMTS-13 activity and inhibitor testing on a daily basis with clinical consultation.

Inhibitor assay is performed as a reflex if levels are low.

Absent or low levels of ADAMTS13 activity may allow the accumulation of ultra-large von Willebrand factor multimers (ULVWF) in plasma. It is hypothesized that these ULVWF cause the intravascular platelet aggregation characteristic of TTP.

Activity levels below 10% are seen in acute and relapsing idiopathic (autoimmune) thrombotic thrombocytopenic purpura (TTP) but also in a rare hereditary gene mutation of VWF protein at the cleavage site. Activity levels between 10 and 30% may be seen in some instances, including when immunosuppressive therapy or recent plasmapheresis exchange has been started. Mild decreases in ADAMTS-13 activity are seen in a wide variety of conditions including metastatic cancer, neonates, serious infections and cirrhosis of the liver.

**CPT Codes:**

85247 (activity), 85335 (inhibitor)

**LOINC Codes:**

34589-2

# Additional Specimen for Crossmatch

LAB4389

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus Mt. Zion &amp; Mission Bay Blood Banks

**Additional Information:**

Use to complete antibody identification and perform manual crossmatch for patient with history of allo antibodies or other special requirements.

**Synonyms:**

- PEG Crossmatch
- LISS Crossmatch
- Antigen Negative Crossmatch
- XM72

## COLLECTION

**Sample Type:**

EDTA whole blood

**Label Abbreviation:**

XM72

**Collect:**

Lavender top (6 mL)

**Preferred Volume:**

| Patient Age   | Amount to Collect                     |
|---------------|---------------------------------------|
| < 4 mo        | 2x Full Microtainer (1.6 mL)          |
| 4 mo - 1 year | 3 mL                                  |
| 1-18 years    | 3 - 6 mL (3 mL OK for small children) |
| >18 years     | 6 mL x 2                              |

**Minimum Volume:**

| Patient Age   | Amount to Collect                 |
|---------------|-----------------------------------|
| < 4 mo        | Full Microtainer (0.8 mL)         |
| 4 mo - 1 year | 1 mL                              |
| 1-18 years    | 3 mL (3 mL OK for small children) |
| >18 years     | 5 mL                              |

**Unacceptable Conditions:**

Unsigned, missing date/time of draw, mislabeled, unlabeled or hemolyzed sample

## PROCESSING

**Test Code:**

XM72

**Performing Lab:**

Parnassus Mt. Zion &amp; Mission Bay Blood Banks

**Preferred Volume:**

| Patient Age   | Amount to Collect                     |
|---------------|---------------------------------------|
| < 4 mo        | 2x Full Microtainer (1.6 mL)          |
| 4 mo - 1 year | 3 mL                                  |
| 1-18 years    | 3 - 6 mL (3 mL OK for small children) |
| >18 years     | 6 mL x 2                              |

**Minimum Volume:**

| Patient Age   | Amount to Collect                 |
|---------------|-----------------------------------|
| < 4 mo        | Full Microtainer (0.8 mL)         |
| 4 mo - 1 year | 1 mL                              |
| 1-18 years    | 3 mL (3 mL OK for small children) |
| >18 years     | 5 mL                              |

**Unacceptable Conditions:**

Unsigned, missing date/time of draw, mislabeled, unlabeled or hemolyzed sample

**RESULT INTERPRETATION****Additional Information:**

Use to complete antibody identification and perform manual crossmatch for patient with history of allo antibodies or other special requirements.

**ADMINISTRATIVE****CPT Codes:**

86900, 86901

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

XM72

**Performing Lab:**

Parnassus Mt. Zion &amp; Mission Bay Blood Banks

**Collect:**

Lavender top (6 mL)

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

| Patient Age   | Amount to Collect                     |
|---------------|---------------------------------------|
| < 4 mo        | 2x Full Microtainer (1.6 mL)          |
| 4 mo - 1 year | 3 mL                                  |
| 1-18 years    | 3 - 6 mL (3 mL OK for small children) |
| >18 years     | 6 mL x 2                              |

**Minimum Volume:**

| Patient Age   | Amount to Collect                 |
|---------------|-----------------------------------|
| < 4 mo        | Full Microtainer (0.8 mL)         |
| 4 mo - 1 year | 1 mL                              |
| 1-18 years    | 3 mL (3 mL OK for small children) |
| >18 years     | 5 mL                              |

**Unacceptable Conditions:**

Unsigned, missing date/time of draw, mislabeled, unlabeled or hemolyzed sample

**Synonyms:**

- PEG Crossmatch
- LISS Crossmatch
- Antigen Negative Crossmatch
- XM72

**Additional Information:**

Use to complete antibody identification and perform manual crossmatch for patient with history of allo antibodies or other special requirements.

**CPT Codes:**

86900, 86901

# Adenosine Deaminase, CSF

ADAC

## ORDERING

**Ordering Recommendations:**

Given the relatively low prevalence of tuberculosis ADA should be ordered only in patients with a moderate to high index of suspicion for tuberculosis (Positive personal, family or TB exposure history, positive PPD, etc.) with an exudative effusion containing high numbers of lymphocytes that is negative for mycobacteria by direct examination and culture.

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Kinetic Spectrophotometric

**Reported:**

3 - 5 days

**Additional Information:**

Although Adenosine deaminase (ADA) is suggested as a surrogate marker for Tuberculosis, it is not specific for that disease. Elevated levels of ADA may also be seen in other forms of granulomatous inflammation as well as liver cirrhosis, liver fibrosis, certain malignancies (e.g. lymphoma), viral hepatitis, and autoimmune diseases (e.g. SLE, rheumatoid arthritis).

The sensitivity and specificity of ADA for tuberculosis are generally listed as 78-100% and 85-97% respectively. Using 95% for both sensitivity and specificity and a prevalence of tuberculosis in San Francisco of 15/100,000 (0.015%) the test has a negative predictive value of 100% but a positive predictive value of only 0.28%. Therefore the ADA is a poor test to diagnose tuberculosis although it may be useful in ruling it out.

**Synonyms:**

- Tuberculosis

## COLLECTION

**Sample Type:**

CSF

**Collect:**

Sterile screw top container

**Amount to Collect:**

3 mL

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 3 days, frozen 6 months

## PROCESSING

**Test Code:**

ADAC

**Test Group:**

Adenosine deaminase

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze specimen and transport to CB frozen. Order Quest code 17697.

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 3 days, frozen 6 months

**RESULT INTERPRETATION****Units:**

ng/mL

**Additional Information:**

Although Adenosine deaminase (ADA) is suggested as a surrogate marker for Tuberculosis, it is not specific for that disease. Elevated levels of ADA may also be seen in other forms of granulomatous inflammation as well as liver cirrhosis, liver fibrosis, certain malignancies (e.g. lymphoma), viral hepatitis, and autoimmune diseases (e.g. SLE, rheumatoid arthritis).

The sensitivity and specificity of ADA for tuberculosis are generally listed as 78-100% and 85-97% respectively. Using 95% for both sensitivity and specificity and a prevalence of tuberculosis in San Francisco of 15/100,000 (0.015%) the test has a negative predictive value of 100% but a positive predictive value of only 0.28%. Therefore the ADA is a poor test to diagnose tuberculosis although it may be useful in ruling it out.

**ADMINISTRATIVE****CPT Codes:**

84311-90

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Given the relatively low prevalence of tuberculosis ADA should be ordered only in patients with a moderate to high index of suspicion for tuberculosis (Positive personal, family or TB exposure history, positive PPD, etc.) with an exudative effusion containing high numbers of lymphocytes that is negative for mycobacteria by direct examination and culture.

**Test Code:**

ADAC

**Test Group:**

Adenosine deaminase

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Kinetic Spectrophotometric

**Collect:**

Sterile screw top container

**Amount to Collect:**

3 mL

**Sample Type:**

CSF

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Specimen Preparation:**

Freeze specimen and transport to CB frozen. Order Quest code 17697.

**Units:**

ng/mL

**Synonyms:**

- Tuberculosis

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 3 days, frozen 6 months

**Reported:**

3 - 5 days

**Additional Information:**

Although Adenosine deaminase (ADA) is suggested as a surrogate marker for Tuberculosis, it is not specific for that disease. Elevated levels of ADA may also be seen in other forms of granulomatous inflammation as well as liver cirrhosis, liver fibrosis, certain malignancies (e.g. lymphoma), viral hepatitis, and autoimmune diseases (e.g. SLE, rheumatoid arthritis).

The sensitivity and specificity of ADA for tuberculosis are generally listed as 78-100% and 85-97% respectively. Using 95% for both sensitivity and specificity and a prevalence of tuberculosis in San Francisco of 15/100,000 (0.015%) the test has a negative predictive value of 100% but a positive predictive value of only 0.28%. Therefore the ADA is a poor test to diagnose tuberculosis although it may be useful in ruling it out.

**CPT Codes:**

84311-90



# Adenosine Deaminase, Peritoneal fluid

LAB5588

## ORDERING

### Ordering Recommendations:

Given the relatively low prevalence of tuberculosis ADA should be ordered only in patients with a moderate to high index of suspicion for tuberculosis (Positive personal, family or TB exposure history, positive PPD, etc.) with an exudative effusion containing high numbers of lymphocytes that is negative for mycobacteria by direct examination and culture.

### Available Stat:

No

### Performing Lab:

Quest

### Methodology:

Kinetic Spectrophotometric

### Reported:

3 - 5 days

### Additional Information:

Although Adenosine deaminase (ADA) is suggested as a surrogate marker for Tuberculosis, it is not specific for that disease. Elevated levels of ADA may also be seen in other forms of granulomatous inflammation as well as liver cirrhosis, liver fibrosis, certain malignancies (e.g. lymphoma), viral hepatitis, and autoimmune diseases (e.g. SLE, rheumatoid arthritis).

The sensitivity and specificity of ADA for tuberculosis are generally listed as 78-100% and 85-97% respectively. Using 95% for both sensitivity and specificity and a prevalence of tuberculosis in San Francisco of 15/100,000 (0.015%) the test has a negative predictive value of 100% but a positive predictive value of only 0.28%. Therefore the ADA is a poor test to diagnose tuberculosis although it may be useful in ruling it out.

### Synonyms:

- Tuberculosis

## COLLECTION

### Sample Type:

Peritoneal fluid

### Label Abbreviation:

ADAPT

### Collect:

Sterile screw top container

### Amount to Collect:

10 mL

### Preferred Volume:

10 mL

### Minimum Volume:

5 mL

### Stability (from collection to initiation):

Room temperature 1 day, refrigerated 3 days, frozen 6 months

## PROCESSING

### Test Code:

ADAPT

### Test Group:

Adenosine deaminase

### Sendout:

Yes

### Performing Lab:

Quest

### Specimen Preparation:

Freeze specimen and transport to CB frozen. Order Quest code 17697.

### Preferred Volume:

10 mL

### Minimum Volume:

5 mL

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 3 days, frozen 6 months

**RESULT INTERPRETATION****Units:**

ng/mL

**Additional Information:**

Although Adenosine deaminase (ADA) is suggested as a surrogate marker for Tuberculosis, it is not specific for that disease. Elevated levels of ADA may also be seen in other forms of granulomatous inflammation as well as liver cirrhosis, liver fibrosis, certain malignancies (e.g. lymphoma), viral hepatitis, and autoimmune diseases (e.g. SLE, rheumatoid arthritis).

The sensitivity and specificity of ADA for tuberculosis are generally listed as 78-100% and 85-97% respectively. Using 95% for both sensitivity and specificity and a prevalence of tuberculosis in San Francisco of 15/100,000 (0.015%) the test has a negative predictive value of 100% but a positive predictive value of only 0.28%. Therefore the ADA is a poor test to diagnose tuberculosis although it may be useful in ruling it out.

**ADMINISTRATIVE****CPT Codes:**

84311-90

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Given the relatively low prevalence of tuberculosis ADA should be ordered only in patients with a moderate to high index of suspicion for tuberculosis (Positive personal, family or TB exposure history, positive PPD, etc.) with an exudative effusion containing high numbers of lymphocytes that is negative for mycobacteria by direct examination and culture.

**Test Code:**

ADAPT

**Test Group:**

Adenosine deaminase

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Kinetic Spectrophotometric

**Collect:**

Sterile screw top container

**Amount to Collect:**

10 mL

**Sample Type:**

Peritoneal fluid

**Preferred Volume:**

10 mL

**Minimum Volume:**

5 mL

**Specimen Preparation:**

Freeze specimen and transport to CB frozen. Order Quest code 17697.

**Units:**

ng/mL

**Synonyms:**

- Tuberculosis

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 3 days, frozen 6 months

**Reported:**

3 - 5 days

**Additional Information:**

Although Adenosine deaminase (ADA) is suggested as a surrogate marker for Tuberculosis, it is not specific for that disease. Elevated levels of ADA may also be seen in other forms of granulomatous inflammation as well as liver cirrhosis, liver fibrosis, certain malignancies (e.g. lymphoma), viral hepatitis, and autoimmune diseases (e.g. SLE, rheumatoid arthritis).

The sensitivity and specificity of ADA for tuberculosis are generally listed as 78-100% and 85-97% respectively. Using 95% for both sensitivity and specificity and a prevalence of tuberculosis in San Francisco of 15/100,000 (0.015%) the test has a negative predictive value of 100% but a positive predictive value of only 0.28%. Therefore the ADA is a poor test to diagnose tuberculosis although it may be useful in ruling it out.

**CPT Codes:**

84311-90

# Adenosine Deaminase, Pleural fluid

LAB5590

## ORDERING

### Ordering Recommendations:

Given the relatively low prevalence of tuberculosis ADA should be ordered only in patients with a moderate to high index of suspicion for tuberculosis (Positive personal, family or TB exposure history, positive PPD, etc.) with an exudative effusion containing high numbers of lymphocytes that is negative for mycobacteria by direct examination and culture.

### Available Stat:

No

### Performing Lab:

Quest

### Methodology:

Kinetic Spectrophotometric

### Reported:

3 - 5 days

### Additional Information:

Although Adenosine deaminase (ADA) is suggested as a surrogate marker for Tuberculosis, it is not specific for that disease. Elevated levels of ADA may also be seen in other forms of granulomatous inflammation as well as liver cirrhosis, liver fibrosis, certain malignancies (e.g. lymphoma), viral hepatitis, and autoimmune diseases (e.g. SLE, rheumatoid arthritis).

The sensitivity and specificity of ADA for tuberculosis are generally listed as 78-100% and 85-97% respectively. Using 95% for both sensitivity and specificity and a prevalence of tuberculosis in San Francisco of 15/100,000 (0.015%) the test has a negative predictive value of 100% but a positive predictive value of only 0.28%. Therefore the ADA is a poor test to diagnose tuberculosis although it may be useful in ruling it out.

### Synonyms:

- Tuberculosis

## COLLECTION

### Sample Type:

Pleural fluid

### Label Abbreviation:

ADAPL

### Collect:

Sterile screw top container

### Amount to Collect:

10 mL

### Preferred Volume:

10 mL

### Minimum Volume:

5 mL

### Stability (from collection to initiation):

Room temperature 1 day, refrigerated 3 days, frozen 6 months

## PROCESSING

### Test Code:

ADAPL

### Test Group:

Adenosine deaminase

### Sendout:

Yes

### Performing Lab:

Quest

### Specimen Preparation:

Freeze specimen and transport to CB frozen. Order Quest code 17697.

### Preferred Volume:

10 mL

### Minimum Volume:

5 mL

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 3 days, frozen 6 months

**RESULT INTERPRETATION****Units:**

ng/mL

**Additional Information:**

Although Adenosine deaminase (ADA) is suggested as a surrogate marker for Tuberculosis, it is not specific for that disease. Elevated levels of ADA may also be seen in other forms of granulomatous inflammation as well as liver cirrhosis, liver fibrosis, certain malignancies (e.g. lymphoma), viral hepatitis, and autoimmune diseases (e.g. SLE, rheumatoid arthritis).

The sensitivity and specificity of ADA for tuberculosis are generally listed as 78-100% and 85-97% respectively. Using 95% for both sensitivity and specificity and a prevalence of tuberculosis in San Francisco of 15/100,000 (0.015%) the test has a negative predictive value of 100% but a positive predictive value of only 0.28%. Therefore the ADA is a poor test to diagnose tuberculosis although it may be useful in ruling it out.

**ADMINISTRATIVE****CPT Codes:**

84311-90

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Given the relatively low prevalence of tuberculosis ADA should be ordered only in patients with a moderate to high index of suspicion for tuberculosis (Positive personal, family or TB exposure history, positive PPD, etc.) with an exudative effusion containing high numbers of lymphocytes that is negative for mycobacteria by direct examination and culture.

**Test Code:**

ADAPL

**Test Group:**

Adenosine deaminase

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Kinetic Spectrophotometric

**Collect:**

Sterile screw top container

**Amount to Collect:**

10 mL

**Sample Type:**

Pleural fluid

**Preferred Volume:**

10 mL

**Minimum Volume:**

5 mL

**Specimen Preparation:**

Freeze specimen and transport to CB frozen. Order Quest code 17697.

**Units:**

ng/mL

**Synonyms:**

- Tuberculosis

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 3 days, frozen 6 months

**Reported:**

3 - 5 days

**Additional Information:**

Although Adenosine deaminase (ADA) is suggested as a surrogate marker for Tuberculosis, it is not specific for that disease. Elevated levels of ADA may also be seen in other forms of granulomatous inflammation as well as liver cirrhosis, liver fibrosis, certain malignancies (e.g. lymphoma), viral hepatitis, and autoimmune diseases (e.g. SLE, rheumatoid arthritis).

The sensitivity and specificity of ADA for tuberculosis are generally listed as 78-100% and 85-97% respectively. Using 95% for both sensitivity and specificity and a prevalence of tuberculosis in San Francisco of 15/100,000 (0.015%) the test has a negative predictive value of 100% but a positive predictive value of only 0.28%. Therefore the ADA is a poor test to diagnose tuberculosis although it may be useful in ruling it out.

**CPT Codes:**

84311-90

# Adenovirus DNA, Plasma

LAB6008

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

2x per week on day shift

**Methodology:**

Real Time PCR

**Reported:**

1-5 days

**Additional Information:**

Monitoring of plasma Adenovirus DNA titers is useful for evaluation of disseminated infection in highly immunocompromised patients.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- Adeno PCR

## COLLECTION

**Sample Type:**

EDTA Plasma

**Label Abbreviation:**

Adeno PCR

**Collect:**

Lavendar top 6 mL

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL EDTA Plasma

**Minimum Volume:**

&lt; 3 years old: 0.5 mL plasma

&gt;= 3 years old: 1.5 mL plasma

**Stability (from collection to initiation):**

Room temperature 6 hours. frozen at -70C 1 month.

**Unacceptable Conditions:**

Heparinized or grossly hemolyzed sample.

Repeat sample from patient within 5 days unless patient has prior positive in which case 2 samples may be sent in one week.

## PROCESSING

**Test Code:**

ADED

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Separate plasma from cells within 6 hour of collection and freeze at -70C. Transport to China Basin frozen.

**Preferred Volume:**

3 mL EDTA Plasma

**Minimum Volume:**

&lt; 3 years old: 0.5 mL plasma

&gt;= 3 years old: 1.5 mL plasma

**Unacceptable Conditions:**

Heparinized or grossly hemolyzed sample.

Repeat sample from patient within 5 days unless patient has prior positive in which case 2 samples may be sent in one week.

**Stability (from collection to initiation):**

Room temperature 6 hours. frozen at -70C 1 month.

**RESULT INTERPRETATION****Additional Information:**

Monitoring of plasma Adenovirus DNA titers is useful for evaluation of disseminated infection in highly immunocompromised patients.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

87799

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

49334-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ADED

**Performing Lab:**

Microbiology

**Performed:**

2x per week on day shift

**Methodology:**

Real Time PCR

**Collect:**

Lavendar top 6 mL

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA Plasma

**Preferred Volume:**

3 mL EDTA Plasma

**Minimum Volume:**

< 3 years old: 0.5 mL plasma

>= 3 years old: 1.5 mL plasma

**Unacceptable Conditions:**

Heparinized or grossly hemolyzed sample.

Repeat sample from patient within 5 days unless patient has prior positive in which case 2 samples may be sent in one week.

**Specimen Preparation:**

Separate plasma from cells within 6 hour of collection and freeze at -70C. Transport to China Basin frozen.

**Synonyms:**

- Adeno PCR

**Stability (from collection to initiation):**

Room temperature 6 hours. frozen at -70C 1 month.

**Reported:**

1-5 days



**Additional Information:**

Monitoring of plasma Adenovirus DNA titers is useful for evaluation of disseminated infection in highly immunocompromised patients.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

87799

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

49334-6

# Adenovirus DNA, Urine

LAB3377

## ORDERING

**Ordering Recommendations:**

Testing on urine samples would only be indicated in a pediatric or transplant patient with hemorrhagic cystitis.

**Available Stat:**

No

**Performing Lab:**

Viracor

**Methodology:**

Real-time PCR

**Synonyms:**

- Adenovirus PCR

## COLLECTION

**Sample Type:**

Bone marrow, Unfixed tissue, CSF, BAL, urine (requires approval)

**Collect:**

Bone marrow: Lavender top

Other samples: Urine cup, CSF tube or sterile collection tube

**Preferred Volume:**

Tissue: 5 mg (1/2 pencil eraser size)

Fluids: 2 mL

**Minimum Volume:**

Tissue: 5 mg (1/2 pencil eraser size)

Marrow: 0.2 mL

Fluids: 0.5 mL

**Remarks:**

**Do not** add water, saline, or other fluid media to container with tissue.

**Unacceptable Conditions:**

Improperly submitted samples, formalin fixed, paraffin embedded tissue

**Rejection Criteria:**

Improperly submitted samples, formalin fixed, paraffin embedded tissue

## PROCESSING

**Test Code:**

ADVP

**Test Group:**

Adenovirus

**Sendout:**

Yes

**Performing Lab:**

Viracor

**Specimen Preparation:**

CSF and tissue must be transported frozen to China Basin and then shipped on dry ice to ViraCor.

Keep samples other than CSF and tissue at room temperature and ship at room temperature. Samples should be received at Viracor within 96 hours of collection.

Note: If a blood sample is received, please order ADED for plasma samples, instead of this test.

**Preferred Volume:**

Tissue: 5 mg (1/2 pencil eraser size)

Fluids: 2 mL

**Minimum Volume:**

Tissue: 5 mg (1/2 pencil eraser size)

Marrow: 0.2 mL

Fluids: 0.5 mL

**Unacceptable Conditions:**

Improperly submitted samples, formalin fixed, paraffin embedded tissue

**Rejection Criteria:**

Improperly submitted samples, formalin fixed, paraffin embedded tissue

**RESULT INTERPRETATION****Units:**

copies/mL

**ADMINISTRATIVE****CPT Codes:**

87799-90

**LOINC Codes:**

49340-3

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Testing on urine samples would only be indicated in a pediatric or transplant patient with hemorrhagic cystitis.

**Test Code:**

ADVP

**Test Group:**

Adenovirus

**Performing Lab:**

Viracor

**Sendout:**

Yes

**Methodology:**

Real-time PCR

**Remarks:****Do not** add water, saline, or other fluid media to container with tissue.**Collect:**

Bone marrow: Lavender top

Other samples: Urine cup, CSF tube or sterile collection tube

**Sample Type:**

Bone marrow, Unfixed tissue, CSF, BAL, urine (requires approval)

**Preferred Volume:**

Tissue: 5 mg (1/2 pencil eraser size)

Fluids: 2 mL

**Minimum Volume:**

Tissue: 5 mg (1/2 pencil eraser size)

Marrow: 0.2 mL

Fluids: 0.5 mL

**Rejection Criteria:**

Improperly submitted samples, formalin fixed, paraffin embedded tissue

**Unacceptable Conditions:**

Improperly submitted samples, formalin fixed, paraffin embedded tissue

**Specimen Preparation:**

CSF and tissue must be transported frozen to China Basin and then shipped on dry ice to ViraCor.

Keep samples other than CSF and tissue at room temperature and ship at room temperature. Samples should be received at Viracor within 96 hours of collection.

Note: If a blood sample is received, please order ADED for plasma samples, instead of this test.

**Units:**

copies/mL

**Synonyms:**

- Adenovirus PCR

**CPT Codes:**

87799-90

**LOINC Codes:**  
49340-3

# Adrenocorticotrophic Hormone

LAB511

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mount Zion Chemistry

**Performed:**

Thursday

**Methodology:**

Electrochemiluminescence immunoassay (Roche Cobas E411)

**Reported:**

1-8 days

**Additional Information:**

The ACTH precursor POMC has ~2% cross reactivity in this Roche electrochemiluminescence assay . This level of cross reactivity can be clinically significant because patients with non-carcinoid ectopic ACTH syndromes can have very high circulating concentrations of POMC-like ACTH precursors (139 - 18,000 pmol/L) - high enough to elevate ACTH in this assay by anywhere between 3 - 360 pmol/L (~13 - 1636 ng/L).

Patients with macroadenomas have been reported to have circulating concentrations of ACTH precursors that would be high enough to elevate ACTH in our assay by anywhere between 2 - 75 pmol/L (12 - 340 ng/L)

Ref: Oliver, Davis, and White, Pituitary 6:119-126, 2009 and Gibson et al, JCEM 81:497-502, 1996

Biotin concentrations of > 70 ng/mL may cause falsely decreased results with this Roche ACTH assay.

In patients taking 5-10 mg/day of biotin, samples should not be taken for this ACTH assay until at least 8 hours following the last biotin administration.

In patients taking higher doses of biotin (including patients taking doses of > 100 mg/day and more), samples should not be taken for this ACTH assay until at least 72 hours after the last biotin administration.

Ref: Li et al, JALM, 05:03 p575-587, 2020.

The quantification of ACTH using this Roche Elecsys immunoassay was not impacted by (1) a delay of up to 4 hours in centrifugation when whole blood samples were stored at 4 °C prior to processing, or (2) the use of ambient temperature tubes and centrifugation when samples were processed after collection without delay. ACTH samples held at ambient temperature for up to 8 hours after separation of plasma had on average <10% decrease in ACTH concentrations.

Ref: Nandakumar et al, Clinical Biochemistry, 2020; 81:59-62.

Results for this test determined by assay methods from other manufacturers may not be comparable.

**Synonyms:**

- ACTH
- Corticotropin

## COLLECTION

**Sample Type:**

EDTA plasma

**Label Abbreviation:**

ACTH

**Collect:**

Lavender top (on ice)

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

Draw specimen between 0700 and 1000 hours if possible. If drawn at other times reference ranges do not apply.

Sample must be collected in pre-chilled vacutainer and delivered immediately to laboratory on ice.

**Stability (from collection to initiation):**

Frozen (-20C): 10 weeks

**PROCESSING****Test Code:**

ACTH

**Performing Lab:**

Mount Zion Chemistry

**Specimen Preparation:**

Process immediately using refrigerated centrifuge. Avoid all contact with glass during processing and separation. Separate and freeze plasma in plastic tube at -20C.

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Stability (from collection to initiation):**

Frozen (-20C): 10 weeks

**RESULT INTERPRETATION****Units:**

ng/L

**Reference Interval:**

7 - 63 ng/L

Reference range was adopted from Roche Diagnostics studies with Cobas ACTH assay using plasma samples drawn between 0700 - 1000 on 354 healthy adults (5th - 95th percentile). The Roche reference range was verified by in-house testing of 15 male and 15 female lab volunteers.

Owing to circadian variation in ACTH levels, the reference ranges are only applicable to samples collected between 0700 and 1000 hours.

**Additional Information:**

The ACTH precursor POMC has ~2% cross reactivity in this Roche electrochemiluminescence assay . This level of cross reactivity can be clinically significant because patients with non-carcinoid ectopic ACTH syndromes can have very high circulating concentrations of POMC-like ACTH precursors (139 - 18,000 pmol/L) - high enough to elevate ACTH in this assay by anywhere between 3 - 360 pmol/L (~13 - 1636 ng/L).

Patients with macroadenomas have been reported to have circulating concentrations of ACTH precursors that would be high enough to elevate ACTH in our assay by anywhere between 2 - 75 pmol/L (12 - 340 ng/L)

Ref: Oliver, Davis, and White, Pituitary 6:119-126, 2009 and Gibson et al, JCEM 81:497-502, 1996

Biotin concentrations of > 70 ng/mL may cause falsely decreased results with this Roche ACTH assay.

In patients taking 5-10 mg/day of biotin, samples should not be taken for this ACTH assay until at least 8 hours following the last biotin administration.

In patients taking higher doses of biotin (including patients taking doses of > 100 mg/day and more), samples should not be taken for this ACTH assay until at least 72 hours after the last biotin administration.

Ref: Li et al, JALM, 05:03 p575-587, 2020.

The quantification of ACTH using this Roche Elecsys immunoassay was not impacted by (1) a delay of up to 4 hours in centrifugation when whole blood samples were stored at 4 °C prior to processing, or (2) the use of ambient temperature tubes and centrifugation when samples were processed after collection without delay. ACTH samples held at ambient temperature for up to 8 hours after separation of plasma had on average <10% decrease in ACTH concentrations.

Ref: Nandakumar et al, Clinical Biochemistry, 2020; 81:59-62.

Results for this test determined by assay methods from other manufacturers may not be comparable.

**ADMINISTRATIVE****CPT Codes:**

82024

**LOINC Codes:**

2141-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ACTH

**Performing Lab:**

Mount Zion Chemistry

**Performed:**

Thursday

**Methodology:**

Electrochemiluminescence immunoassay (Roche Cobas E411)

**Remarks:**

Draw specimen between 0700 and 1000 hours if possible. If drawn at other times reference ranges do not apply.

Sample must be collected in pre-chilled vacutainer and delivered immediately to laboratory on ice.

**Collect:**

Lavender top (on ice)

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA plasma

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Specimen Preparation:**

Process immediately using refrigerated centrifuge. Avoid all contact with glass during processing and separation. Separate and freeze plasma in plastic tube at -20C.

**Units:**

ng/L

**Reference Interval:**

7 - 63 ng/L

Reference range was adopted from Roche Diagnostics studies with Cobas ACTH assay using plasma samples drawn between 0700 - 1000 on 354 healthy adults (5th - 95th percentile). The Roche reference range was verified by in-house testing of 15 male and 15 female lab volunteers.

Owing to circadian variation in ACTH levels, the reference ranges are only applicable to samples collected between 0700 and 1000 hours.

**Synonyms:**

- ACTH
- Corticotropin

**Stability (from collection to initiation):**

Frozen (-20C): 10 weeks

**Reported:**

1-8 days

**Additional Information:**

The ACTH precursor POMC has ~2% cross reactivity in this Roche electrochemiluminescence assay . This level of cross reactivity can be clinically significant because patients with non-carcinoid ectopic ACTH syndromes can have very high circulating concentrations of POMC-like ACTH precursors (139 - 18,000 pmol/L) - high enough to elevate ACTH in this assay by anywhere between 3 - 360 pmol/L (~13 - 1636 ng/L).

Patients with macroadenomas have been reported to have circulating concentrations of ACTH precursors that would be high enough to elevate ACTH in our assay by anywhere between 2 - 75 pmol/L (12 - 340 ng/L)

Ref: Oliver, Davis, and White, Pituitary 6:119-126, 2009 and Gibson et al, JCEM 81:497-502, 1996

Biotin concentrations of > 70 ng/mL may cause falsely decreased results with this Roche ACTH assay.

In patients taking 5-10 mg/day of biotin, samples should not be taken for this ACTH assay until at least 8 hours following the last biotin administration.

In patients taking higher doses of biotin (including patients taking doses of > 100 mg/day and more), samples should not be taken for this ACTH assay until at least 72 hours after the last biotin administration.

Ref: Li et al, JALM, 05:03 p575-587, 2020.

The quantification of ACTH using this Roche Elecsys immunoassay was not impacted by (1) a delay of up to 4 hours in centrifugation when whole blood samples were stored at 4 °C prior to processing, or (2) the use of ambient temperature tubes and centrifugation when samples were processed after collection without delay. ACTH samples held at ambient temperature for up to 8 hours after separation of plasma had on average <10% decrease in ACTH concentrations.

Ref: Nandakumar et al, Clinical Biochemistry, 2020; 81:59-62.

Results for this test determined by assay methods from other manufacturers may not be comparable.

**CPT Codes:**

82024

**LOINC Codes:**

2141-0



## Aerobic and Anaerobic Culture, Miscellaneous

P113

### ORDERING

**Ordering Recommendations:**

Test is lab-orderable only and is intended for culturing transfused blood products as indicated by Blood Bank transfusion reaction workup. P113 battery includes STAT gram stain.

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily

**Methodology:**

Gram stain and culture

**Reported:**

5 days

**Additional Information:**

If there is no Microbiology HLT onsite, Hematology staff can fax requisition to 415-353-1829 for Micro staff at China Basin to accession. Call 415-353-1268 to alert Micro staff. When accessioning, change Order Account # to 55000476ZZ57048106. Enter code TRB in SDES field followed by the type of product and donor identification number (DIN). Enter TPC in SREQ. For blood products that have not been transfused (co-components), accession using MOP-7 as the medical record number.

**Synonyms:**

- Transfusion reaction

### COLLECTION

**Sample Type:**

Blood products inoculated in Bactec Plus Aerobic and Lytic Anaerobic bottles by Blood Bank staff. Approximately 1 ml should also be submitted in syringe or sterile tube for STAT gram stain.

**Remarks:**

Products should be collected from an unused port. Do not use the same port used for transfusion. Avoid using tubing segments if possible.

**Storage/Transport Temperature:**

Room temp

### PROCESSING

**Test Code:**

P113

**Performing Lab:**

Microbiology

**Storage/Transport Temperature:**

Room temp

### RESULT INTERPRETATION

**Critical Values:**

Positive gram stains or cultures should be phoned immediately to the Blood Bank

**Additional Information:**

If there is no Microbiology HLT onsite, Hematology staff can fax requisition to 415-353-1829 for Micro staff at China Basin to accession. Call 415-353-1268 to alert Micro staff. When accessioning, change Order Account # to 55000476ZZ57048106. Enter code TRB in SDES field followed by the type of product and donor identification number (DIN). Enter TPC in SREQ. For blood products that have not been transfused (co-components), accession using MOP-7 as the medical record number.

### COMPLETE VIEW

**Available Stat:**

No

**Ordering Recommendations:**

Test is lab-orderable only and is intended for culturing transfused blood products as indicated by Blood Bank transfusion reaction workup. P113 battery includes STAT gram stain.

**Test Code:**

P113

**Performing Lab:**

Microbiology

**Performed:**

Daily

**Methodology:**

Gram stain and culture

**Remarks:**

Products should be collected from an unused port. Do not use the same port used for transfusion. Avoid using tubing segments if possible.

**Sample Type:**

Blood products inoculated in Bactec Plus Aerobic and Lytic Anaerobic bottles by Blood Bank staff. Approximately 1 ml should also be submitted in syringe or sterile tube for STAT gram stain.

**Critical Values:**

Positive gram stains or cultures should be phoned immediately to the Blood Bank

**Synonyms:**

- Transfusion reaction

**Storage/Transport Temperature:**

Room temp

**Reported:**

5 days

**Additional Information:**

If there is no Microbiology HLT onsite, Hematology staff can fax requisition to 415-353-1829 for Micro staff at China Basin to accession. Call 415-353-1268 to alert Micro staff. When accessioning, change Order Account # to 55000476ZZ57048106. Enter code TRB in SDES field followed by the type of product and donor identification number (DIN). Enter TPC in SREQ. For blood products that have not been transfused (co-components), accession using MOP-7 as the medical record number.

# AFB Culture, Blood

LAB246

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily

**Methodology:**

Culture

**Reported:**

Up to 60 days

**Additional Information:**

Blood cultures are performed only for patients with a diagnosis of AIDS and are suitable only for detecting MAIC.

**Reflex Testing:**

If positive additional test(s) will be performed for identification of the mycobacteria and billed separately.

**Synonyms:**

- TB culture
- AFB culture
- tuberculosis
- atypical mycobacteria
- MAC
- mycobacterium avium intercellulare complex
- MAI
- AFB Bld

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Collect:**Dark green top (**DO NOT** use Lithium heparin i.e. Light Green top tubes)**Amount to Collect:**

5 mL blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:**

Use only dark green top, sodium heparin tubes for blood samples.

**Stability (from collection to initiation):**

Room temperature or refrigerated 3 days

**Unacceptable Conditions:**

Improper container type

## PROCESSING

**Test Code:**

P288

**Test Group:**

Mycobacteria

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Send sodium heparin tubes to China Basin. At China Basin, process upon receipt. Inoculate 3-5 mL into AFB culture bottle.  
Refer to BD BACTEC FX40 procedure.

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Improper container type

**Stability (from collection to initiation):**

Room temperature or refrigerated 3 days

**RESULT INTERPRETATION****Reference Interval:**

No AFB isolated

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning. First positive AFB culture; Repeat call only for positive sample from different site or > 2 months since initial call.

**Additional Information:**

Blood cultures are performed only for patients with a diagnosis of AIDS and are suitable only for detecting MAIC.

**ADMINISTRATIVE****CPT Codes:**

87116

**LOINC Codes:**

50941-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P288

**Test Group:**

Mycobacteria

**Performing Lab:**

Microbiology

**Performed:**

Daily

**Methodology:**

Culture

**Remarks:**

Use only dark green top, sodium heparin tubes for blood samples.

**Collect:**

Dark green top (**DO NOT** use Lithium heparin i.e. Light Green top tubes)

**Amount to Collect:**

5 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Improper container type

**Specimen Preparation:**

Send sodium heparin tubes to China Basin. At China Basin, process upon receipt. Inoculate 3-5 mL into AFB culture bottle. Refer to BD BACTEC FX40 procedure.

**Reference Interval:**

No AFB isolated

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning. First positive AFB culture; Repeat call only for positive sample from different site or > 2 months since initial call.

**Synonyms:**

- TB culture
- AFB culture
- tuberculosis
- atypical mycobacteria
- MAC
- mycobacterium avium intercellulare complex
- MAI
- AFB Bld

**Stability (from collection to initiation):**

Room temperature or refrigerated 3 days

**Reported:**

Up to 60 days

**Reflex Testing:**

If positive additional test(s) will be performed for identification of the mycobacteria and billed separately.

**Additional Information:**

Blood cultures are performed only for patients with a diagnosis of AIDS and are suitable only for detecting MAIC.

**CPT Codes:**

87116

**LOINC Codes:**

50941-4

# AFB Culture, Cystic Fibrosis Respiratory

LAB5001

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily, day shift

**Methodology:**

Culture

**Reported:**

Up to 7 weeks

**Reflex Testing:**

Smears will be performed on respiratory samples. Separate charges will be billed for AFB smear and AFB culture. Additional charges will be billed for decontamination of samples from non-sterile sites.

Mycobacterium tuberculosis complex DNA is automatically performed on respiratory specimens with positive smears, and billed separately.

**Synonyms:**

- TB culture
- AFB culture
- tuberculosis
- atypical mycobacteria
- MAC
- mycobacterium avium intercellulare complex
- MAI
- AFB CF

## COLLECTION

**Sample Type:**

Sputum, BAL or bronchial wash

**Collect:**

Urine cup or sterile container

**Amount to Collect:**

Sputum: 5 mL

BAL or Bronchial wash: 10 mL

**Minimum Volume:**

Sputum: 5 mL

BAL or Bronchial wash: 10 mL

**Remarks:**

**Sputum:** Collect 3 separate sputum samples in 8-12 hour intervals, including at least one early morning sample.

Sputum samples collected < 8 hours apart are pooled & tested as a single specimen.

**Stability (from collection to initiation):**

Refrigerated 3 days

## PROCESSING

**Test Code:**

P287CF

**Test Group:**

Mycobacteria

**Performing Lab:**

Microbiology

**Specimen Preparation:**

**Sputum:** Before accessioning, check if a sample was submitted earlier. If earlier sample was collected < 8 hours apart from the sample just received, call China Basin to check if earlier sample has been processed.

1. If earlier sample has not been processed, TND as duplicate and enter code AFPOOL. Inform submitting location that the sample is being pooled with the prior sample, and to collect an additional sputum. Affix a note to the sample stating Pool sample for AFB with (accession # of earlier sample)".

2. If earlier sample has been processed, TND as duplicate and freetext Collect sputa for AFB culture 8 hours apart".

**Bronchial lavage/wash:** Aliquot the maximum amount of specimen available (>10 mL) into a blue top centrifuge tube.

**Bronchial brush:**

1. Use sterile forceps to transfer brush to a 50 ml blue-topped centrifuge tube.

2. Add NPC 67 Neutralizing buffer to make a total volume of 2 ml.

3. Vortex thoroughly to expel specimen from the brush and then remove brush from tube.

**Minimum Volume:**

Sputum: 5 mL

BAL or Bronchial wash: 10 mL

**Stability (from collection to initiation):**

Refrigerated 3 days

**RESULT INTERPRETATION****Reference Interval:**

No AFB isolated

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning. First positive AFB smear, first positive AFB culture if smear negative or no smear, or first isolate of *M. tuberculosis*; Repeat call only for positive sample from different site or > 2 months since initial call.

**ADMINISTRATIVE****CPT Codes:**

87116, 87206, 87015

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P287CF

**Test Group:**

Mycobacteria

**Performing Lab:**

Microbiology

**Performed:**

Daily, day shift

**Methodology:**

Culture

**Remarks:**

**Sputum:** Collect 3 separate sputum samples in 8-12 hour intervals, including at least one early morning sample.

Sputum samples collected < 8 hours apart are pooled & tested as a single specimen.

**Collect:**

Urine cup or sterile container

**Amount to Collect:**

Sputum: 5 mL

BAL or Bronchial wash: 10 mL

**Sample Type:**

Sputum, BAL or bronchial wash

**Minimum Volume:**

Sputum: 5 mL

BAL or Bronchial wash: 10 mL

**Specimen Preparation:**

**Sputum:** Before accessioning, check if a sample was submitted earlier. If earlier sample was collected < 8 hours apart from the sample just received, call China Basin to check if earlier sample has been processed.

1. If earlier sample has not been processed, TND as duplicate and enter code AFPOOL. Inform submitting location that the sample is being pooled with the prior sample, and to collect an additional sputum. Affix a note to the sample stating Pool sample for AFB with (accession # of earlier sample)".

2. If earlier sample has been processed, TND as duplicate and freetext Collect sputa for AFB culture 8 hours apart".

**Bronchial lavage/wash:** Aliquot the maximum amount of specimen available (>10 mL) into a blue top centrifuge tube.

**Bronchial brush:**

1. Use sterile forceps to transfer brush to a 50 ml blue-topped centrifuge tube.

2. Add NPC 67 Neutralizing buffer to make a total volume of 2 ml.

3. Vortex thoroughly to expel specimen from the brush and then remove brush from tube.

**Reference Interval:**

No AFB isolated

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning. First positive AFB smear, first positive AFB culture if smear negative or no smear, or first isolate of M. tuberculosis; Repeat call only for positive sample from different site or > 2 months since initial call.

**Synonyms:**

- TB culture
- AFB culture
- tuberculosis
- atypical mycobacteria
- MAC
- mycobacterium avium intercellulare complex
- MAI
- AFB CF

**Stability (from collection to initiation):**

Refrigerated 3 days

**Reported:**

Up to 7 weeks

**Reflex Testing:**

Smears will be performed on respiratory samples. Separate charges will be billed for AFB smear and AFB culture. Additional charges will be billed for decontamination of samples from non-sterile sites.

Mycobacterium tuberculosis complex DNA is automatically performed on respiratory specimens with positive smears, and billed separately.

**CPT Codes:**

87116, 87206, 87015



# AFB Non-Respiratory Culture

LAB5830

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily, day shift

**Methodology:**

Culture

**Reported:**

Up to 7 weeks

**Additional Information:**

Samples are run w/o smear when a positive result would not be interpretable because of relatively frequent contamination with nonpathogenic mycobacteria which cannot be reliably differentiated on smear (e.g., in urine), or for blood, bone marrow, CSF or pleural fluid where the yield of routine testing is low.

Tuberculous arthritis, meningitis, and urinary infection are extremely uncommon diagnoses at this hospital, and cultures should only be requested if the cellular response is highly suggestive of tuberculosis, if there is a history of tuberculosis or close contact with a case, if there is a positive tuberculin test, or if granulomas are found in a biopsy specimen.

Bone marrow is the preferred specimen in non-AIDS patients with disseminated disease, in whom the yield from blood is extremely low.

**Reflex Testing:**

Separate charges will be billed for AFB smear and AFB culture. Additional charges will be billed for decontamination of samples from non-sterile sites. Smears will be performed on appropriate samples.

**Synonyms:**

- TB culture
- AFB culture
- tuberculosis
- atypical mycobacteria
- MAC
- mycobacterium avium intercellulare complex
- MAI
- AFB NonRes

## COLLECTION

**Sample Type:**

Bone marrow, CSF, body fluids, urine, unfixed tissue, FNA

**Collect:**

Bone marrow: SPS tube (available from Hematology laboratory)

CSF tube

Sterile collection tube

TSB broth tube (Available from Microbiology processing area)

**Amount to Collect:**

Bone Marrow: 1 mL

CSF and other fluids: 15-20 mL (6 mL for peds)

Urine: Entire first AM void (Up to 3 samples may be collected on consecutive days)

Tissue: 5 cu mm

**Preferred Volume:**

Bone Marrow: 1 mL

CSF and other fluids: 15-20 mL (6 mL for peds)

Urine: Entire first AM void

Tissue: 5 cu mm

**Minimum Volume:**

Bone Marrow: 0.5 mL

CSF and other fluids: 2 mL

Urine: 10 mL

Tissue: 3 cu mm

**Remarks:**

Bone marrow: Isolator tubes for bone marrow samples are available from the Hematology laboratory.

Urine: Collect entire first AM void

Gastric lavage: Collect in the early morning. Patient should be fasting prior to collection.

FNA: TSB broth tubes for FNA samples are available from the Microbiology processing laboratory.

Note: the diagnostic yield for joint and body fluid samples is low. If mycobacterial infection is suspected from these sites, tissue is the preferred specimen.

**Stability (from collection to initiation):**

Blood and bone marrow Room temperature: 1 day

Other specimens Refrigerated: 3 days

**Unacceptable Conditions:**

Samples submitted on swabs or in formalin

## PROCESSING

**Test Code:**

P284

**Test Group:**

Mycobacteria

**Performing Lab:**

Microbiology

**Specimen Preparation:**

**Bone marrow:** Store at room temperature until processed. Process specimen immediately upon receipt in microbiology

**Gastric lavage:** If processing will be delayed by more than 5 hours, give specimen to CLS to neutralize.

**Tissue:** Grind a piece of tissue using NPC 67 Neutralizing buffer and transfer to blue top centrifuge tube.

**CSF:** If approved, enter volume used for culture in SDES and AFBVOL in SREQ. (The yield of CSF AFB culture increases with greater specimen volume. Recommended volumes are > 6 ml for pediatrics and 15-20 ml for adults.)

**Note:** If CSF AFB smear is approved, alert AFB processor and do NOT credit AFB smear.

**Preferred Volume:**

Bone Marrow: 1 mL

CSF and other fluids: 15-20 mL (6 mL for peds)

Urine: Entire first AM void

Tissue: 5 cu mm

**Minimum Volume:**

Bone Marrow: 0.5 mL

CSF and other fluids: 2 mL

Urine: 10 mL

Tissue: 3 cu mm

**Unacceptable Conditions:**

Samples submitted on swabs or in formalin

**Stability (from collection to initiation):**

Blood and bone marrow Room temperature: 1 day

Other specimens Refrigerated: 3 days

## RESULT INTERPRETATION

**Reference Interval:**

No AFB isolated

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning. First positive AFB smear, first positive AFB culture if smear negative or no smear, or first isolate of *M. tuberculosis*; Repeat call only for positive sample from different site or > 2 months since initial call.

**Additional Information:**

Samples are run w/o smear when a positive result would not be interpretable because of relatively frequent contamination with nonpathogenic mycobacteria which cannot be reliably differentiated on smear (e.g., in urine), or for blood, bone marrow, CSF or pleural fluid where the yield of routine testing is low.

Tuberculous arthritis, meningitis, and urinary infection are extremely uncommon diagnoses at this hospital, and cultures should only be requested if the cellular response is highly suggestive of tuberculosis, if there is a history of tuberculosis or close contact with a case, if there is a positive tuberculin test, or if granulomas are found in a biopsy specimen.

Bone marrow is the preferred specimen in non-AIDS patients with disseminated disease, in whom the yield from blood is extremely low.

**ADMINISTRATIVE****CPT Codes:**

87116, 87206

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P284

**Test Group:**

Mycobacteria

**Performing Lab:**

Microbiology

**Performed:**

Daily, day shift

**Methodology:**

Culture

**Remarks:**

Bone marrow: Isolator tubes for bone marrow samples are available from the Hematology laboratory.

Urine: Collect entire first AM void

Gastric lavage: Collect in the early morning. Patient should be fasting prior to collection.

FNA: TSB broth tubes for FNA samples are available from the Microbiology processing laboratory.

Note: the diagnostic yield for joint and body fluid samples is low. If mycobacterial infection is suspected from these sites, tissue is the preferred specimen.

**Collect:**

Bone marrow: SPS tube (available from Hematology laboratory)

CSF tube

Sterile collection tube

TSB broth tube (Available from Microbiology processing area)

**Amount to Collect:**

Bone Marrow: 1 mL

CSF and other fluids: 15-20 mL (6 mL for peds)

Urine: Entire first AM void (Up to 3 samples may be collected on consecutive days)

Tissue: 5 cu mm

**Sample Type:**

Bone marrow, CSF, body fluids, urine, unfixed tissue, FNA

**Preferred Volume:**

Bone Marrow: 1 mL

CSF and other fluids: 15-20 mL (6 mL for peds)

Urine: Entire first AM void

Tissue: 5 cu mm

**Minimum Volume:**

Bone Marrow: 0.5 mL

CSF and other fluids: 2 mL

Urine: 10 mL

Tissue: 3 cu mm

**Unacceptable Conditions:**

Samples submitted on swabs or in formalin

## **Specimen Preparation:**

**Bone marrow:** Store at room temperature until processed. Process specimen immediately upon receipt in microbiology

**Gastric lavage:** If processing will be delayed by more than 5 hours, give specimen to CLS to neutralize.

**Tissue:** Grind a piece of tissue using NPC 67 Neutralizing buffer and transfer to blue top centrifuge tube.

**CSF:** If approved, enter volume used for culture in SDES and AFBVOL in SREQ. (The yield of CSF AFB culture increases with greater specimen volume. Recommended volumes are > 6 ml for pediatrics and 15-20 ml for adults.)

**Note:** If CSF AFB smear is approved, alert AFB processor and do NOT credit AFB smear.

## **Reference Interval:**

No AFB isolated

## **Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning. First positive AFB smear, first positive AFB culture if smear negative or no smear, or first isolate of *M. tuberculosis*; Repeat call only for positive sample from different site or > 2 months since initial call.

## **Synonyms:**

- TB culture
- AFB culture
- tuberculosis
- atypical mycobacteria
- MAC
- mycobacterium avium intercellulare complex
- MAI
- AFB NonRes

## **Stability (from collection to initiation):**

Blood and bone marrow Room temperature: 1 day

Other specimens Refrigerated: 3 days

## **Reported:**

Up to 7 weeks

## **Reflex Testing:**

Separate charges will be billed for AFB smear and AFB culture. Additional charges will be billed for decontamination of samples from non-sterile sites. Smears will be performed on appropriate samples.

## **Additional Information:**

Samples are run w/o smear when a positive result would not be interpretable because of relatively frequent contamination with nonpathogenic mycobacteria which cannot be reliably differentiated on smear (e.g., in urine), or for blood, bone marrow, CSF or pleural fluid where the yield of routine testing is low.

Tuberculous arthritis, meningitis, and urinary infection are extremely uncommon diagnoses at this hospital, and cultures should only be requested if the cellular response is highly suggestive of tuberculosis, if there is a history of tuberculosis or close contact with a case, if there is a positive tuberculin test, or if granulomas are found in a biopsy specimen.

Bone marrow is the preferred specimen in non-AIDS patients with disseminated disease, in whom the yield from blood is extremely low.

## **CPT Codes:**

87116, 87206

# AFB Respiratory Culture

LAB5825

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily, day shift

**Methodology:**

Culture

**Reported:**

Up to 7 weeks

**Reflex Testing:**

Smears will be performed on respiratory samples. Separate charges will be billed for AFB smear and AFB culture. Additional charges will be billed for decontamination of samples from nonsterile sites.

Mycobacterium tuberculosis complex DNA is automatically performed on respiratory specimens with positive smears, and billed separately.

**Synonyms:**

- TB culture
- AFB culture
- tuberculosis
- atypical mycobacteria
- MAC
- mycobacterium avium intercellulare complex
- MAI
- AFB Resp

## COLLECTION

**Sample Type:**

Sputum, BAL, bronchial wash

**Collect:**

Urine cup or sterile container

**Amount to Collect:**

Sputum: 5 mL

BAL or Bronchial wash: 10 mL

**Preferred Volume:**

Sputum: 5 mL

?BAL or Bronchial wash: 10 mL

**Minimum Volume:**

Sputum: 1 mL

?BAL or Bronchial wash: 2 mL

**Remarks:**

**Sputum:** Collect 3 separate sputum samples in 8-12 hour intervals, including at least one early morning sample.

Sputum samples collected < 8 hours apart are pooled & tested as a single specimen.

**Stability (from collection to initiation):**

Refrigerated 3 days.

## PROCESSING

**Test Code:**

P285R

**Test Group:**

Mycobacteria

**Performing Lab:**

Microbiology

**Specimen Preparation:**

**Sputum:** Before accessioning, check if a sample was submitted earlier. If earlier sample was collected < 8 hours apart from the sample just received, call China Basin to check if earlier sample has been processed.

1. If earlier sample has not been processed, TND as duplicate and enter code AFPOOL. Inform submitting location that the sample is being pooled with the prior sample, and to collect an additional sputum. Affix a note to the sample stating Pool sample for AFB with (accession # of earlier sample)".

2. If earlier sample has been processed, TND as duplicate and freetext Collect sputa for AFB culture 8 hours apart".

**Bronchial lavage/wash:** Aliquot the maximum amount of specimen available (>10 mL) into a blue top centrifuge tube.

**Bronchial brush:**

1. Use sterile forceps to transfer brush to a 50 ml blue-topped centrifuge tube.

2. Add NPC 67 Neutralizing buffer to make a total volume of 2 ml. 3. Vortex thoroughly to expel specimen from the brush and then remove brush from tube.

**Preferred Volume:**

Sputum: 5 mL

?BAL or Bronchial wash: 10 mL

**Minimum Volume:**

Sputum: 1 mL

?BAL or Bronchial wash: 2 mL

**Stability (from collection to initiation):**

Refrigerated 3 days.

**RESULT INTERPRETATION****Reference Interval:**

No AFB isolated

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning.

First positive AFB smear, first positive AFB culture if smear negative or no smear, or first isolate of *M. tuberculosis*; Repeat call only for positive sample from different site or > 2 months since initial call.

**ADMINISTRATIVE****CPT Codes:**

87116, 87206

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P285R

**Test Group:**

Mycobacteria

**Performing Lab:**

Microbiology

**Performed:**

Daily, day shift

**Methodology:**

Culture

**Remarks:**

**Sputum:** Collect 3 separate sputum samples in 8-12 hour intervals, including at least one early morning sample.

Sputum samples collected < 8 hours apart are pooled & tested as a single specimen.

**Collect:**

Urine cup or sterile container

**Amount to Collect:**

Sputum: 5 mL

BAL or Bronchial wash: 10 mL

**Sample Type:**

Sputum, BAL, bronchial wash

**Preferred Volume:**

Sputum: 5 mL  
 ?BAL or Bronchial wash: 10 mL

**Minimum Volume:**

Sputum: 1 mL  
 ?BAL or Bronchial wash: 2 mL

**Specimen Preparation:**

**Sputum:** Before accessioning, check if a sample was submitted earlier. If earlier sample was collected < 8 hours apart from the sample just received, call China Basin to check if earlier sample has been processed.

1. If earlier sample has not been processed, TND as duplicate and enter code AFPOOL. Inform submitting location that the sample is being pooled with the prior sample, and to collect an additional sputum. Affix a note to the sample stating Pool sample for AFB with (accession # of earlier sample)".

2. If earlier sample has been processed, TND as duplicate and freetext Collect sputa for AFB culture 8 hours apart".

**Bronchial lavage/wash:** Aliquot the maximum amount of specimen available (>10 mL) into a blue top centrifuge tube.

**Bronchial brush:**

1. Use sterile forceps to transfer brush to a 50 ml blue-topped centrifuge tube.
2. Add NPC 67 Neutralizing buffer to make a total volume of 2 ml. 3. Vortex thoroughly to expel specimen from the brush and then remove brush from tube.

**Reference Interval:**

No AFB isolated

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning.

First positive AFB smear, first positive AFB culture if smear negative or no smear, or first isolate of *M. tuberculosis*; Repeat call only for positive sample from different site or > 2 months since initial call.

**Synonyms:**

- TB culture
- AFB culture
- tuberculosis
- atypical mycobacteria
- MAC
- mycobacterium avium intercellulare complex
- MAI
- AFB Resp

**Stability (from collection to initiation):**

Refrigerated 3 days.

**Reported:**

Up to 7 weeks

**Reflex Testing:**

Smears will be performed on respiratory samples. Separate charges will be billed for AFB smear and AFB culture. Additional charges will be billed for decontamination of samples from nonsterile sites.

*Mycobacterium tuberculosis* complex DNA is automatically performed on respiratory specimens with positive smears, and billed separately.

**CPT Codes:**

87116, 87206

# Alanine Transaminase

LAB132

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center

Peninsula Outpatient Center  
Saint Francis Chemistry  
St. Mary's Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)

Peninsula Outpatient Center (Mon-Fri 0800-1630)  
Saint Francis & St. Mary's Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & St. Mary's Chemistry: NADH (without P-5'-P) - Abbott Architect  
Berkeley Outpatient Center and Peninsula Outpatient Center: NADH with P-5'-P - Roche cobas c311

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Excessive hemolysis causes mild elevation.

**Synonyms:**

- SGPT
- ALT
- glutamic-pyruvic transaminase
- glutamic-alanine transaminase
- GPT
- beta-alanine aminotransferase
- alanine aminotransferase
- alanine-alpha-ketoglutarate aminotransferase
- alanine-pyruvate aminotransferase
- glutamic acid-pyruvic acid transaminase
- glutamic-pyruvic aminotransferase
- L-alanine aminotransferase
- L-alanine transaminase
- L-alanine-alpha-ketoglutarate aminotransferase
- pyruvate transaminase
- pyruvate-alanine aminotransferase
- pyruvate-glutamate transaminase

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum



**Stability (from collection to initiation):**

Parnassus, Mission Bay and Mt. Zion Chemistry

Room temperature: 3 days

Refrigerated (2-8C): 7 days

Frozen (-20C or colder): 60 days.

Berkeley Outpatient Center and Peninsula Outpatient Center

Room temperature 3 days, refrigerated 7 days, frozen at -60C or colder &gt;7 days.

**PROCESSING****Test Code:**

ALT

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

Berkeley Outpatient Center

Peninsula Outpatient Center

Saint Francis Chemistry

St. Mary's Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay and Mt. Zion Chemistry

Room temperature: 3 days

Refrigerated (2-8C): 7 days

Frozen (-20C or colder): 60 days.

Berkeley Outpatient Center and Peninsula Outpatient Center

Room temperature 3 days, refrigerated 7 days, frozen at -60C or colder &gt;7 days.

**RESULT INTERPRETATION****Units:**

U/L

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, and St. Mary's Chemistry

| Age                  | Male (U/L) | Female (U/L) |
|----------------------|------------|--------------|
| 0 up to 1 year       | 5-33       | 5-33         |
| 1 year to 13 years   | 9-25       | 9-25         |
| 13 years to 19 years | 9-24       | 8-22         |
| >=19 years           | 10-61      | 10-61        |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/#/search>

Adult reference range at Parnassus, Mission Bay and Mount Zion adopted after verifying previous UCSF reference interval from the Backman analyzer using 20 male and 20 female lab volunteers.

**Berkeley Outpatient Center and Peninsula Outpatient Center**

| Age         | Male (U/L) | Female (U/L) |
|-------------|------------|--------------|
| >= 19 years | 9-59       | 8-41         |

Adult reference intervals for Berkeley Outpatient Center adopted from an IFCC multicenter study published in Ceriotti et al, Clin Chem Lab Med, 2010; 48(11): 1593-1601 and verified by running 20 male and 20 female normal volunteers from UCSF Clinical Laboratories. This IFCC reference interval study excluded patients with diabetes mellitus, use of therapeutic drugs with an effect on serum enzyme activities, pregnancy, body mass index (BMI) of > 30 kg/m<sup>2</sup>, alcohol consumption of > 30g/day and heavy exercise in the previous days.

**Additional Information:**

Excessive hemolysis causes mild elevation.

**ADMINISTRATIVE****CPT Codes:**

84460

**LOINC Codes:**

1742-6

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

ALT

**Performing Lab:**Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient CenterPeninsula Outpatient Center  
Saint Francis Chemistry  
St. Mary's Chemistry**Performed:**Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)Peninsula Outpatient Center (Mon-Fri 0800-1630)  
Saint Francis & St. Mary's Chemistry: Test available 24 hours per day 7 days per week**Methodology:**Parnassus, Mission Bay, Mt. Zion, Saint Francis, & St. Mary's Chemistry: NADH (without P-5'-P) - Abbott Architect  
Berkeley Outpatient Center and Peninsula Outpatient Center: NADH with P-5'-P - Roche cobas c311**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

U/L

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, and St. Mary's Chemistry

| Age                  | Male (U/L) | Female (U/L) |
|----------------------|------------|--------------|
| 0 up to 1 year       | 5-33       | 5-33         |
| 1 year to 13 years   | 9-25       | 9-25         |
| 13 years to 19 years | 9-24       | 8-22         |
| >=19 years           | 10-61      | 10-61        |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <https://caliper.research.sickkids.ca/#/search>

Adult reference range at Parnassus, Mission Bay and Mount Zion adopted after verifying previous UCSF reference interval from the Backman analyzer using 20 male and 20 female lab volunteers.

**Berkeley Outpatient Center and Peninsula Outpatient Center**

| Age         | Male (U/L) | Female (U/L) |
|-------------|------------|--------------|
| >= 19 years | 9-59       | 8-41         |

Adult reference intervals for Berkeley Outpatient Center adopted from an IFCC multicenter study published in Ceriotti et al, Clin Chem Lab Med, 2010; 48(11): 1593-1601 and verified by running 20 male and 20 female normal volunteers from UCSF Clinical Laboratories. This IFCC reference interval study excluded patients with diabetes mellitus, use of therapeutic drugs with an effect on serum enzyme activities, pregnancy, body mass index (BMI) of > 30 kg/m<sup>2</sup>, alcohol consumption of > 30g/day and heavy exercise in the previous days.

**Synonyms:**

- SGPT
- ALT
- glutamic-pyruvic transaminase
- glutamic-alanine transaminase
- GPT
- beta-alanine aminotransferase
- alanine aminotransferase
- alanine-alpha-ketoglutarate aminotransferase
- alanine-pyruvate aminotransferase
- glutamic acid-pyruvic acid transaminase
- glutamic-pyruvic aminotransferase
- L-alanine aminotransferase
- L-alanine transaminase
- L-alanine-alpha-ketoglutarate aminotransferase
- pyruvate transaminase
- pyruvate-alanine aminotransferase
- pyruvate-glutamate transaminase

**Stability (from collection to initiation):**

Parnassus, Mission Bay and Mt. Zion Chemistry

Room temperature: 3 days

Refrigerated (2-8C): 7 days

Frozen (-20C or colder): 60 days.

Berkeley Outpatient Center and Peninsula Outpatient Center

Room temperature 3 days, refrigerated 7 days, frozen at -60C or colder &gt;7 days.

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Excessive hemolysis causes mild elevation.

**CPT Codes:**

84460

**LOINC Codes:**

1742-6

**Albumin (Microalbumin), Urine, 24 hour**

LAB410

**ORDERING****Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay and Mount Zion Chemistry

**Performed:**

24-hours per day, 7-days per week

**Methodology:**

Immunoturbidimetric on the Abbott Architect c8000

**Reported:**

1-2 days

Note: TAT for STAT or Routine samples drawn at Mission Bay can take up to 24 hours.

**Additional Information:**

Diabetes mellitus is one of the commonest causes of end-stage renal disease. The National Kidney Foundation recommends that diabetics > 12 years old be tested yearly for microalbuminuria if the rate of excretion is within normal limits (Amer J Kid Dis. 1995;25:107). The Diabetes Coalition of California recommends annual testing for microalbuminuria beginning 5 years after the diagnosis of type I diabetes mellitus and beginning at diagnosis of type II disease. The cost benefit of these strategies are not established.

Transient increases in urinary albumin excretion are seen with heavy exercise, urinary infection, acute febrile illness, heart failure and following the administration of NSIADs or ACE inhibitors, all of which should be avoided during screening. Because of the difficulty in collecting and accurately timing 24 hour samples, a spot collection is recommended and the albumin excretion is normalized for creatinine excretion, correcting to some extent for the diurnal fluctuation in urinary output. Abnormalities should be verified by a repeatedly positive assay within 6-12 weeks before a diagnosis of diabetic microalbuminuria or diabetic nephropathy is made.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Synonyms:**

- Microalbuminuria

**COLLECTION****Sample Type:**

24 hour urine

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

0.5 mL urine

**Remarks:**

Refrigerate container during collection

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Stability (from collection to initiation):**

Room temperature: 2 days

Refrigerated: 30 days

Frozen: 6 months

**Unacceptable Conditions:**

Container not refrigerated during collection.

**PROCESSING****Test Code:**

AU24

**Performing Lab:**

Parnassus, Mission Bay and Mount Zion Chemistry

**Specimen Preparation:**

Aliquot 2 mL. Note volume and hours collected. Order AU24.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

0.5 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection.

**Stability (from collection to initiation):**

Room temperature: 2 days

Refrigerated: 30 days

Frozen: 6 months

**RESULT INTERPRETATION****Units:**

mg/D

**Reference Interval:**

24 hour collection:

|                  |             |
|------------------|-------------|
| Normal           | < 30 mg/D   |
| Microalbuminuria | 30-299 mg/D |
| Nephropathy      | > 300 mg/D  |

**Additional Information:**

Diabetes mellitus is one of the commonest causes of end-stage renal disease. The National Kidney Foundation recommends that diabetics > 12 years old be tested yearly for microalbuminuria if the rate of excretion is within normal limits (Amer J Kid Dis. 1995;25:107). The Diabetes Coalition of California recommends annual testing for microalbuminuria beginning 5 years after the diagnosis of type I diabetes mellitus and beginning at diagnosis of type II disease. The cost benefit of these strategies are not established.

Transient increases in urinary albumin excretion are seen with heavy exercise, urinary infection, acute febrile illness, heart failure and following the administration of NSIADs or ACE inhibitors, all of which should be avoided during screening. Because of the difficulty in collecting and accurately timing 24 hour samples, a spot collection is recommended and the albumin excretion is normalized for creatinine excretion, correcting to some extent for the diurnal fluctuation in urinary output. Abnormalities should be verified by a repeatedly positive assay within 6-12 weeks before a diagnosis of diabetic microalbuminuria or diabetic nephropathy is made.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**ADMINISTRATIVE****CPT Codes:**

82043

**LOINC Codes:**

14956-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AU24

**Performing Lab:**

Parnassus, Mission Bay and Mount Zion Chemistry

**Performed:**

24-hours per day, 7-days per week

**Methodology:**

Immunoturbidimetric on the Abbott Architect c8000

**Remarks:**

Refrigerate container during collection

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

0.5 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection.

**Specimen Preparation:**

Aliquot 2 mL. Note volume and hours collected. Order AU24.

**Units:**

mg/D

**Reference Interval:**

24 hour collection:

|                  |             |
|------------------|-------------|
| Normal           | < 30 mg/D   |
| Microalbuminuria | 30-299 mg/D |
| Nephropathy      | > 300 mg/D  |

**Synonyms:**

- Microalbuminuria

**Stability (from collection to initiation):**

Room temperature: 2 days

Refrigerated: 30 days

Frozen: 6 months

**Reported:**

1-2 days

Note: TAT for STAT or Routine samples drawn at Mission Bay can take up to 24 hours.

**Additional Information:**

Diabetes mellitus is one of the commonest causes of end-stage renal disease. The National Kidney Foundation recommends that diabetics > 12 years old be tested yearly for microalbuminuria if the rate of excretion is within normal limits (Amer J Kid Dis. 1995;25:107). The Diabetes Coalition of California recommends annual testing for microalbuminuria beginning 5 years after the diagnosis of type I diabetes mellitus and beginning at diagnosis of type II disease. The cost benefit of these strategies are not established.

Transient increases in urinary albumin excretion are seen with heavy exercise, urinary infection, acute febrile illness, heart failure and following the administration of NSIADs or ACE inhibitors, all of which should be avoided during screening. Because of the difficulty in collecting and accurately timing 24 hour samples, a spot collection is recommended and the albumin excretion is normalized for creatinine excretion, correcting to some extent for the diurnal fluctuation in urinary output. Abnormalities should be verified by a repeatedly positive assay within 6-12 weeks before a diagnosis of diabetic microalbuminuria or diabetic nephropathy is made.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**CPT Codes:**

82043

**LOINC Codes:**

14956-7

# Albumin, Body Fluid

LAB177

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (bromocresol purple)

**Reported:**

4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

## COLLECTION

**Sample Type:**

Body fluid

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Preferred Volume:**

0.3 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 8 days, frozen at -20C 1 month

## PROCESSING

**Test Code:**

ALBB

**Test Group:**

Albumin

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Preferred Volume:**

0.3 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 8 days, frozen at -20C 1 month

## RESULT INTERPRETATION

**Units:**

g/dL

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

**ADMINISTRATIVE****CPT Codes:**

82042

**LOINC Codes:**

1747-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ALBB

**Test Group:**

Albumin

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (bromocresol purple)

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Sample Type:**

Body fluid

**Preferred Volume:**

0.3 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Units:**

g/dL

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 8 days, frozen at -20C 1 month

**Reported:**

4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

**CPT Codes:**

82042

**LOINC Codes:**

1747-5



# Albumin, Serum / Plasma

LAB45

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center

Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center: (Mon-Fri 0800-1630)

Peninsula Outpatient Center (Mon-Fri 0800-1630)

Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Bromcresol purple

**Reported:**

STAT 1 hour, Routine 4 hours

**Synonyms:**

- ALB

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, and Saint Marys Chemistry:  
Room temperature 2.5 months, refrigerated 5 months, frozen at -20C 3 months

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Room temperature 2.5 months, refrigerated 5 months, frozen at -20C 4 months

## PROCESSING

**Test Code:**

ALB

**Test Group:**

Albumin

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center

Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, and Saint Marys Chemistry:  
 Room temperature 2.5 months, refrigerated 5 months, frozen at -20C 3 months

Berkeley Outpatient Center and Peninsula Outpatient Center:  
 Room temperature 2.5 months, refrigerated 5 months, frozen at -20C 4 months

**RESULT INTERPRETATION****Units:**

g/dL

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, and Saint Marys Chemistry

| Age                | g/dL    |
|--------------------|---------|
| 0 to 14 days       | 2.8-4.1 |
| 15 days to <1 year | 2.5-4.6 |
| 1 to <8 years      | 3.5-4.5 |
| 8 to <15 years     | 3.7-4.7 |
| 15 to <18 years    | 3.5-5.0 |
| 18 to 60 years     | 3.5-5.0 |
| >60 years          | 3.4-4.8 |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database Caliper study:

<https://caliper.research.sickkids.ca/#/>

Parnassus, Mission Bay and Mt. Zion Chemistry verified the adult reference range (18 to 60 years) stated in the Abbott Abumin BCP package insert by running 20 male and 20 female lab volunteers. The >60 years reference range was adopted from the Abbott Albumin BCP package insert Oct. 2015

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | g/dL    |
|-------------|---------|
| >= 19 years | 3.5-5.2 |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche Albumin BCP package insert by running 20 male and 20 female lab volunteers.

**ADMINISTRATIVE****CPT Codes:**

82040

**LOINC Codes:**

1751-7

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

ALB

**Test Group:**

Albumin

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center

Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry: Test available 24 hours per day 7 days per week

Berkeley Outpatient Center: (Mon-Fri 0800-1630)

Peninsula Outpatient Center (Mon-Fri 0800-1630)

Saint Francis Chemistry: Test available 24 hours per day 7 days per week

Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Bromocresol purple

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

g/dL

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, and Saint Marys Chemistry

| Age                | g/dL    |
|--------------------|---------|
| 0 to 14 days       | 2.8-4.1 |
| 15 days to <1 year | 2.5-4.6 |
| 1 to <8 years      | 3.5-4.5 |
| 8 to <15 years     | 3.7-4.7 |
| 15 to <18 years    | 3.5-5.0 |
| 18 to 60 years     | 3.5-5.0 |
| >60 years          | 3.4-4.8 |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database Caliper study:

<https://caliper.research.sickkids.ca/#/>

Parnassus, Mission Bay and Mt. Zion Chemistry verified the adult reference range (18 to 60 years) stated in the Abbott Abumin BCP package insert by running 20 male and 20 female lab volunteers. The >60 years reference range was adopted from the Abbott Albumin BCP package insert Oct. 2015

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | g/dL    |
|-------------|---------|
| >= 19 years | 3.5-5.2 |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche Albumin BCP package insert by running 20 male and 20 female lab volunteers.

**Synonyms:**

- ALB

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, and Saint Marys Chemistry:

Room temperature 2.5 months, refrigerated 5 months, frozen at -20C 3 months

Berkeley Outpatient Center and Peninsula Outpatient Center:

Room temperature 2.5 months, refrigerated 5 months, frozen at -20C 4 months

**Reported:**

STAT 1 hour, Routine 4 hours

**CPT Codes:**

82040

**LOINC Codes:**

1751-7

# Albumin-Creatinine Ratio, Urine, Random

LAB546

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

24-hours per day, 7-days per week

**Methodology:**

Immunoturbidimetric on the Abbott Architect c8000

**Reported:**

1-2 days

Note: TAT for samples collected at Mission Bay can take up to 24 hours.

**Additional Information:**

Diabetes mellitus is one of the commonest causes of end-stage renal disease. The National Kidney Foundation recommends that diabetics > 12 years old be tested yearly for microalbuminuria if the rate of excretion is within normal limits (Amer J Kid Dis. 1995;25:107). The Diabetes Coalition of California recommends annual testing for microalbuminuria beginning 5 years after the diagnosis of type I diabetes mellitus and beginning at diagnosis of type II disease. The cost benefit of these strategies are not established.

Transient increases in urinary albumin excretion are seen with heavy exercise, urinary infection, acute febrile illness, heart failure and following the administration of NSIADs or ACE inhibitors, all of which should be avoided during screening. Because of the difficulty in collecting and accurately timing 24 hour samples, a spot collection is recommended and the albumin excretion is normalized for creatinine excretion, correcting to some extent for the diurnal fluctuation in urinary output. Abnormalities should be verified by a repeatedly positive assay within 6-12 weeks before a diagnosis of diabetic microalbuminuria or diabetic nephropathy is made.

**Reflex Testing:**

A creatinine is performed on the same sample to calculate the result and will be reported and billed separately.

**Synonyms:**

- Microalbuminuria

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

10-20 mL

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

0.5 mL urine

**Remarks:**

First A.M. sample preferred for random urine.

**Stability (from collection to initiation):**

Room temperature: 2 days

Refrigerated: 30 days

Frozen: 6 months

## PROCESSING

**Test Code:**

AUR

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Specimen Preparation:**

Aliquot 2 mL, note that sample is a "spot" or random urine sample. Order AUR.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Room temperature: 2 days

Refrigerated: 30 days

Frozen: 6 months

**RESULT INTERPRETATION****Units:**

mg/g creatinine

**Reference Interval:**

Random urine:

|                  |                        |
|------------------|------------------------|
| Normal           | < 30 mg/g creatinine   |
| Microalbuminuria | 30-299 mg/g creatinine |
| Nephropathy      | > 300 mg/g creatinine  |

**Additional Information:**

Diabetes mellitus is one of the commonest causes of end-stage renal disease. The National Kidney Foundation recommends that diabetics > 12 years old be tested yearly for microalbuminuria if the rate of excretion is within normal limits (Amer J Kid Dis. 1995;25:107). The Diabetes Coalition of California recommends annual testing for microalbuminuria beginning 5 years after the diagnosis of type I diabetes mellitus and beginning at diagnosis of type II disease. The cost benefit of these strategies are not established.

Transient increases in urinary albumin excretion are seen with heavy exercise, urinary infection, acute febrile illness, heart failure and following the administration of NSIADs or ACE inhibitors, all of which should be avoided during screening. Because of the difficulty in collecting and accurately timing 24 hour samples, a spot collection is recommended and the albumin excretion is normalized for creatinine excretion, correcting to some extent for the diurnal fluctuation in urinary output. Abnormalities should be verified by a repeatedly positive assay within 6-12 weeks before a diagnosis of diabetic microalbuminuria or diabetic nephropathy is made.

**ADMINISTRATIVE****CPT Codes:**

82043

**LOINC Codes:**

14959-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AUR

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

24-hours per day, 7-days per week

**Methodology:**

Immunoturbidimetric on the Abbott Architect c8000

**Remarks:**

First A.M. sample preferred for random urine.

**Collect:**

Urine cup

**Amount to Collect:**

10-20 mL

**Sample Type:**

Random urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

0.5 mL urine

**Specimen Preparation:**

Aliquot 2 mL, note that sample is a "spot" or random urine sample. Order AUR.

**Units:**

mg/g creatinine

**Reference Interval:**

Random urine:

|                  |                        |
|------------------|------------------------|
| Normal           | < 30 mg/g creatinine   |
| Microalbuminuria | 30-299 mg/g creatinine |
| Nephropathy      | > 300 mg/g creatinine  |

**Synonyms:**

- Microalbuminuria

**Stability (from collection to initiation):**

Room temperature: 2 days

Refrigerated: 30 days

Frozen: 6 months

**Reported:**

1-2 days

Note: TAT for samples collected at Mission Bay can take up to 24 hours.

**Reflex Testing:**

A creatinine is performed on the same sample to calculate the result and will be reported and billed separately.

**Additional Information:**

Diabetes mellitus is one of the commonest causes of end-stage renal disease. The National Kidney Foundation recommends that diabetics > 12 years old be tested yearly for microalbuminuria if the rate of excretion is within normal limits (Amer J Kid Dis. 1995;25:107). The Diabetes Coalition of California recommends annual testing for microalbuminuria beginning 5 years after the diagnosis of type I diabetes mellitus and beginning at diagnosis of type II disease. The cost benefit of these strategies are not established.

Transient increases in urinary albumin excretion are seen with heavy exercise, urinary infection, acute febrile illness, heart failure and following the administration of NSIADs or ACE inhibitors, all of which should be avoided during screening. Because of the difficulty in collecting and accurately timing 24 hour samples, a spot collection is recommended and the albumin excretion is normalized for creatinine excretion, correcting to some extent for the diurnal fluctuation in urinary output. Abnormalities should be verified by a repeatedly positive assay within 6-12 weeks before a diagnosis of diabetic microalbuminuria or diabetic nephropathy is made.

**CPT Codes:**

82043

**LOINC Codes:**

14959-1

# Alcohols

LAB5626

## ORDERING

**Ordering Recommendations:**

Use to identify ethanol, methanol, isopropanol, or acetone ingestion. For medical purposes only.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Gas Chromatography

**Reported:**

1-3 days

**Synonyms:**

- Acetone
- Alcohol, Blood
- Blood Alcohol Level
- Blood Ethanol Level
- Ethanol
- Ethyl Alcohol, Blood
- EtOH
- Isopropanol
- Methanol
- Volatiles Screen
- VOLAS

## COLLECTION

**Patient Preparation:**

For medical purposes only. Timing of specimen collection: Dependent on time of exposure, test upon presentation to hospital.

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

VOLAS

**Collect:**

Plain Red. Also acceptable: Lavender (EDTA), Pink (K<sub>2</sub>EDTA), or Gray (Potassium Oxalate/Sodium Fluoride).

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month.

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Whole blood, Plasma Separator Tubes (PST), Serum Separator Tubes (SST).

## PROCESSING

**Test Code:**

VOLAS

**ARUP Test Code:**

0090131

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL) Cap tube tightly to minimize alcohol loss. When drawing a blood specimen for alcohol testing, use a nonalcohol-based cleanser at the venipuncture site.

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Unacceptable Conditions:**

Whole blood, Plasma Separator Tubes (PST), Serum Separator Tubes (SST).

**Stability (from collection to initiation):**

After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month.

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

| Component             | Interpretive Data                                                                                         |
|-----------------------|-----------------------------------------------------------------------------------------------------------|
| Acetone, Quantitative | Limit of detection: 5 mg/dL<br>No therapeutic range<br>Toxic Level: Greater than 100 mg/dL                |
| Ethanol               | Limit of detection: 5 mg/dL<br>Therapy for Methanol: 100-200 mg/dL<br>Toxic Level: Greater than 250 mg/dL |
| Isopropanol           | Limit of detection: 5 mg/dL<br>No therapeutic range<br>Toxic Level: Greater than 50 mg/dL                 |
| Methanol              | Limit of detection: 5 mg/dL<br>No therapeutic range<br>Toxic Level: Greater than 20 mg/dL                 |

**ADMINISTRATIVE****CPT Codes:**

80320 (Alt code: G0480)

**LOINC:**

- 5669-7
- 5693-7
- 14336-2
- 5568-1

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to identify ethanol, methanol, isopropanol, or acetone ingestion. For medical purposes only.

**Test Code:**

VOLAS

**ARUP Test Code:**

0090131

**Performing Lab:**

ARUP

**Sendout:**

Yes



**Performed:**

Sun-Sat

**Methodology:**

Quantitative Gas Chromatography

**Patient Preparation:**

For medical purposes only. Timing of specimen collection: Dependent on time of exposure, test upon presentation to hospital.

**Collect:**

Plain Red. Also acceptable: Lavender (EDTA), Pink (K<sub>2</sub>EDTA), or Gray (Potassium Oxalate/Sodium Fluoride).

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Unacceptable Conditions:**

Whole blood, Plasma Separator Tubes (PST), Serum Separator Tubes (SST).

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL) Cap tube tightly to minimize alcohol loss. When drawing a blood specimen for alcohol testing, use a nonalcohol-based cleanser at the venipuncture site.

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

| Component             | Interpretive Data                                                                                         |
|-----------------------|-----------------------------------------------------------------------------------------------------------|
| Acetone, Quantitative | Limit of detection: 5 mg/dL<br>No therapeutic range<br>Toxic Level: Greater than 100 mg/dL                |
| Ethanol               | Limit of detection: 5 mg/dL<br>Therapy for Methanol: 100-200 mg/dL<br>Toxic Level: Greater than 250 mg/dL |
| Isopropanol           | Limit of detection: 5 mg/dL<br>No therapeutic range<br>Toxic Level: Greater than 50 mg/dL                 |
| Methanol              | Limit of detection: 5 mg/dL<br>No therapeutic range<br>Toxic Level: Greater than 20 mg/dL                 |

**Synonyms:**

- Acetone
- Alcohol, Blood
- Blood Alcohol Level
- Blood Ethanol Level
- Ethanol
- Ethyl Alcohol, Blood
- EtOH
- Isopropanol
- Methanol
- Volatiles Screen
- VOLAS

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month.

**Reported:**

1-3 days

**CPT Codes:**

80320 (Alt code: G0480)

**LOINC:**

- 5669-7
- 5693-7
- 14336-2
- 5568-1

# Aldolase, Serum

LAB556

## ORDERING

**Ordering Recommendations:**

Do not use as a stand-alone test. This non-specific test has been replaced by more specific markers for muscle or liver damage. It has largely been replaced by other enzyme tests such as CK, alanine aminotransferase (ALT), and aspartate aminotransferase (AST) as markers of muscle or liver damage.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Enzymatic Assay

**Reported:**

Within 24 hours

**Synonyms:**

- aldolase
- Aldolase, S
- Fructose-Biphosphate Aldolase
- Total Aldolase
- ADSE

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ADSE

**Collect:**

Serum separator tube.

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Specimen types other than serum. Hemolyzed specimens.

## PROCESSING

**Test Code:**

ADSE

**ARUP Test Code:**

0020012

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Specimen types other than serum. Hemolyzed specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Units:**

U/L

**Reference Interval:**

|                    |              |
|--------------------|--------------|
| 0-30 days          | 6.0-32.0 U/L |
| 1-5 months         | 3.0-12.0 U/L |
| 6-35 months        | 3.5-10.0 U/L |
| 3-6 years          | 2.7-8.8 U/L  |
| 7-17 years         | 3.3-9.7 U/L  |
| 18 years and older | 1.2-7.6 U/L  |

**ADMINISTRATIVE****CPT Codes:**

82085

**LOINC:**

- 1761-6

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Do not use as a stand-alone test. This non-specific test has been replaced by more specific markers for muscle or liver damage. It has largely been replaced by other enzyme tests such as CK, alanine aminotransferase (ALT), and aspartate aminotransferase (AST) as markers of muscle or liver damage.

**Test Code:**

ADSE

**ARUP Test Code:**

0020012

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Enzymatic Assay

**Collect:**

Serum separator tube.

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Specimen types other than serum. Hemolyzed specimens.

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)

**Units:**

U/L

**Reference Interval:**

|                    |              |
|--------------------|--------------|
| 0-30 days          | 6.0-32.0 U/L |
| 1-5 months         | 3.0-12.0 U/L |
| 6-35 months        | 3.5-10.0 U/L |
| 3-6 years          | 2.7-8.8 U/L  |
| 7-17 years         | 3.3-9.7 U/L  |
| 18 years and older | 1.2-7.6 U/L  |

**Synonyms:**

- aldolase
- Aldolase, S
- Fructose-Biphosphate Aldolase
- Total Aldolase
- ADSE

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 6 months

**Reported:**

Within 24 hours

**CPT Codes:**

82085

**LOINC:**

- 1761-6

# Aldosterone, Serum

LAB557

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Mon-Sat

**Methodology:**

Chromatography/Mass Spectrometry

**Reported:**

3-5 days

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

Room temperature: 4 days

Refrigerated: 7 days

Frozen: 28 days

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Samples collected in Serum Separator Tube (SST®) • Moderate to gross hemolysis

## PROCESSING

**Test Code:**

ALDO

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze. Send to CB frozen. Order Quest test code 171811

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Unacceptable Conditions:**

Samples collected in Serum Separator Tube (SST®) • Moderate to gross hemolysis

**Stability (from collection to initiation):**

Room temperature: 4 days

Refrigerated: 7 days

Frozen: 28 days

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

ng/dL

**Reference Interval:**

Adult

|                         |            |
|-------------------------|------------|
| Upright 8:00-10:00 A.M. | <=28 ng/dL |
| Upright 4:00-6:00 P.M.  | <=21 ng/dL |
| Supine 8:00-10:00 A.M.  | 3-16 ng/dL |

Pediatric

|             |            |
|-------------|------------|
| 1-12 Months | 2-70 ng/dL |
| 1-4 Years   | 2-37 ng/dL |
| 5-9 Years   | <=9 ng/dL  |
| 10-13 Years | <=21 ng/dL |
| 14-17 Years | <=35 ng/dL |

Infants

|                         |             |
|-------------------------|-------------|
| Premature (31-35 Weeks) | <=144 ng/dL |
| Term                    | <=217 ng/dL |

Tanner Stages

|                |            |
|----------------|------------|
| II-III Males   | 1-13 ng/dL |
| II-III Females | 2-20 ng/dL |
| IV-V Males     | 3-14 ng/dL |
| IV-V Females   | 4-32 ng/dL |

**Interpretive Data:**

Approximately 1-2% of individuals with primary hypertension have primary hyperaldosteronism characterized by hypokalemia (low potassium) and low direct renin. Because serum aldosterone concentrations vary due to dietary sodium intake and body positions, some physicians prefer measurement of 24-hour urine concentrations for aldosterone.

**ADMINISTRATIVE****CPT Codes:**

82088

**LOINC Codes:**

1763-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ALDO

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Mon-Sat

**Methodology:**

Chromatography/Mass Spectrometry

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Unacceptable Conditions:**

Samples collected in Serum Separator Tube (SST®) • Moderate to gross hemolysis

**Specimen Preparation:**

Aliquot and freeze. Send to CB frozen. Order Quest test code 171811

**Units:**

ng/dL

**Reference Interval:**

Adult

|                         |            |
|-------------------------|------------|
| Upright 8:00-10:00 A.M. | <=28 ng/dL |
| Upright 4:00-6:00 P.M.  | <=21 ng/dL |
| Supine 8:00-10:00 A.M.  | 3-16 ng/dL |

Pediatric

|             |            |
|-------------|------------|
| 1-12 Months | 2-70 ng/dL |
| 1-4 Years   | 2-37 ng/dL |
| 5-9 Years   | <=9 ng/dL  |
| 10-13 Years | <=21 ng/dL |
| 14-17 Years | <=35 ng/dL |

Infants

|                         |             |
|-------------------------|-------------|
| Premature (31-35 Weeks) | <=144 ng/dL |
| Term                    | <=217 ng/dL |

Tanner Stages

|                |            |
|----------------|------------|
| II-III Males   | 1-13 ng/dL |
| II-III Females | 2-20 ng/dL |
| IV-V Males     | 3-14 ng/dL |
| IV-V Females   | 4-32 ng/dL |

**Interpretive Data:**

Approximately 1-2% of individuals with primary hypertension have primary hyperaldosteronism characterized by hypokalemia (low potassium) and low direct renin. Because serum aldosterone concentrations vary due to dietary sodium intake and body positions, some physicians prefer measurement of 24-hour urine concentrations for aldosterone.

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: 4 days

Refrigerated: 7 days

Frozen: 28 days

**Reported:**

3-5 days

**CPT Codes:**

82088

**LOINC Codes:**

1763-2



# Aldosterone, Urine, 24 Hour

LAB3472

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Hydrolysis • Extraction • Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)

**Reported:**

Test run Monday and Thursday. Turnaround: 3-7 days.

**Additional Information:**

To convert µg/d to nmol/d (SI units) multiply by 2.77

## COLLECTION

**Sample Type:**

24 hour urine collection

**Label Abbreviation:**

ALDU

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Remarks:**

Refrigerate during collection.

**Unacceptable Conditions:**

Container not refrigerated during collection

## PROCESSING

**Test Code:**

ALDU

**Test Group:**

Aldosterone

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate aliquot of the well-mixed collection. Record total volume on both transport vial and request slip. Order Quest # 7062N

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection

## RESULT INTERPRETATION

**Units:**

µg/24 hours (mcg/24 hours)

**Reference Interval:**

On a typical diet containing 100-300 mmol Sodium per day:

|                 |                  |
|-----------------|------------------|
| 2-7 years       | <= 5.7 µg/d      |
| 8-11 years      | <= 10.2 µg/d     |
| 12-16 years     | <= 15.6 µg/d     |
| >= 18 year olds | <= 2.3-21.0 µg/d |

Post-fludrocortisone or IV saline suppression: &lt; 5.0 µg/d

**Additional Information:**

To convert µg/d to nmol/d (SI units) multiply by 2.77

**ADMINISTRATIVE****CPT Codes:**

82088-90

**LOINC Codes:**

1765-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ALDU

**Test Group:**

Aldosterone

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Hydrolysis • Extraction • Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)

**Remarks:**

Refrigerate during collection.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection

**Specimen Preparation:**

Refrigerate aliquot of the well-mixed collection. Record total volume on both transport vial and request slip. Order Quest # 7062N

**Units:**

µg/24 hours (mcg/24 hours)

**Reference Interval:**

On a typical diet containing 100-300 mmol Sodium per day:

|                 |                  |
|-----------------|------------------|
| 2-7 years       | <= 5.7 µg/d      |
| 8-11 years      | <= 10.2 µg/d     |
| 12-16 years     | <= 15.6 µg/d     |
| >= 18 year olds | <= 2.3-21.0 µg/d |

Post-fludrocortisone or IV saline suppression: &lt; 5.0 µg/d

**Reported:**

Test run Monday and Thursday. Turnaround: 3-7 days.

**Additional Information:**

To convert µg/d to nmol/d (SI units) multiply by 2.77

**CPT Codes:**

82088-90

**LOINC Codes:**

1765-7

# ALK 2p Break Apart Metaphase FISH

ALK2P, BALK2P

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-Situ Hybridization

**Reported:**

1-2 weeks

**Synonyms:**

- ALK2P
- BALK2P

## COLLECTION

**Sample Type:**

Heparinized blood or bone marrow aspirate  
Bone biopsy

**Collect:**

Blood or marrow aspirate: Dark Green top

**Amount to Collect:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Preferred Volume:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow core: 1 cm

**Remarks:**

Mix blood and marrow aspirates well

**Stability (from collection to initiation):**

2 days at room temperature

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin

## PROCESSING

**Test Code:**

BALK2P: Blood  
ALK2P: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature; Do Not Refrigerate or freeze. Do Not centrifuge.

**Preferred Volume:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow core: 1 cm

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin

**Stability (from collection to initiation):**

2 days at room temperature

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BALK2P: Blood

ALK2P: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-Situ Hybridization

**Remarks:**

Mix blood and marrow aspirates well

**Collect:**

Blood or marrow aspirate: Dark Green top

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Sample Type:**

Heparinized blood or bone marrow aspirate

Bone biopsy

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin

**Specimen Preparation:**

Maintain sample at room temperature; Do Not Refrigerate or freeze. Do Not centrifuge.

**Synonyms:**

- ALK2P
- BALK2P

**Stability (from collection to initiation):**

2 days at room temperature

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

# Alkaline Phosphatase

LAB112

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center

Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)

Peninsula Outpatient Center (Mon-Fri 0800-1630)

Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Para-nitrophenyl phosphate on Abbott Architect  
Berkeley Outpatient Center and Peninsula Outpatient Center: Para-nitrophenyl phosphate on Roche c311

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Alkaline phosphatase isoenzymes are unreliable; use GGT to distinguish bone from liver enzyme if the source of elevation is unclear.

**Synonyms:**

- Alk phos
- AlkP
- Alk Ptase
- ALKP

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature: 7 days  
Refrigerated (2-8C): 7 days  
Frozen (-20C): 2 months

## PROCESSING

**Test Code:**

ALKP

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center

Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated (2-8C): 7 days

Frozen (-20C): 2 months

**RESULT INTERPRETATION****Units:**

U/L

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; Saint Marys Chemistry

| Age               | Male (U/L) | Female (U/L) |
|-------------------|------------|--------------|
| 0-14 days         | 90-273     | 90-273       |
| 15 days - <1 year | 134-518    | 134-518      |
| 1-9 years         | 156-369    | 156-369      |
| 10-12 years       | 141-460    | 141-460      |
| 13-14 years       | 127-517    | 62-280       |
| 15-16 years       | 89-365     | 54-128       |
| 17-18 years       | 59-164     | 48-95        |
| >= 19 years       | 38-108     | 38-108       |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/#/>

Parnassus, Mission Bay and Mt. Zion Chemistry adult reference range adopted from Lee GR et al, Practical Laboratory Medicine, 2017 and verified by running 20 male and 20 female lab volunteers.

Berkeley Outpatient Center and Peninsula Outpatient Center:

| Age         | Male (U/L) | Female (U/L) |
|-------------|------------|--------------|
| >= 19 years | 40-129     | 35-104       |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche ALP2 package insert by running 20 male and 20 female lab volunteers.

**Additional Information:**

Alkaline phosphatase isoenzymes are unreliable; use GGT to distinguish bone from liver enzyme if the source of elevation is unclear.

**ADMINISTRATIVE****CPT Codes:**

84075

**LOINC Codes:**

6768-6

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

ALKP

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center

Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)

Peninsula Outpatient Center (Mon-Fri 0800-1630)

Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Para-nitrophenyl phosphate on Abbott Architect  
 Berkeley Outpatient Center and Peninsula Outpatient Center: Para-nitrophenyl phosphate on Roche c311

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Units:**

U/L

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry

| Age               | Male (U/L) | Female (U/L) |
|-------------------|------------|--------------|
| 0-14 days         | 90-273     | 90-273       |
| 15 days - <1 year | 134-518    | 134-518      |
| 1-9 years         | 156-369    | 156-369      |
| 10-12 years       | 141-460    | 141-460      |
| 13-14 years       | 127-517    | 62-280       |
| 15-16 years       | 89-365     | 54-128       |
| 17-18 years       | 59-164     | 48-95        |
| >=19 years        | 38-108     | 38-108       |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/#/>

Parnassus, Mission Bay and Mt. Zion Chemistry adult reference range adopted from Lee GR et al, Practical Laboratory Medicine, 2017 and verified by running 20 male and 20 female lab volunteers.

Berkeley Outpatient Center and Peninsula Outpatient Center:

| Age         | Male (U/L) | Female (U/L) |
|-------------|------------|--------------|
| >= 19 years | 40-129     | 35-104       |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche ALP2 package insert by running 20 male and 20 female lab volunteers.

**Synonyms:**

- Alk phos
- AlkP
- Alk Ptase
- ALKP

**Stability (from collection to initiation):**

Room temperature: 7 days  
 Refrigerated (2-8C): 7 days  
 Frozen (-20C): 2 months

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Alkaline phosphatase isoenzymes are unreliable; use GGT to distinguish bone from liver enzyme if the source of elevation is unclear.



**CPT Codes:**

84075

**LOINC Codes:**

6768-6

# Alkaline Phosphatase, Bone-specific

LAB1070

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoenzymatic

**Reported:**

Test performed Tuesday and Thursday. Turnaround time: 3-8 days.

**Additional Information:**

Pediatric data are taken from Intl J Biol Markers, 1956:11:159 and J Clin Endocrinol Metab, 1999

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

BSAP

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 3 weeks, frozen at -20C 3 months

**Unacceptable Conditions:**

Hemolyzed, lipemic or grossly icteric samples. Plasma samples.

**Rejection Criteria:**

Received at room temperature

## PROCESSING

**Test Code:**

BSAP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze serum at -20C. Order Quest # 29498

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Hemolyzed, lipemic or grossly icteric samples. Plasma samples.

**Rejection Criteria:**

Received at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 3 weeks, frozen at -20C 3 months

## RESULT INTERPRETATION

**Units:**

µg/L (mcg/L)

**Reference Interval:**

&gt;= 18 year old males:

|             |               |
|-------------|---------------|
| 18-29 Years | 8.4-29.3 µg/L |
| 30-39 Years | 7.7-21.3 µg/L |
| 40-49 Years | 7.0-18.3 µg/L |
| 50-68 Years | 7.6-14.9 µg/L |

&gt;= 18 year old females:

|                             |               |
|-----------------------------|---------------|
| 18-29 Years                 | 4.7-17.8 µg/L |
| 30-39 Years                 | 5.3-19.5 µg/L |
| 40-49 Years                 | 5.0-18.8 µg/L |
| 50-76 Years                 | 5.6-29.0 µg/L |
| Premenopausal (35-45 Years) | 5.0-18.2 µg/L |

**Pediatrics:**

Males

|             |                 |
|-------------|-----------------|
| 2-24 Months | 25.4-124.0 µg/L |
| 6-9 Years   | 41.0-134.6 µg/L |
| 10-13 Years | 43.8-177.4 µg/L |
| 14-17 Years | 13.7-128.0 µg/L |

Females:

|             |                 |
|-------------|-----------------|
| 2-24 Months | 25.4-124.0 µg/L |
| 6-9 Years   | 41.0-134.6 µg/L |
| 10-13 Years | 24.2-154.2 µg/L |
| 14-17 Years | 10.5-75.2 µg/L  |

**Additional Information:**

Pediatric data are taken from Intl J Biol Markers, 1956:11:159 and J Clin Endocrinol Metab, 1999

**ADMINISTRATIVE****CPT Codes:**

84075-90

**LOINC Codes:**

17838-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BSAP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Immunoenzymatic

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Rejection Criteria:**

Received at room temperature

**Unacceptable Conditions:**

Hemolyzed, lipemic or grossly icteric samples. Plasma samples.

**Specimen Preparation:**

Freeze serum at -20C. Order Quest # 29498

**Units:**

µg/L (mcg/L)

**Reference Interval:**

&gt;= 18 year old males:

|             |               |
|-------------|---------------|
| 18-29 Years | 8.4-29.3 µg/L |
| 30-39 Years | 7.7-21.3 µg/L |
| 40-49 Years | 7.0-18.3 µg/L |
| 50-68 Years | 7.6-14.9 µg/L |

&gt;= 18 year old females:

|                             |               |
|-----------------------------|---------------|
| 18-29 Years                 | 4.7-17.8 µg/L |
| 30-39 Years                 | 5.3-19.5 µg/L |
| 40-49 Years                 | 5.0-18.8 µg/L |
| 50-76 Years                 | 5.6-29.0 µg/L |
| Premenopausal (35-45 Years) | 5.0-18.2 µg/L |

**Pediatrics:****Males**

|             |                 |
|-------------|-----------------|
| 2-24 Months | 25.4-124.0 µg/L |
| 6-9 Years   | 41.0-134.6 µg/L |
| 10-13 Years | 43.8-177.4 µg/L |
| 14-17 Years | 13.7-128.0 µg/L |

**Females:**

|             |                 |
|-------------|-----------------|
| 2-24 Months | 25.4-124.0 µg/L |
| 6-9 Years   | 41.0-134.6 µg/L |
| 10-13 Years | 24.2-154.2 µg/L |
| 14-17 Years | 10.5-75.2 µg/L  |

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 3 weeks, frozen at -20C 3 months

**Reported:**

Test performed Tuesday and Thursday. Turnaround time: 3-8 days.

**Additional Information:**

Pediatric data are taken from Intl J Biol Markers, 1956:11:159 and J Clin Endocrinol Metab, 1999

**CPT Codes:**

84075-90

**LOINC Codes:**

17838-4

# ALL FISH Panel, Adult

LAB6081

## ORDERING

**Performing Lab:**

Cytogenetics

**Performed:**

Monday-Friday 9:00am-5:00pm

**Methodology:**

FISH

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- CYALL
- BCYALL

## COLLECTION

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days at room temperature

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples greater than 2 days at room temperature or received refrigerated or frozen.

## PROCESSING

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples greater than 2 days at room temperature or received refrigerated or frozen.

**Stability (from collection to initiation):**

2 days at room temperature

**Storage/Transport Temperature:**

Room temperature

## ADMINISTRATIVE

**CPT Codes:**

88271x14, 88275x9

## COMPLETE VIEW

**Performing Lab:**

Cytogenetics

**Performed:**

Monday-Friday 9:00am-5:00pm

**Methodology:**

FISH

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples greater than 2 days at room temperature or received refrigerated or frozen.

**Synonyms:**

- CYALL
- BCYALL

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

2 days at room temperature

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**CPT Codes:**

88271x14, 88275x9

# Allergen, Food, Peanut Components IgE

PCOMP

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

**Reported:**

1-3 days

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**Synonyms:**

- Peanut Component Package
- Peanut molecular allergy
- Peanut Test
- uKnow Peanut

## COLLECTION

**Patient Preparation:**

Multiple patient encounters should be avoided

**Sample Type:**

Serum

**Collect:**

Serum separator tube (SST). Multiple specimen tubes should be avoided. Include all available specimen.

**Amount to Collect:**

1.5 mL (blood)

**Preferred Volume:**

0.6 mL (serum)

**Minimum Volume:**

0.4 mL (serum)

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Hemolyzed, icteric, or lipemic specimens

## PROCESSING

**Test Code:**

PCOMP

**ARUP Test Code:**

2007211

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1.0 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP standard transport tube. (Min: 0.5 mL plus 0.04 mL for each additional allergen ordered).

Refer to "Allergen Specimen Collection Instructions" at [www.aruplab.com/testing/resources/specimen](http://www.aruplab.com/testing/resources/specimen).

**Additional Processing Instructions:**

This test should not be ordered in conjunction with an IGES for Peanut. This test code will take priority over an IGES order for Peanut.

**Preferred Volume:**

0.6 mL (serum)

**Minimum Volume:**

0.4 mL (serum)

**Unacceptable Conditions:**

Hemolyzed, icteric, or lipemic specimens

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

| Components                            | Reference Interval              |
|---------------------------------------|---------------------------------|
| Allergen, Food, Peanut IgE            | Less than or equal to 0.34 kU/L |
| Allergen, Food, Severe Peanut Ara h 1 | Less than or equal to 0.09 kU/L |
| Allergen, Food, Severe Peanut Ara h 2 | Less than or equal to 0.09 kU/L |
| Allergen, Food, Severe Peanut Ara h 3 | Less than or equal to 0.09 kU/L |
| Allergen, Food, Severe Peanut Ara h 9 | Less than or equal to 0.09 kU/L |
| Allergen, Food, Mild Peanut Ara h 8   | Less than or equal to 0.09 kU/L |
| Allergen, Food, Severe Peanut Ara h 6 | Less than or equal to 0.09 kU/L |

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**Interpretive Data:**

Allergen results of 0.10-0.34 kU/L for whole peanut are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

| Reporting Range (reported in kU/L) | Probability of IgE Mediated Clinical Reaction | Class Scoring |
|------------------------------------|-----------------------------------------------|---------------|
| Less than 0.10                     | No significant level detected                 | 0             |
| 0.10 - 0.34                        | Clinical relevance undetermined               | 0/1           |
| 0.35 - 0.70                        | Low                                           | 1             |
| 0.71 - 3.50                        | Moderate                                      | 2             |
| 3.51 - 17.50                       | High                                          | 3             |
| 17.51 - 50.00                      | Very high                                     | 4             |
| 50.01 - 100.00                     | Very high                                     | 5             |
| Greater than 100.00                | Very high                                     | 6             |

**ADMINISTRATIVE****CPT Codes:**

86003; 86008 x6



**LOINC:**

- 64965-7
- 58778-2
- 90880-6
- 48767-8
- 6206-7
- 11526-1
- 58779-0
- 63477-4
- 58777-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PCOMP

**ARUP Test Code:**

2007211

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

**Patient Preparation:**

Multiple patient encounters should be avoided

**Collect:**

Serum separator tube (SST). Multiple specimen tubes should be avoided. Include all available specimen.

**Amount to Collect:**

1.5 mL (blood)

**Sample Type:**

Serum

**Preferred Volume:**

0.6 mL (serum)

**Minimum Volume:**

0.4 mL (serum)

**Unacceptable Conditions:**

Hemolyzed, icteric, or lipemic specimens

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1.0 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP standard transport tube. (Min: 0.5 mL plus 0.04 mL for each additional allergen ordered).

Refer to "Allergen Specimen Collection Instructions" at [www.aruplab.com/testing/resources/specimen](http://www.aruplab.com/testing/resources/specimen).

**Additional Processing Instructions:**

This test should not be ordered in conjunction with an IGES for Peanut. This test code will take priority over an IGES order for Peanut.

**Reference Interval:**

| Components                            | Reference Interval              |
|---------------------------------------|---------------------------------|
| Allergen, Food, Peanut IgE            | Less than or equal to 0.34 kU/L |
| Allergen, Food, Severe Peanut Ara h 1 | Less than or equal to 0.09 kU/L |
| Allergen, Food, Severe Peanut Ara h 2 | Less than or equal to 0.09 kU/L |
| Allergen, Food, Severe Peanut Ara h 3 | Less than or equal to 0.09 kU/L |
| Allergen, Food, Severe Peanut Ara h 9 | Less than or equal to 0.09 kU/L |
| Allergen, Food, Mild Peanut Ara h 8   | Less than or equal to 0.09 kU/L |
| Allergen, Food, Severe Peanut Ara h 6 | Less than or equal to 0.09 kU/L |

**Interpretive Data:**

Allergen results of 0.10-0.34 kU/L for whole peanut are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

| Reporting Range (reported in kU/L) | Probability of IgE Mediated Clinical Reaction | Class Scoring |
|------------------------------------|-----------------------------------------------|---------------|
| Less than 0.10                     | No significant level detected                 | 0             |
| 0.10 - 0.34                        | Clinical relevance undetermined               | 0/1           |
| 0.35 - 0.70                        | Low                                           | 1             |
| 0.71 - 3.50                        | Moderate                                      | 2             |
| 3.51 - 17.50                       | High                                          | 3             |
| 17.51 - 50.00                      | Very high                                     | 4             |
| 50.01 - 100.00                     | Very high                                     | 5             |
| Greater than 100.00                | Very high                                     | 6             |

**Synonyms:**

- Peanut Component Package
- Peanut molecular allergy
- Peanut Test
- uKnow Peanut

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Reported:**

1-3 days

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**CPT Codes:**

86003; 86008 x6

**LOINC:**

- 64965-7
- 58778-2
- 90880-6
- 48767-8
- 6206-7
- 11526-1
- 58779-0
- 63477-4
- 58777-4

**Notes:**

Test methodology uses solid-phase immunoassays against the whole peanut allergen (f13) and 6 antigenic epitopes (Ara h1, Ara h2, Ara h3, Ara h6, Ara h8, and Ara h9) and measures IgE antibody concentrations in patient serum or plasma. The binding of a specific IgE to an immobilized allergen component is detected by the addition of a secondary fluorescence-labeled anti-human IgE antibody.

# Allergen, Food, Peanut with Reflex to Components, IgE

LC5139

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

**Reported:**

1-3 days

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**Reflex Testing:**

This assay will reflex to 6 unique peanut protein components if the result is 0.1 or higher. Additional charges apply.

**Synonyms:**

- Arachis hypogaea
- PCOMPR

## COLLECTION

**Patient Preparation:**

Multiple patient encounters should be avoided.

**Sample Type:**

Serum, gold top or red top

**Label Abbreviation:**

PCOMPR

**Collect:**

Serum Separator Tube.

**Amount to Collect:**

1.6 mL blood

**Preferred Volume:**

0.6 mL serum

**Minimum Volume:**

0.6 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Hemolyzed, icteric, or lipemic specimens.

## PROCESSING

**Test Code:**

PCOMPR

**ARUP Test Code:**

3002253

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at [www.aruplab.com/testing/resources/specimen](http://www.aruplab.com/testing/resources/specimen).

**Preferred Volume:**

0.6 mL serum

**Minimum Volume:**

0.6 mL serum

**Unacceptable Conditions:**

Hemolyzed, icteric, or lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

| Components                 | Reference Interval              |
|----------------------------|---------------------------------|
| Allergen, Food, Peanut IgE | Less than or equal to 0.34 kU/L |

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**Interpretive Data:**

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

| Reporting Range<br>(reported in kU/L) | Probability of IgE Mediated<br>Clinical Reaction | Class Scoring |
|---------------------------------------|--------------------------------------------------|---------------|
| Less than 0.10                        | No significant level detected                    | 0             |
| 0.10 - 0.34                           | Clinical relevance undetermined                  | 0/1           |
| 0.35 - 0.70                           | Low                                              | 1             |
| 0.71 - 3.50                           | Moderate                                         | 2             |
| 3.51 - 17.50                          | High                                             | 3             |
| 17.51 - 50.00                         | Very high                                        | 4             |
| 50.01 - 100.00                        | Very high                                        | 5             |
| Greater than 100.00                   | Very high                                        | 6             |

**ADMINISTRATIVE****CPT Codes:**

86003; if reflexed add 86008 x6

**LOINC:**

- 6206-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PCOMPR

**ARUP Test Code:**

3002253

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

**Patient Preparation:**

Multiple patient encounters should be avoided.

**Collect:**

Serum Separator Tube.

**Amount to Collect:**

1.6 mL blood

**Sample Type:**

Serum, gold top or red top

**Preferred Volume:**

0.6 mL serum

**Minimum Volume:**

0.6 mL serum

**Unacceptable Conditions:**

Hemolyzed, icteric, or lipemic specimens.

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at [www.aruplab.com/testing/resources/specimen](http://www.aruplab.com/testing/resources/specimen).

**Reference Interval:**

| Components                 | Reference Interval              |
|----------------------------|---------------------------------|
| Allergen, Food, Peanut IgE | Less than or equal to 0.34 kU/L |

**Interpretive Data:**

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

| Reporting Range (reported in kU/L) | Probability of IgE Mediated Clinical Reaction | Class Scoring |
|------------------------------------|-----------------------------------------------|---------------|
| Less than 0.10                     | No significant level detected                 | 0             |
| 0.10 - 0.34                        | Clinical relevance undetermined               | 0/1           |
| 0.35 - 0.70                        | Low                                           | 1             |
| 0.71 - 3.50                        | Moderate                                      | 2             |
| 3.51 - 17.50                       | High                                          | 3             |
| 17.51 - 50.00                      | Very high                                     | 4             |
| 50.01 - 100.00                     | Very high                                     | 5             |
| Greater than 100.00                | Very high                                     | 6             |

**Synonyms:**

- Arachis hypogaea
- PCOMPR

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Reported:**

1-3 days

**Reflex Testing:**

This assay will reflex to 6 unique peanut protein components if the result is 0.1 or higher. Additional charges apply.

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**CPT Codes:**

86003; if reflexed add 86008 x6

**LOINC:**

- 6206-7

**Notes:**

This assay will reflex to 6 unique peanut protein components if the result is 0.1 or higher. Additional charges apply.

**AlloMap (R) Gene Expression Profiling (Specimen Collection only)**

LAB6226

**ORDERING****Available Stat:**

No

**Performing Lab:**

CareDx

**Methodology:**

Targeted Next Generation Sequencing

**Reported:**

3-5 days

**Synonyms:**

- ALLOMP

**COLLECTION****Sample Type:**

Whole blood

**Label Abbreviation:**

ALLOMP

**Collect:**

Streck Cell-Free DNA BCT® (Streck Tube): AlloMap (Blue Tubes)

**Amount to Collect:**

10 ml for AlloMap

**Minimum Volume:**

8ml for AlloMap

**Remarks:**

Collection kit is required for this testing. Kits stocks are limited at draw sites, if possible, patient should bring kit from ordering clinic.

This test is only collected Monday through Friday (Excluding Holidays), from 8 am to 2 pm at Parnassus Outpatient Blood Draw and Parnassus Inpatient units.

Some areas may collect this sample from 2-3pm must call a STAT AmTran Courier for pickup.

Mix the tubes after drawing by gently inverting them back and forth 10 times.

Label with patient's name, the date and time of collection, and RN or Phlebotomist initials.

**Stability (from collection to initiation):**

AlloMap - 3 Hours

**Unacceptable Conditions:**

Frozen samples, hemolysis

**PROCESSING****Test Code:**

ALLOMP

**Sendout:**

Yes

**Performing Lab:**

CareDx

**Specimen Preparation:**

Collection kit is required for processing. After collection kit is to be shipped from drawing location.

**Minimum Volume:**

8ml for AlloMap

**Unacceptable Conditions:**

Frozen samples, hemolysis

**Stability (from collection to initiation):**

AlloMap - 3 Hours

**COMPLETE VIEW**

**Available Stat:**

No

**Test Code:**

ALLOMP

**Performing Lab:**

CareDx

**Sendout:**

Yes

**Methodology:**

Targeted Next Generation Sequencing

**Remarks:**

Collection kit is required for this testing. Kits stocks are limited at draw sites, if possible, patient should bring kit from ordering clinic.

This test is only collected Monday through Friday (Excluding Holidays), from 8 am to 2 pm at Parnassus Outpatient Blood Draw and Parnassus Inpatient units.

Some areas may collect this sample from 2-3pm must call a STAT AmTran Courier for pickup.

Mix the tubes after drawing by gently inverting them back and forth 10 times.

Label with patient's name, the date and time of collection, and RN or Phlebotomist initials.

**Collect:**

Streck Cell-Free DNA BCT® (Streck Tube): AlloMap (Blue Tubes)

**Amount to Collect:**

10 ml for AlloMap

**Sample Type:**

Whole blood

**Minimum Volume:**

8ml for AlloMap

**Unacceptable Conditions:**

Frozen samples, hemolysis

**Specimen Preparation:**

Collection kit is required for processing. After collection kit is to be shipped from drawing location.

**Synonyms:**

- ALLOMP

**Stability (from collection to initiation):**

AlloMap - 3 Hours

**Reported:**

3-5 days



# AlloSure (R) dd-cfDNA Test (Specimen Collection only)

LAB9009

## ORDERING

**Available Stat:**

No

**Performing Lab:**

CareDx

**Methodology:**

Targeted Next Generation Sequencing

**Reported:**

3-5 days

**Additional Information:**

The AlloSure test is intended to assess the probability of allograft rejection in kidney transplant recipients with clinical suspicion of rejection and to inform clinical decision-making about the necessity of renal biopsy in such patients at least 2 weeks post-transplant in conjunction with standard clinical assessment.

## COLLECTION

**Sample Type:**

Whole blood

**Collect:**

Streck Cell-Free DNA BCT® (Streck Tube): AlloSure (Brown Tubes)

**Amount to Collect:**

10 mL fpr AlloSure

**Minimum Volume:**

10 mL fpr AlloSure

**Remarks:**

Collection kit is required for this testing. Kits stocks are limited at draw sites, if possible, patients should bring kit from the ordering clinic.

Mix the tubes after drawing by gently inverting them back and forth 10 times.

Label with patient's name, the date and time of collection, and RN or Phlebotomist initials.

**Stability (from collection to initiation):**

AlloSure - 7 days

**Rejection Criteria:**

Frozen samples. Hemolysis.

## PROCESSING

**Test Code:**

ALLOS

**Sendout:**

Yes

**Performing Lab:**

CareDx

**Specimen Preparation:**

Collection kit is required for processing. After collection kit is to be shipped from drawing location.

**Minimum Volume:**

10 mL fpr AlloSure

**Rejection Criteria:**

Frozen samples. Hemolysis.

**Stability (from collection to initiation):**

AlloSure - 7 days

## RESULT INTERPRETATION

**Additional Information:**

The AlloSure test is intended to assess the probability of allograft rejection in kidney transplant recipients with clinical suspicion of rejection and to inform clinical decision-making about the necessity of renal biopsy in such patients at least 2 weeks post-transplant in conjunction with standard clinical assessment.

**ADMINISTRATIVE****CPT Codes:**

81479

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ALLOS

**Performing Lab:**

CareDx

**Sendout:**

Yes

**Methodology:**

Targeted Next Generation Sequencing

**Remarks:**

Collection kit is required for this testing. Kits stocks are limited at draw sites, if possible, patients should bring kit from the ordering clinic.

Mix the tubes after drawing by gently inverting them back and forth 10 times.

Label with patient's name, the date and time of collection, and RN or Phlebotomist initials.

**Collect:**

Streck Cell-Free DNA BCT® (Streck Tube): AlloSure (Brown Tubes)

**Amount to Collect:**

10 mL fpr AlloSure

**Sample Type:**

Whole blood

**Minimum Volume:**

10 mL fpr AlloSure

**Rejection Criteria:**

Frozen samples. Hemolysis.

**Specimen Preparation:**

Collection kit is required for processing. After collection kit is to be shipped from drawing location.

**Stability (from collection to initiation):**

AlloSure - 7 days

**Reported:**

3-5 days

**Additional Information:**

The AlloSure test is intended to assess the probability of allograft rejection in kidney transplant recipients with clinical suspicion of rejection and to inform clinical decision-making about the necessity of renal biopsy in such patients at least 2 weeks post-transplant in conjunction with standard clinical assessment.

**CPT Codes:**

81479

# Alpha Fetoprotein (Amniotic Fluid) with Reflex to Acetylcholinesterase and Fetal Hemoglobin

LAB3768

## ORDERING

**Ordering Recommendations:**

Evaluate possibility of a fetal open neural tube defect at 13-36 weeks of gestation.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Chemiluminescent Immunoassay (CLIA) / Qualitative Electrophoresis

**Reported:**

3-4 days

**Additional Information:**

Evaluate possibility of a fetal open neural tube defect at 13-36 weeks of gestation.

**Reflex Testing:**

If the AFP (amniotic fluid) is elevated, then Acetylcholinesterase will be added. Additional charges apply.

Acetylcholinesterase testing requires an additional 3-11 days to be reported.

**Synonyms:**

- AFP
- AFP-AF (Alpha-Fetoprotein, Amniotic Fluid)
- Alpha Fetoprotein, Amniotic Fluid
- Alpha-Fetoprotein, Amniotic Fluid
- Fetoprotein, Amniotic Fluid
- AFPAP

## COLLECTION

**Patient Preparation:**

Amniocentesis. Specimen must be drawn between 13 weeks, 0 days and 36 weeks, 6 days gestation.

**Sample Type:**

Amniotic fluid in sterile container

**Label Abbreviation:**

AFPAP

**Collect:**

Amniotic fluid.

**Amount to Collect:**

2.5 mL

**Preferred Volume:**

2.5 mL

**Minimum Volume:**

1.5 mL

**Remarks:**

Submit with Order: Gestational age at time of collection or estimated due date.

**Stability (from collection to initiation):**

Ambient: 1 month; Refrigerated: 3 months; Frozen: 3 months

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
(send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)

From China Basin Central Processing to Cytogenetics: Room Temperature

From China Basin Central Processing to Send Out institution: Frozen

**Submit with Order:**

- [Prenatal Cytogenetics Patient History Form](#)

## PROCESSING

**Test Code:**

AFPAF

**ARUP Test Code:**

3000142

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transport 2.5 mL amniotic fluid. (Min: 1.5 mL)

**Additional Processing Instructions:**

Central Processing, please send/transport ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving. China Basin Processing will give Cytogenetics lab all tubes and Cytogenetics lab will bring all send out tests back to Sendout lab. Sendout department will then send the tubes out at frozen temperature.

**Preferred Volume:**

2.5 mL

**Minimum Volume:**

1.5 mL

**Stability (from collection to initiation):**

Ambient: 1 month; Refrigerated: 3 months; Frozen: 3 months

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
 (send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)  
 From China Basin Central Processing to Cytogenetics: Room Temperature  
 From China Basin Central Processing to Send Out institution: Frozen

**RESULT INTERPRETATION****Reference Interval:**

| Components  | Reference Interval |
|-------------|--------------------|
| AFP, AF MoM | <=1.99             |

**Additional Information:**

Evaluate possibility of a fetal open neural tube defect at 13-36 weeks of gestation.

**Interpretive Data:**

Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

82106; if reflexed, add 82013 and 83033

**LOINC:**

- 1832-5
- 18185-9
- 8665-2
- 11778-8
- 29595-6
- 41273-4

**LOINC Codes:**

1832-5, 41273-4, 29595-6, 18185-9

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Evaluate possibility of a fetal open neural tube defect at 13-36 weeks of gestation.

**Test Code:**

AFPAF

**ARUP Test Code:**

3000142

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Chemiluminescent Immunoassay (CLIA) / Qualitative Electrophoresis

**Patient Preparation:**

Amniocentesis. Specimen must be drawn between 13 weeks, 0 days and 36 weeks, 6 days gestation.

**Remarks:**

Submit with Order: Gestational age at time of collection or estimated due date.

**Collect:**

Amniotic fluid.

**Amount to Collect:**

2.5 mL

**Sample Type:**

Amniotic fluid in sterile container

**Preferred Volume:**

2.5 mL

**Minimum Volume:**

1.5 mL

**Specimen Preparation:**

Transport 2.5 mL amniotic fluid. (Min: 1.5 mL)

**Additional Processing Instructions:**

Central Processing, please send/transport ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving. China Basin Processing will give Cytogenetics lab all tubes and Cytogenetics lab will bring all send out tests back to Sendout lab. Sendout department will then send the tubes out at frozen temperature.

**Reference Interval:**

| Components  | Reference Interval |
|-------------|--------------------|
| AFP, AF MoM | <=1.99             |

**Interpretive Data:**

Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- AFP
- AFP-AF (Alpha-Fetoprotein, Amniotic Fluid)
- Alpha Fetoprotein, Amniotic Fluid
- Alpha-Fetoprotein, Amniotic Fluid
- Fetoprotein, Amniotic Fluid
- AFPAF

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
(send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)  
From China Basin Central Processing to Cytogenetics: Room Temperature  
From China Basin Central Processing to Send Out institution: Frozen

**Stability (from collection to initiation):**

Ambient: 1 month; Refrigerated: 3 months; Frozen: 3 months

**Reported:**

3-4 days

**Reflex Testing:**

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

**Additional Information:**

Evaluate possibility of a fetal open neural tube defect at 13-36 weeks of gestation.

**CPT Codes:**

82106; if reflexed, add 82013 and 83033

**LOINC:**

- 1832-5
- 18185-9
- 8665-2
- 11778-8
- 29595-6
- 41273-4

**LOINC Codes:**

1832-5, 41273-4, 29595-6, 18185-9

**Notes:**

Information must include weeks of gestation. If the AFP (amniotic fluid) is elevated, then Acetylcholinesterase will be added. Additional charges apply. Acetylcholinesterase testing requires an additional 3-11 days to be reported.

# Alpha Fetoprotein, Total and L3 Percent

LAB8990

## ORDERING

**Ordering Recommendations:**

Surveillance and monitoring of hepatocellular carcinoma.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Thu

**Methodology:**

Quantitative Liquid Chromatography / Immunoassay

**Reported:**

1-5 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- AFP, AFP-L3%, Hepatocellular carcinoma marker, HCC marker
- AFP
- AFP-L3%
- Alpha Fetoprotein
- Alpha Fetoprotein, Total and L3 Percent
- Alpha-Fetoprotein (AFP) L3% and Total, Hepatocellular Carcinoma Tumor Marker, Serum
- Alpha-fetoprotein, Total
- Hepatocellular Carcinoma AFP
- Total AFP
- AFPL3

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

AFPL3

**Collect:**

Serum separator tube or plain red.

**Amount to Collect:**

2 mL (blood)

**Preferred Volume:**

1 mL (serum)

**Minimum Volume:**

0.5 mL (serum)

**Stability (from collection to initiation):**

After separation from cells: Room Temperature: 8 hours; Refrigerated: 5 days; Frozen: 3 months (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Frozen.

**Unacceptable Conditions:**

Plasma

**Rejection Criteria:**

Plasma

## PROCESSING

**Test Code:**

AFPL3

**ARUP Test Code:**

0081208

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection.  
Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)

**Preferred Volume:**

1 mL (serum)

**Minimum Volume:**

0.5 mL (serum)

**Unacceptable Conditions:**

Plasma

**Rejection Criteria:**

Plasma

**Stability (from collection to initiation):**

After separation from cells: Room Temperature: 8 hours; Refrigerated: 5 days; Frozen: 3 months (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Frozen.

**RESULT INTERPRETATION****Units:**

ng/mL, percent

**Reference Interval:**

By report

| Components               | Reference Interval |
|--------------------------|--------------------|
| Alpha Fetoprotein Total  | 0-15 ng/mL         |
| Alpha Fetoprotein L3 Pct | 0.0-9.9 percent    |

**Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

The uTASWako method is used. Results obtained with different assay methods or kits cannot be used interchangeably. The AFP L3 Percent assay is intended as a risk assessment for the development of hepatocellular carcinoma in patients with chronic liver diseases. Patients with elevated serum AFP-L3 percent should be more intensely evaluated for evidence of hepatocellular carcinoma since elevated values have been shown to be associated with a seven-fold increase in the risk for developing hepatocellular carcinoma within 21 months. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease. For pregnant females, the result is not interpretable as a tumor marker.

**ADMINISTRATIVE****CPT Codes:**

82107

**LOINC:**

- 1834-1
- 42332-7

**LOINC Codes:**

1834-1, 42332-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Surveillance and monitoring of hepatocellular carcinoma.

**Test Code:**

AFPL3



**ARUP Test Code:**

0081208

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Thu

**Methodology:**

Quantitative Liquid Chromatography / Immunoassay

**Collect:**

Serum separator tube or plain red.

**Amount to Collect:**

2 mL (blood)

**Sample Type:**

Serum

**Preferred Volume:**

1 mL (serum)

**Minimum Volume:**

0.5 mL (serum)

**Rejection Criteria:**

Plasma

**Unacceptable Conditions:**

Plasma

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)

**Units:**

ng/mL, percent

**Reference Interval:**

By report

| Components               | Reference Interval |
|--------------------------|--------------------|
| Alpha Fetoprotein Total  | 0-15 ng/mL         |
| Alpha Fetoprotein L3 Pct | 0.0-9.9 percent    |

**Interpretive Data:**

The uTASWako method is used. Results obtained with different assay methods or kits cannot be used interchangeably. The AFP L3 Percent assay is intended as a risk assessment for the development of hepatocellular carcinoma in patients with chronic liver diseases. Patients with elevated serum AFP-L3 percent should be more intensely evaluated for evidence of hepatocellular carcinoma since elevated values have been shown to be associated with a seven-fold increase in the risk for developing hepatocellular carcinoma within 21 months. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease. For pregnant females, the result is not interpretable as a tumor marker.

**Synonyms:**

- AFP, AFP-L3%, Hepatocellular carcinoma marker, HCC marker
- AFP
- AFP-L3%
- Alpha Fetoprotein
- Alpha Fetoprotein, Total and L3 Percent
- Alpha-Fetoprotein (AFP) L3% and Total, Hepatocellular Carcinoma Tumor Marker, Serum
- Alpha-fetoprotein, Total
- Hepatocellular Carcinoma AFP
- Total AFP
- AFPL3

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

After separation from cells: Room Temperature: 8 hours; Refrigerated: 5 days; Frozen: 3 months (avoid repeated freeze/thaw cycles)

**Reported:**

1-5 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

82107

**LOINC:**

- 1834-1
- 42332-7

**LOINC Codes:**

1834-1, 42332-7

# Alpha Subunit of Glycoprotein Hormones

LAB3531

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

RIA

**Reported:**

Test run Tuesday, and Thursday. Turnaround time: 3-8 days.

**Synonyms:**

- FSH
- HCG
- LH
- TSH
- Alpha-PGH
- Alpha-TSH
- Alpha chains

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ASUB

**Collect:**

Red top preferred, Gold top acceptable

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week, frozen at -20C 4 weeks

**Unacceptable Conditions:**

Hemolyiss, lipemia

**Rejection Criteria:**

Hemolyiss, lipemia

## PROCESSING

**Test Code:**

ASUB

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze serum, Order Quest #8658X.

For Brown &amp; Toland patients: order BTMOLT and FREEZE serum, Order LabCorp #140269.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Hemolyiss, lipemia

**Rejection Criteria:**

Hemolyiss, lipemia

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week, frozen at -20C 4 weeks

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

|                               |               |
|-------------------------------|---------------|
| Males                         | <= 0.6 ng/mL  |
| Premenopausal females         | <= 1.5 ng/mL  |
| Postmenopausal females        | 0.9-3.3 ng/mL |
| Pregnancy (1st & 2nd Trimest) | 1.8-360 ng/mL |
| Hypothyroid patients          | <= 3.7 ng/mL  |

**ADMINISTRATIVE****CPT Codes:**

83159-90

**LOINC Codes:**

30199-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ASUB

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

RIA

**Collect:**

Red top preferred, Gold top acceptable

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.3 mL serum

**Rejection Criteria:**

Hemolyiss, lipemia

**Unacceptable Conditions:**

Hemolyiss, lipemia

**Specimen Preparation:**

Freeze serum, Order Quest #8658X.

For Brown &amp; Toland patients: order BTMOLT and FREEZE serum, Order LabCorp #140269.

**Units:**

ng/mL

**Reference Interval:**

|                               |               |
|-------------------------------|---------------|
| Males                         | <= 0.6 ng/mL  |
| Premenopausal females         | <= 1.5 ng/mL  |
| Postmenopausal females        | 0.9-3.3 ng/mL |
| Pregnancy (1st & 2nd Trimest) | 1.8-360 ng/mL |
| Hypothyroid patients          | <= 3.7 ng/mL  |

**Synonyms:**

- FSH
- HCG
- LH
- TSH
- Alpha-PGH
- Alpha-TSH
- Alpha chains

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week, frozen at -20C 4 weeks

**Reported:**

Test run Tuesday, and Thursday. Turnaround time: 3-8 days.

**CPT Codes:**

83159-90

**LOINC Codes:**

30199-4

# Alpha Thalassemia, Common Deletions

LAB3278

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1x per week as needed

**Methodology:**

PCR and gel electrophoresis

**Reported:**

7-14 days

**Additional Information:**

If this assay fails to detect a deletion and suspicion for alpha thalassemia remains elevated (e.g. low MCV, confounding presence of iron deficiency, low percentage of Hb S in sickle-cell trait, heterozygous beta thalassemia, Hb H disease with a two-alpha globin gene deletion), then it is possible that a non-deletion type of alpha thalassemia could be present. Such variants can be detected using our Alpha-globin Gene Sequencing assay (test code AGSQ), which determines the DNA sequence of both alpha1 and alpha2 globin genes and detects the presence of point mutations that result in alpha thalassemia.

There are four alpha globin genes per diploid genome, with two genes located on each chromosome. The most common molecular abnormalities that cause alpha thalassemia are alpha globin gene deletions, which can result in either one or two alpha globin gene deletions per chromosome. Although point mutations that cause alpha thalassemia occur in the alpha globin genes, these are not common and may be found in individuals from inbred populations.

This test detects seven deletions that cause alpha thalassemia in various worldwide populations. These are:

- 1) Rightward (- alpha 3.7): one alpha globin gene deletion. (alpha thal-2). It is the most common type of alpha thal-2 deletion found in numerous populations worldwide such as in African, Mediterranean and Far Eastern populations. This test will detect the common and Hawaiian variants of this deletion.
- 2) Leftward (- alpha 4.2): one alpha globin gene deletion. (alpha thal-2). This deletion is much less prevalent than the rightward deletion and occurs in multiple populations.
- 3) Southeast Asian (- - SEA): Two alpha globin gene deletion. (alpha thal-1). Found in Southeast Asian populations, mostly China.
- 4) Filipino (FIL): Two alpha globin gene deletion. (alpha thal-2). Found predominantly in Filipinos and Hawaiians. Fetuses homozygous for this deletion are usually aborted due to the deletion of genes that encode embryonic zeta chains.
- 5) Thai (THAI): Two alpha globin gene deletion. (alpha thal-2). Found predominantly in Southeast Asian individuals (Thailand). Fetuses homozygous for this deletion are usually aborted due to the deletion of genes that encode embryonic zeta chains.
- 6) Mediterranean (MED): Two alpha globin gene deletion. (alpha thal-2). Occurs in individuals with Mediterranean backgrounds.
- 7) 20.5 Kb: Two alpha globin gene deletion. (alpha thal-2). Found in various Mediterranean and Central Asian populations.

The most clinically significant situation arises when each parent is a carrier of a 2 alpha-globin gene deletion in cis (--/aa). Fetuses of such couples are at 25% risk for hydrops fetalis. Fetuses of couples where one partner is a carrier of a 2 alpha-globin gene deletion and the other is a carrier of a single alpha-globin gene deletion are at 25% risk for Hb H disease (--/-a).

This test is often used to assess whether a low MCV is caused by the inheritance of alpha-thalassemia either alone or in combination with iron deficiency and/or beta-thalassemia.

Note: This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- Alpha thalassemia-1
- Alpha thalassemia-2

## COLLECTION

**Sample Type:**

EDTA whole blood  
Amniotic fluid  
Cultured amniocytes  
Chorionic villi  
Cultured chorionic villi

**Collect:**

Lavender top

**Amount to Collect:**

Blood: 5 ml  
Amniotic fluid: 20 ml  
Cultures amniocytes: 2 T25 flasks  
Chorionic villi: 20 mg  
Cultured chorionic villi: 2 T25 flasks

**Preferred Volume:**

Blood: 5 ml  
Amniotic fluid: 20 ml  
Cultures amniocytes: 2 T25 flasks  
Chorionic villi: 20 mg  
Cultured chorionic villi: 2 T25 flasks

**Minimum Volume:**

Blood: 2 ml  
Amniotic fluid: 10 ml  
Cultures amniocytes: 1 T25 flasks  
Chorionic villi: 10 mg  
Cultured chorionic villi: 1 T25 flasks

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Unacceptable Conditions:**

Heparinized samples. Tissue flasks with poorly confluence cultures. Insufficient amount of amniotic fluid or chorionic villi

**PROCESSING****Test Code:**

ATHL

**Test Group:**

Thalassemia

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Do not centrifuge, do not freeze, Refrigerate samples and ship at room temperature.

**Preferred Volume:**

Blood: 5 ml  
Amniotic fluid: 20 ml  
Cultures amniocytes: 2 T25 flasks  
Chorionic villi: 20 mg  
Cultured chorionic villi: 2 T25 flasks

**Minimum Volume:**

Blood: 2 ml  
Amniotic fluid: 10 ml  
Cultures amniocytes: 1 T25 flasks  
Chorionic villi: 10 mg  
Cultured chorionic villi: 1 T25 flasks

**Unacceptable Conditions:**

Heparinized samples. Tissue flasks with poorly confluence cultures. Insufficient amount of amniotic fluid or chorionic villi

**RESULT INTERPRETATION****Reference Interval:**

Negative. No alpha globin gene deletions detected.

**Additional Information:**

If this assay fails to detect a deletion and suspicion for alpha thalassemia remains elevated (e.g. low MCV, confounding presence of iron deficiency, low percentage of Hb S in sickle-cell trait, heterozygous beta thalassemia, Hb H disease with a two-alpha globin gene deletion), then it is possible that a non-deletion type of alpha thalassemia could be present. Such variants can be detected using our Alpha-globin Gene Sequencing assay (test code AGSQ), which determines the DNA sequence of both alpha1 and alpha2 globin genes and detects the presence of point mutations that result in alpha thalassemia.

There are four alpha globin genes per diploid genome, with two genes located on each chromosome. The most common molecular abnormalities that cause alpha thalassemia are alpha globin gene deletions, which can result in either one or two alpha globin gene deletions per chromosome. Although point mutations that cause alpha thalassemia occur in the alpha globin genes, these are not common and may be found in individuals from inbred populations.

This test detects seven deletions that cause alpha thalassemia in various worldwide populations. These are:

- 1) Rightward (- alpha 3.7): one alpha globin gene deletion. (alpha thal-2). It is the most common type of alpha thal-2 deletion found in numerous populations worldwide such as in African, Mediterranean and Far Eastern populations. This test will detect the common and Hawaiian variants of this deletion.
- 2) Leftward (- alpha 4.2): one alpha globin gene deletion. (alpha thal-2). This deletion is much less prevalent than the rightward deletion and occurs in multiple populations.
- 3) Southeast Asian (- - SEA): Two alpha globin gene deletion. (alpha thal-1). Found in Southeast Asian populations, mostly China.
- 4) Filipino (FIL): Two alpha globin gene deletion. (alpha thal-2). Found predominantly in Filipinos and Hawaiians. Fetuses homozygous for this deletion are usually aborted due to the deletion of genes that encode embryonic zeta chains.
- 5) Thai (THAI): Two alpha globin gene deletion. (alpha thal-2). Found predominantly in Southeast Asian individuals (Thailand). Fetuses homozygous for this deletion are usually aborted due to the deletion of genes that encode embryonic zeta chains.
- 6) Mediterranean (MED): Two alpha globin gene deletion. (alpha thal-2). Occurs in individuals with Mediterranean backgrounds.
- 7) 20.5 Kb: Two alpha globin gene deletion. (alpha thal-2). Found in various Mediterranean and Central Asian populations.

The most clinically significant situation arises when each parent is a carrier of a 2 alpha-globin gene deletion in cis (--/aa). Fetuses of such couples are at 25% risk for hydrops fetalis. Fetuses of couples where one partner is a carrier of a 2 alpha-globin gene deletion and the other is a carrier of a single alpha-globin gene deletion are at 25% risk for Hb H disease (--/-a).

This test is often used to assess whether a low MCV is caused by the inheritance of alpha-thalassemia either alone or in combination with iron deficiency and/or beta-thalassemia.

Note: This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

81257

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21687-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ATHL

**Test Group:**

Thalassemia

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1x per week as needed

**Methodology:**

PCR and gel electrophoresis



**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top

**Amount to Collect:**

Blood: 5 ml

Amniotic fluid: 20 ml

Cultures amniocytes: 2 T25 flasks

Chorionic villi: 20 mg

Cultured chorionic villi: 2 T25 flasks

**Sample Type:**

EDTA whole blood

Amniotic fluid

Cultured amniocytes

Chorionic villi

Cultured chorionic villi

**Preferred Volume:**

Blood: 5 ml

Amniotic fluid: 20 ml

Cultures amniocytes: 2 T25 flasks

Chorionic villi: 20 mg

Cultured chorionic villi: 2 T25 flasks

**Minimum Volume:**

Blood: 2 ml

Amniotic fluid: 10 ml

Cultures amniocytes: 1 T25 flasks

Chorionic villi: 10 mg

Cultured chorionic villi: 1 T25 flasks

**Unacceptable Conditions:**

Heparinized samples. Tissue flasks with poorly confluence cultures. Insufficient amount of amniotic fluid or chorionic villi

**Specimen Preparation:**

Do not centrifuge, do not freeze, Refrigerate samples and ship at room temperature.

**Reference Interval:**

Negative. No alpha globin gene deletions detected.

**Synonyms:**

- Alpha thalassemia-1
- Alpha thalassemia-2

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

If this assay fails to detect a deletion and suspicion for alpha thalassemia remains elevated (e.g. low MCV, confounding presence of iron deficiency, low percentage of Hb S in sickle-cell trait, heterozygous beta thalassemia, Hb H disease with a two-alpha globin gene deletion), then it is possible that a non-deletion type of alpha thalassemia could be present. Such variants can be detected using our Alpha-globin Gene Sequencing assay (test code AGSQ), which determines the DNA sequence of both alpha1 and alpha2 globin genes and detects the presence of point mutations that result in alpha thalassemia.

There are four alpha globin genes per diploid genome, with two genes located on each chromosome. The most common molecular abnormalities that cause alpha thalassemia are alpha globin gene deletions, which can result in either one or two alpha globin gene deletions per chromosome. Although point mutations that cause alpha thalassemia occur in the alpha globin genes, these are not common and may be found in individuals from inbred populations.

This test detects seven deletions that cause alpha thalassemia in various worldwide populations. These are:

- 1) Rightward (- alpha 3.7): one alpha globin gene deletion. (alpha thal-2). It is the most common type of alpha thal-2 deletion found in numerous populations worldwide such as in African, Mediterranean and Far Eastern populations. This test will detect the common and Hawaiian variants of this deletion.
- 2) Leftward (- alpha 4.2): one alpha globin gene deletion. (alpha thal-2). This deletion is much less prevalent than the rightward deletion and occurs in multiple populations.
- 3) Southeast Asian (- - SEA): Two alpha globin gene deletion. (alpha thal-1). Found in Southeast Asian populations, mostly China.
- 4) Filipino (FIL): Two alpha globin gene deletion. (alpha thal-2). Found predominantly in Filipinos and Hawaiians. Fetuses homozygous for this deletion are usually aborted due to the deletion of genes that encode embryonic zeta chains.
- 5) Thai (THAI): Two alpha globin gene deletion. (alpha thal-2). Found predominantly in Southeast Asian individuals (Thailand). Fetuses homozygous for this deletion are usually aborted due to the deletion of genes that encode embryonic zeta chains.
- 6) Mediterranean (MED): Two alpha globin gene deletion. (alpha thal-2). Occurs in individuals with Mediterranean backgrounds.
- 7) 20.5 Kb: Two alpha globin gene deletion. (alpha thal-2). Found in various Mediterranean and Central Asian populations.

The most clinically significant situation arises when each parent is a carrier of a 2 alpha-globin gene deletion in cis (--/aa). Fetuses of such couples are at 25% risk for hydrops fetalis. Fetuses of couples where one partner is a carrier of a 2 alpha-globin gene deletion and the other is a carrier of a single alpha-globin gene deletion are at 25% risk for Hb H disease (--/-a).

This test is often used to assess whether a low MCV is caused by the inheritance of alpha-thalassemia either alone or in combination with iron deficiency and/or beta-thalassemia.

Note: This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

81257

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21687-9

# Alpha-1-Antitrypsin, clearance

A1AC

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Rate nephelometry

**Reported:**

Test performed Monday-F. Turnaround time: 3-4 days.

**Synonyms:**

- A1AT
- A1-AT
- Alpha-1-PI
- Alpha-1-Protease inhibitor
- A1-Antitrypsin
- A1-PI
- A1-Protease inhibitor

## COLLECTION

**Sample Type:**

24 hour Stool collection &amp; serum

**Collect:**

Collect stool only in special 24 hour collection container white with Red cap available in clinical labs. Submit with Gold top

NOTE: Collect blood during the stool collection time interval

**Amount to Collect:**Entire 24 hour stool output  
2 mL blood (Gold top)**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

## PROCESSING

**Test Code:**

A1AC

**Test Group:**

Alpha-1-Antitrypsin

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Freeze stool and serum at -20C and ship both on dry ice to Mayo Medical Laboratories. IMPORTANT: If only an aliquot of the homogenized stool is sent to the reference laboratory, record and send the weight of the entire 24 hour collection and the volume of any distilled water added to homogenize the sample with the specimens. Order MAYO# 8835. Call MCS for pickup.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

## RESULT INTERPRETATION

**Units:**

mL/24 h

**Reference Interval:**Clearance:  $\leq 27$  mL/d

**ADMINISTRATIVE****CPT Codes:**

82103-90 x2.

**LOINC Codes:**

18271-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

A1AC

**Test Group:**

Alpha-1-Antitrypsin

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Rate nephelometry

**Collect:**

Collect stool only in special 24 hour collection container white with Red cap available in clinical labs. Submit with Gold top

NOTE: Collect blood during the stool collection time interval

**Amount to Collect:**

Entire 24 hour stool output

2 mL blood (Gold top)

**Sample Type:**

24 hour Stool collection &amp; serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Freeze stool and serum at -20C and ship both on dry ice to Mayo Medical Laboratories. IMPORTANT: If only an aliquot of the homogenized stool is sent to the reference laboratory, record and send the weight of the entire 24 hour collection and the volume of any distilled water added to homogenize the sample with the specimens. Order MAYO# 8835. Call MCS for pickup.

**Units:**

mL/24 h

**Reference Interval:**Clearance:  $\leq 27$  mL/d**Synonyms:**

- A1AT
- A1-AT
- Alpha-1-PI
- Alpha-1-Protease inhibitor
- A1-Antitrypsin
- A1-PI
- A1-Protease inhibitor

**Reported:**

Test performed Monday-F. Turnaround time: 3-4 days.

**CPT Codes:**

82103-90 x2.

**LOINC Codes:**

18271-7

# Alpha-1-Antitrypsin, Phenotyping

LAB3391

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Isoelectric focusing

**Reported:**

Test set up 5x per week, turnaround 5-7 days

**Additional Information:**

Most normal individuals have the M phenotype (M,M1, or M2). Over 99% of M phenotypes are genotypically MM. In the absence of family studies, the phenotype (M) and quantitative level can be used to infer the genotype MM.

The most common alleles associated with a quantitative deficiency are Z and S. The reports for the rare alleles will indicate whether or not they have been associated with reduced quantitative levels.

**Synonyms:**

- A1AT
- A1-AT
- Alpha-1-PI
- Alpha-1-Protease inhibitor
- A1-Antitrypsin
- A1-PI
- A1-Protease inhibitor

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ATPN

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 1 week, frozen at -20C 1 month.

## PROCESSING

**Test Code:**

ATPN

**Test Group:**

Alpha-1-Antitrypsin

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest Test # 853X Alpha-1-Antitrypsin Phenotyping

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 1 week, frozen at -20C 1 month.

**RESULT INTERPRETATION****Reference Interval:**

90% of Normals are MM

**Additional Information:**

Most normal individuals have the M phenotype (M,M1, or M2). Over 99% of M phenotypes are genotypically MM. In the absence of family studies, the phenotype (M) and quantitative level can be used to infer the genotype MM.

The most common alleles associated with a quantitative deficiency are Z and S. The reports for the rare alleles will indicate whether or not they have been associated with reduced quantitative levels.

**ADMINISTRATIVE****CPT Codes:**

82104-90

**LOINC Codes:**

32769-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ATPN

**Test Group:**

Alpha-1-Antitrypsin

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Isoelectric focusing

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Specimen Preparation:**

Refrigerate. Order Quest Test # 853X Alpha-1-Antitrypsin Phenotyping

**Reference Interval:**

90% of Normals are MM

**Synonyms:**

- A1AT
- A1-AT
- Alpha-1-PI
- Alpha-1-Protease inhibitor
- A1-Antitrypsin
- A1-PI
- A1-Protease inhibitor

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 1 week, frozen at -20C 1 month.

**Reported:**

Test set up 5x per week, turnaround 5-7 days

**Additional Information:**

Most normal individuals have the M phenotype (M, M1, or M2). Over 99% of M phenotypes are genotypically MM. In the absence of family studies, the phenotype (M) and quantitative level can be used to infer the genotype MM.

The most common alleles associated with a quantitative deficiency are Z and S. The reports for the rare alleles will indicate whether or not they have been associated with reduced quantitative levels.

**CPT Codes:**

82104-90

**LOINC Codes:**

32769-2

# Alpha-1-Antitrypsin, Serum

LAB810

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Turbidimetry

**Reported:**

2-5 days

**Additional Information:**

Lipemia interferes with the assay.

**Synonyms:**

- A1AT
- A1-AT
- Alpha-1-PI
- Alpha-1-Protease inhibitor
- A1-Antitrypsin
- A1-PI
- A1-Protease inhibitor

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Refrigerated 48 hours; Frozen for longer stability

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

## PROCESSING

**Test Code:**

A1AT

**Test Group:**

Alpha-1-Antitrypsin

**Performing Lab:**

Immunology

**Specimen Preparation:**

Frozen

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples



**Stability (from collection to initiation):**

Refrigerated 48 hours; Frozen for longer stability

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

90-200 mg/dL

**Additional Information:**

Lipemia interferes with the assay.

**ADMINISTRATIVE****CPT Codes:**

82103

**LOINC Codes:**

1825-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

A1AT

**Test Group:**

Alpha-1-Antitrypsin

**Performing Lab:**

Immunology

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Turbidimetry

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

**Specimen Preparation:**

Frozen

**Units:**

mg/dL

**Reference Interval:**

90-200 mg/dL

**Synonyms:**

- A1AT
- A1-AT
- Alpha-1-PI
- Alpha-1-Protease inhibitor
- A1-Antitrypsin
- A1-PI
- A1-Protease inhibitor

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Refrigerated 48 hours; Frozen for longer stability

**Reported:**

2-5 days

**Additional Information:**

Lipemia interferes with the assay.

**CPT Codes:**

82103

**LOINC Codes:**

1825-9

# Alpha-1-Antitrypsin, Stool, Random

LAB3420

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Rate nephelometry

**Reported:**

7-10 days

**Additional Information:**

The recommended test for protein losing enteropathy is, Alpha-1-antitrypsin, clearance.

**Synonyms:**

- A1AT
- A1-AT
- Alpha-1-PI
- Alpha-1-Protease inhibitor
- A1-Antitrypsin
- A1-PI
- A1-Protease inhibitor
- A1AF
- A1A
- FECES
- ANTITRYPSIN

## COLLECTION

**Sample Type:**

Stool

**Label Abbreviation:**

A1AF

**Collect:**

Urine cup

**Amount to Collect:**

10 g random stool

**Preferred Volume:**

10 g stool

**Minimum Volume:**

5 g stool

## PROCESSING

**Test Code:**

A1AF

**Test Group:**

Alpha-1-Antitrypsin

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Refrigerate stool. Order MAYO# 182. Call MCS for pickup.

**Preferred Volume:**

10 g stool

**Minimum Volume:**

5 g stool

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

&lt;= 54 mg/dL

**Additional Information:**

The recommended test for protein losing enteropathy is, Alpha-1-antitrypsin, clearance.

**ADMINISTRATIVE****CPT Codes:**

82103-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

A1AF

**Test Group:**

Alpha-1-Antitrypsin

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Rate nephelometry

**Collect:**

Urine cup

**Amount to Collect:**

10 g random stool

**Sample Type:**

Stool

**Preferred Volume:**

10 g stool

**Minimum Volume:**

5 g stool

**Specimen Preparation:**

Refrigerate stool. Order MAYO# 182. Call MCS for pickup.

**Units:**

mg/dL

**Reference Interval:**

&lt;= 54 mg/dL

**Synonyms:**

- A1AT
- A1-AT
- Alpha-1-PI
- Alpha-1-Protease inhibitor
- A1-Antitrypsin
- A1-PI
- A1-Protease inhibitor
- A1AF
- A1A
- FECES
- ANTITRYPSIN

**Reported:**

7-10 days

**Additional Information:**

The recommended test for protein losing enteropathy is, Alpha-1-antitrypsin, clearance.

**CPT Codes:**

82103-90

# Alpha-Fetoprotein, CSF

LAB3526

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

MEIA

**Reported:**

Test run Monday-Saturday. Turnaround time: 2-3 days.

**Synonyms:**

- AFP
- Alpha-fetoglobulin
- TUMOR MARKERS
- ALPHA-FETOPROTEIN (AFP)

## COLLECTION

**Sample Type:**

CSF

**Label Abbreviation:**

AFPCSF

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.3 mL CSF

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

## PROCESSING

**Test Code:**

AFPCSF

**Test Group:**

Alpha-Fetoprotein

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Freeze specimen at -20C. Order MAYO# 8876 Ship on dry ice to China basin for MCI courier pick-up.

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.3 mL CSF

## RESULT INTERPRETATION

**Units:**

ng/mL

**Reference Interval:**

&lt; 1.5 ng/mL

Reference range in newborns is not established.

**ADMINISTRATIVE****CPT Codes:**

86316-90

**LOINC Codes:**

1833-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AFPCSF

**Test Group:**

Alpha-Fetoprotein

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

MEIA

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Sample Type:**

CSF

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.3 mL CSF

**Specimen Preparation:**

Freeze specimen at -20C. Order MAYO# 8876 Ship on dry ice to China basin for MCI courier pick-up.

**Units:**

ng/mL

**Reference Interval:**

&lt; 1.5 ng/mL

Reference range in newborns is not established.

**Synonyms:**

- AFP
- Alpha-fetoglobulin
- TUMOR MARKERS
- ALPHA-FETOPROTEIN (AFP)

**Reported:**

Test run Monday-Saturday. Turnaround time: 2-3 days.

**CPT Codes:**

86316-90

**LOINC Codes:**

1833-3

# Alpha-Fetoprotein, Serum

LAB664

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

1-5 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 2/20/18.

No significant impact on results.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The ARCHITECT AFP calibrators are manufactured gravimetrically and are referenced to the World Health Organization (WHO) First International Standard 72/225 for Alpha-fetoprotein at each concentration level.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- AFP
- Alpha-fetoglobulin
- AFPT

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Preferred: Gold top or Red top

Acceptable: Dark Green or Light Green

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Room Temperature: 3 days

Refrigerated (2-8°C): 7 days

If testing will be delayed more than 7 days, remove serum from clot, red blood cells, or serum separator gel and store at -20°C or colder.

Avoid more than 5 freeze/thaw cycles.

**Storage/Transport Temperature:**

-20°C or colder

## PROCESSING

**Test Code:**

AFPT

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Aliquot and freeze specimen at -20C

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Room Temperature: 3 days

Refrigerated (2-8°C): 7 days

If testing will be delayed more than 7 days, remove serum from clot, red blood cells, or serum separator gel and store at -20°C or colder.

Avoid more than 5 freeze/thaw cycles.

**Storage/Transport Temperature:**

-20°C or colder

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**Adult Reference Range ( $\geq 18$  years):  $<8.9$  ng/mL

Adult reference range adopted from Abbott (vendor) based on in-house verification studies of 25 normal volunteers (18 years old) in the UCSF Laboratory.

**Pediatric Reference Range:**

| Age                   | Results (ng/mL) |
|-----------------------|-----------------|
| 0 - < 1 month         | > 2000          |
| 1 month - < 3 months  | 10 - 1359       |
| 3 months - < 6 months | 4 - 275         |
| 6 months - < 1 year   | 3 - 148         |
| 1 year - < 3 years    | 3 - 21          |
| 3 years - < 18 years  | 1 - 4           |

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay.

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 2/20/18.

No significant impact on results.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The ARCHITECT AFP calibrators are manufactured gravimetrically and are referenced to the World Health Organization (WHO) First International Standard 72/225 for Alpha-fetoprotein at each concentration level.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

82105

**LOINC Codes:**

1834-1

**COMPLETE VIEW**



**Available Stat:**

No

**Test Code:**

AFPT

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Collect:**

Preferred: Gold top or Red top

Acceptable: Dark Green or Light Green

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Specimen Preparation:**

Aliquot and freeze specimen at -20C

**Units:**

ng/mL

**Reference Interval:**Adult Reference Range ( $\geq 18$  years):  $<8.9$  ng/mL

Adult reference range adopted from Abbott (vendor) based on in-house verification studies of 25 normal volunteers ( 18 years old) ) in the UCSF Laboratory.

**Pediatric Reference Range:**

| Age                   | Results (ng/mL) |
|-----------------------|-----------------|
| 0 - < 1 month         | > 2000          |
| 1 month - < 3 months  | 10 - 1359       |
| 3 months - < 6 months | 4 - 275         |
| 6 months - < 1 year   | 3 - 148         |
| 1 year - < 3 years    | 3 - 21          |
| 3 years - < 18 years  | 1 - 4           |

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay.

**Synonyms:**

- AFP
- Alpha-fetoglobulin
- AFPT

**Storage/Transport Temperature:**

-20°C or colder

**Stability (from collection to initiation):**

Room Temperature: 3 days

Refrigerated (2-8°C): 7 days

If testing will be delayed more than 7 days, remove serum from clot, red blood cells, or serum separator gel and store at -20°C or colder.

Avoid more than 5 freeze/thaw cycles.

**Reported:**

1-5 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 2/20/18.

No significant impact on results.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The ARCHITECT AFP calibrators are manufactured gravimetrically and are referenced to the World Health Organization (WHO) First International Standard 72/225 for Alpha-fetoprotein at each concentration level.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

82105

**LOINC Codes:**

1834-1

# Alpha-Galactosidase Activity, Leukocytes

LAB5267

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Fluorometric

**Synonyms:**

- DECANT
- AGA
- GLA DEFICIENCY
- CERAMIDE TRIHEXOSIDASE
- ANDERSON FABRY DISEASE
- ALPHA-GALACTOSIDASE A

## COLLECTION

**Sample Type:**

Citrated whole blood

**Label Abbreviation:**

AGA

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

7 mL blood

**Preferred Volume:**

7 mL blood

**Minimum Volume:**

5 mL blood

**Remarks:**

Specimen must arrive at Mayo Labs within 72 hours of draw to be stabilized. **Draw specimen Monday through Thursday (before 12pm) only and NOT the day before a holiday.**

Transport sample immediately to lab for processing.

**Stability (from collection to initiation):**

Specimen must arrive within 72 hours of collection to Mayo.

**Unacceptable Conditions:**

Samples collected Friday or the day before a holiday.

**Rejection Criteria:**

Frozen sample received. Sample > 72 hours old on receipt.

## PROCESSING

**Test Code:**

AGA

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Ship tubes refrigerated to China Basin for Mayo laboratory pickup. Order Mayo test #8785.

**Preferred Volume:**

7 mL blood

**Minimum Volume:**

5 mL blood

**Unacceptable Conditions:**

Samples collected Friday or the day before a holiday.

**Rejection Criteria:**

Frozen sample received. Sample > 72 hours old on receipt.

**Stability (from collection to initiation):**

Specimen must arrive within 72 hours of collection to Mayo.

**RESULT INTERPRETATION****Units:**

nmol/h/mg protein

**Reference Interval:**

&gt; 23 nmol/h/mg protein

**ADMINISTRATIVE****CPT Codes:**

82675-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AGA

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Fluorometric

**Remarks:**

Specimen must arrive at Mayo Labs within 72 hours of draw to be stabilized. **Draw specimen Monday through Thursday (before 12pm) only and NOT the day before a holiday.**

Transport sample immediately to lab for processing.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

7 mL blood

**Sample Type:**

Citrated whole blood

**Preferred Volume:**

7 mL blood

**Minimum Volume:**

5 mL blood

**Rejection Criteria:**

Frozen sample received. Sample &gt; 72 hours old on receipt.

**Unacceptable Conditions:**

Samples collected Friday or the day before a holiday.

**Specimen Preparation:**

Ship tubes refrigerated to China Basin for Mayo laboratory pickup. Order Mayo test #8785.

**Units:**

nmol/h/mg protein

**Reference Interval:**

&gt; 23 nmol/h/mg protein

**Synonyms:**

- DECANT
- AGA
- GLA DEFICIENCY
- CERAMIDE TRIHEXOSIDASE
- ANDERSON FABRY DISEASE
- ALPHA-GALACTOSIDASE A

**Stability (from collection to initiation):**

Specimen must arrive within 72 hours of collection to Mayo.

**CPT Codes:**

82675-90

# ALPS-Double Negative T-Cells by Flow Cytometry

LAB6228

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Saturday (day shift)

**Methodology:**

Flow cytometry

**Reported:**

Preliminary result available from laboratory in 1-2 days. Written interpretive report sent within 7 days.

**Additional Information:**

This test is used as part of the workup for autoimmune lymphoproliferative syndrome (ALPS) by evaluating double-negative T-cells by flow cytometry.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. Only some of the reagents used have been cleared or approved by the U.S. Food and Drug Administration.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- T-Cell Receptor
- TCR
- Autoimmune lymphoproliferative syndrome

## COLLECTION

**Sample Type:**

EDTA whole blood only

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Remarks:**

Blood should be held at room temperature.

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Reject samples that have been frozen, stored in fixative, transported or stored at improper temperatures.

## PROCESSING

**Test Code:**

ALPS

**Performing Lab:**

Immunology

**Specimen Preparation:**

Hold blood at room temperature. Do NOT centrifuge. Each specimen should be assigned its own accession number.

If specimens are delivered after 1200 hours on Saturday, anytime Sunday or on a holiday contact the resident on call.

**Unacceptable Conditions:**

Reject samples that have been frozen, stored in fixative, transported or stored at improper temperatures.

**Storage/Transport Temperature:**

Room temperature

## RESULT INTERPRETATION

**Additional Information:**

This test is used as part of the workup for autoimmune lymphoproliferative syndrome (ALPS) by evaluating double-negative T-cells by flow cytometry.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. Only some of the reagents used have been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

88184, 88185

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

54226-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ALPS

**Performing Lab:**

Immunology

**Performed:**

Monday-Saturday (day shift)

**Methodology:**

Flow cytometry

**Remarks:**

Blood should be held at room temperature.

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood only

**Unacceptable Conditions:**

Reject samples that have been frozen, stored in fixative, transported or stored at improper temperatures.

**Specimen Preparation:**

Hold blood at room temperature. Do NOT centrifuge. Each specimen should be assigned its own accession number.

If specimens are delivered after 1200 hours on Saturday, anytime Sunday or on a holiday contact the resident on call.

**Synonyms:**

- T-Cell Receptor
- TCR
- Autoimmune lymphoproliferative syndrome

**Storage/Transport Temperature:**

Room temperature

**Reported:**

Preliminary result available from laboratory in 1-2 days. Written interpretive report sent within 7 days.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

This test is used as part of the workup for autoimmune lymphoproliferative syndrome (ALPS) by evaluating double-negative T-cells by flow cytometry.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. Only some of the reagents used have been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

88184, 88185

**LDT or Modified FDA:**  
Yes

**LOINC Codes:**  
54226-6

# Alternative Complement Pathway Activity (AH50)

LAB6184

## ORDERING

**Ordering Recommendations:**

Initial screening for suspected deficiency in the alternative complement pathway.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun, Wed

**Methodology:**

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Reported:**

7-14 days

**Synonyms:**

- AH50
- Alternate Pathway
- Alternative Complement Pathway
- Alternative Complement Pathway Function
- Alternative Pathway - Complement
- Functional Complement
- Hemolytic Complement
- Alternative Pathway Functional Assay
- atypical hemolytic uremic syndrome
- C3 glomerulonephritis
- Dense-deposit disease
- AH50A

## COLLECTION

**Label Abbreviation:**

AH50A

**Collect:**

Plain Red

**Stability (from collection to initiation):**

After separation from cells: Ambient: unacceptable; Refrigerated: Unacceptable; Frozen: 30 days if kept at -70 C

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Unacceptable Conditions:**

Specimen types other than serum collected from RED TOP tubes. SST or serum gel tubes are not acceptable. Refrigerated or room temperature specimens. Specimens left to clot at refrigerated temperature. Specimens exposed to repeated freeze/thaw cycles. Grossly hemolyzed or grossly lipemic specimens or icteric specimens.

## PROCESSING

**Test Code:**

AH50A

**ARUP Test Code:**

2005373

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Allow specimen to clot for one hour at room temperature. Separate serum from cells ASAP and centrifuge at 2-8 degrees C and aliquot serum into ARUP standard transport tube. Freeze specimen immediately at -70 degrees C or lower freezer. (Min: 0.3 mL)

**Unacceptable Conditions:**

Specimen types other than serum collected from RED TOP tubes. SST or serum gel tubes are not acceptable. Refrigerated or room temperature specimens. Specimens left to clot at refrigerated temperature. Specimens exposed to repeated freeze/thaw cycles. Grossly hemolyzed or grossly lipemic specimens or icteric specimens.



**Stability (from collection to initiation):**

After separation from cells: Ambient: unacceptable; Refrigerated: Unacceptable; Frozen: 30 days if kept at -70 C

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**RESULT INTERPRETATION****Reference Interval:**

| Components                              | Reference Interval           |
|-----------------------------------------|------------------------------|
| Alternative Complement Pathway Activity | 31 percent normal or greater |

**Interpretive Data:**

See report.

**ADMINISTRATIVE****CPT Codes:**

86161

**LOINC:**

- 74520-8

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Initial screening for suspected deficiency in the alternative complement pathway.

**Test Code:**

AH50A

**ARUP Test Code:**

2005373

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun, Wed

**Methodology:**

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Collect:**

Plain Red

**Unacceptable Conditions:**

Specimen types other than serum collected from RED TOP tubes. SST or serum gel tubes are not acceptable. Refrigerated or room temperature specimens. Specimens left to clot at refrigerated temperature. Specimens exposed to repeated freeze/thaw cycles. Grossly hemolyzed or grossly lipemic specimens or icteric specimens.

**Specimen Preparation:**

Allow specimen to clot for one hour at room temperature. Separate serum from cells ASAP and centrifuge at 2-8 degrees C and aliquot serum into ARUP standard transport tube. Freeze specimen immediately at -70 degrees C or lower freezer. (Min: 0.3 mL)

**Reference Interval:**

| Components                              | Reference Interval           |
|-----------------------------------------|------------------------------|
| Alternative Complement Pathway Activity | 31 percent normal or greater |

**Interpretive Data:**

See report.

**Synonyms:**

- AH50
- Alternate Pathway
- Alternative Complement Pathway
- Alternative Complement Pathway Function
- Alternative Pathway - Complement
- Functional Complement
- Hemolytic Complement
- Alternative Pathway Functional Assay
- atypical hemolytic uremic syndrome
- C3 glomerulonephritis
- Dense-deposit disease
- AH50A

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Stability (from collection to initiation):**

After separation from cells: Ambient: unacceptable; Refrigerated: Unacceptable; Frozen: 30 days if kept at -70 C

**Reported:**

7-14 days

**CPT Codes:**

86161

**LOINC:**

- 74520-8

# Aluminum, Plasma

LAB665

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Atomic Spectroscopy

**Reported:**

Test run 2x per week. Turnaround: 2-5 days.

**Additional Information:** $\mu\text{g/L} \times 0.0371 = \mu\text{mol/L}$  (SI units).

## COLLECTION

**Patient Preparation:**

Patient should refrain from taking antacids containing aluminum compounds at least three days prior to sample collection.

**Sample Type:**

EDTA Plasma

**Label Abbreviation:**

ALUM

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

0.7 mL plasma

**Remarks:**

Avoid hemolysis. Collect one vacutainer and discard, collect second vacutainer and submit for testing.

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks, frozen at -20C 1 month

**Unacceptable Conditions:**

Hemolyzed samples

## PROCESSING

**Test Code:**

ALUM

**Test Group:**

Aluminum

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Centrifuge within 2 hours of collection and pour the serum into the special red-labeled trace metal-free vial supplied by vendor. Store at room temperature Order Quest # 2958.

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

0.7 mL plasma

**Unacceptable Conditions:**

Hemolyzed samples

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks, frozen at -20C 1 month

## RESULT INTERPRETATION

**Units:** $\mu\text{g/L}$  (mcg/L)**Reference Interval:**Non-dialysis patient:  $\leq 7 \mu\text{g/L}$ Dialysis patient:  $< 40 \mu\text{g/L}$ **Additional Information:** $\mu\text{g/L} \times 0.0371 = \mu\text{mol/L}$  (SI units).**ADMINISTRATIVE****CPT Codes:**

82108-90

**LOINC Codes:**

5574-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ALUM

**Test Group:**

Aluminum

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Atomic Spectroscopy

**Patient Preparation:**

Patient should refrain from taking antacids containing aluminum compounds at least three days prior to sample collection.

**Remarks:**

Avoid hemolysis. Collect one vacutainer and discard, collect second vacutainer and submit for testing.

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

4 mL blood

**Sample Type:**

EDTA Plasma

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

0.7 mL plasma

**Unacceptable Conditions:**

Hemolyzed samples

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Centrifuge within 2 hours of collection and pour the serum into the special red-labeled trace metal-free vial supplied by vendor. Store at room temperature Order Quest # 2958.

**Units:** $\mu\text{g/L}$  (mcg/L)**Reference Interval:**Non-dialysis patient:  $\leq 7 \mu\text{g/L}$ Dialysis patient:  $< 40 \mu\text{g/L}$ **Stability (from collection to initiation):**Room temperature 4 days, refrigerated 2 weeks, frozen at  $-20^{\circ}\text{C}$  1 month**Reported:**

Test run 2x per week. Turnaround: 2-5 days.

**Additional Information:** $\mu\text{g/L} \times 0.0371 = \mu\text{mol/L}$  (SI units).**CPT Codes:**

82108-90

**LOINC Codes:**

5574-9

# Amikacin, Peak (AMIKPK); Amikacin, Trough (AMIKTR); Amikacin, Random (AMIKRD)

Amikacin

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Particle-enhanced turbidimetric inhibition immunoassay (PETINIA)

**Reported:**

STAT: 1 hour

Routine: 4 hours

Note: Samples from Mission Bay and Mount Zion may take up to 24 hours.

**Synonyms:**

- AMIKPK
- AMIKTR
- AMIKRD
- AMIK
- AMIKACIN

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green or gold top tube

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.3 mL plasma or serum

**Remarks:**

Time to Steady State: 2-3 doses (1 dose for ICN extended interval dosing)

Trough samples should be collected 30 minutes before 3rd or 4th dose. Document exact time of collection in Apex, on requisition AND sample label.

Draw peak sample 30 min. after end of infusion or 60 minutes after IM dose.

**Stability (from collection to initiation):**

Room temperature: 8 hours

Refrigerated: 7 days

Frozen: 14 days

**Storage/Transport Temperature:**

Refrigerated

## PROCESSING

**Test Code:**

Amikacin, Peak: AMIKPK

Amikacin, Trough: AMIKTR

Amikacin, Random: AMIKRD

**Performing Lab:**

Parnassus Chemistry

**Specimen Preparation:**

Refrigerate plasma or serum sample.

Samples collected in Mission Bay and Mount Zion should be sent to Parnassus refrigerated..

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.3 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature: 8 hours

Refrigerated: 7 days

Frozen: 14 days

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Units:**

µg/mL

**Reference Interval:**

Peak: 35 - 60 µg/mL

Trough: &lt;5 µg/mL

Random: no reference interval has been established for random amikacin levels.

Therapeutic ranges and critical values are based upon recommendations by UCSF Antimicrobial Stewardship Programs.

Daley, C.L et al. Treatment of Nontuberculous Mycobacterial Pulmonary Disease: An Official ATS/ERS/ESCMID/IDSA Clinical Practice Guideline: Executive Summary. Clinical Infectious Diseases, (2020) 71(4): e1-e36.  
<https://doi.org/10.1093/cid/ciaa241>.

**Critical Values:**

Peak and Random: &gt;60 µg/mL

Trough: &gt;10 µg/mL

**ADMINISTRATIVE****CPT Codes:**

80150

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

Amikacin, Peak: AMIKPK

Amikacin, Trough: AMIKTR

Amikacin, Random: AMIKRD

**Performing Lab:**

Parnassus Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Particle-enhanced turbidimetric inhibition immunoassay (PETINIA)

**Remarks:**

Time to Steady State: 2-3 doses (1 dose for ICN extended interval dosing)

Trough samples should be collected 30 minutes before 3rd or 4th dose. Document exact time of collection in Apex, on requisition AND sample label.

Draw peak sample 30 min. after end of infusion or 60 minutes after IM dose.

**Collect:**

Light green or gold top tube

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.3 mL plasma or serum

**Specimen Preparation:**

Refrigerate plasma or serum sample.

Samples collected in Mission Bay and Mount Zion should be sent to Parnassus refrigerated..

**Units:**

µg/mL

**Reference Interval:**

Peak: 35 - 60 µg/mL

Trough: <5 µg/mL

Random: no reference interval has been established for random amikacin levels.

Therapeutic ranges and critical values are based upon recommendations by UCSF Antimicrobial Stewardship Programs.

Daley, C.L et al. Treatment of Nontuberculous Mycobacterial Pulmonary Disease: An Official ATS/ERS/ESCMID/IDSA Clinical Practice Guideline: Executive Summary. Clinical Infectious Diseases, (2020) 71(4): e1-e36.  
<https://doi.org/10.1093/cid/ciaa241>.

**Critical Values:**

Peak and Random: >60 µg/mL

Trough: >10 µg/mL

**Synonyms:**

- AMIKPK
- AMIKTR
- AMIKRD
- AMIK
- AMIKACIN

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Room temperature: 8 hours

Refrigerated: 7 days

Frozen: 14 days

**Reported:**

STAT: 1 hour

Routine: 4 hours

Note: Samples from Mission Bay and Mount Zion may take up to 24 hours.

**CPT Codes:**

80150

# Amino Acids, CSF, Quantitative

LAB3461

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Lucille-Packard Children's Hospital

**Methodology:**

Ion Exchange Chromatography

**Reported:**

Batched twice weekly. Turnaround time: One week

**Synonyms:**

- Glycine
- Homocystine
- Tyrosine
- Alpha-keto acids
- Arginine
- Arginosuccinase deficiency
- Arginosuccinate Lyase deficiency
- Aspartate
- Aspartic acid
- Beta-aminoisobutyric acid
- Citrulline
- Cystathionine
- Cystathionuria
- Ethanolamine
- FeCl3 Screen
- Ferric chloride screen
- Glutamic acid
- Histidine
- Isoleucine
- Leucine
- Lysine
- Methionine
- Ornithine
- Sarcosine
- Serine
- Taurine
- Threonine
- Valine
- Arginosuccinic acid
- Glutamine

## COLLECTION

**Sample Type:**

CSF

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.5 mL CSF

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

## PROCESSING

**Test Code:**

AACSF



**Sendout:**

Yes

**Performing Lab:**

Lucille-Packard Children's Hospital

**Specimen Preparation:**

Freeze CSF at -20C

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.5 mL CSF

**ADMINISTRATIVE****CPT Codes:**

82139-90

**LOINC Codes:**

32610-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AACSF

**Performing Lab:**

Lucille-Packard Children's Hospital

**Sendout:**

Yes

**Methodology:**

Ion Exchange Chromatography

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Sample Type:**

CSF

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.5 mL CSF

**Specimen Preparation:**

Freeze CSF at -20C

**Synonyms:**

- Glycine
- Homocystine
- Tyrosine
- Alpha-keto acids
- Arginine
- Arginosuccinase deficiency
- Arginosuccinate Lyase deficiency
- Aspartate
- Aspartic acid
- Beta-aminoisobutyric acid
- Citrulline
- Cystathionine
- Cystathionuria
- Ethanolamine
- FeCl3 Screen
- Ferric chloride screen
- Glutamic acid
- Histidine
- Isoleucine
- Leucine
- Lysine
- Methionine
- Ornithine
- Sarcosine
- Serine
- Taurine
- Threonine
- Valine
- Arginosuccinic acid
- Glutamine

**Reported:**

Batched twice weekly. Turnaround time: One week

**CPT Codes:**

82139-90

**LOINC Codes:**

32610-8

# Amino Acids, Urine, Quantitative

LAB3430

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Lucille-Packard Children's Hospital

**Methodology:**

Ion Exchange Chromatography

**Reported:**

Set up as needed, at least 2x a week. Turnaround time: One week.

**Additional Information:**

Urinary quantitation is rarely useful. Urine creatinine is also assayed.

**Synonyms:**

- Glycine
- Homocystine
- Tyrosine
- Alpha-keto acids
- Arginine
- Arginosuccinase deficiency
- Arginosuccinate Lyase deficiency
- Aspartate
- Aspartic acid
- Beta-aminoisobutyric acid
- Citrulline
- Cystathionine
- Cystathionuria
- Ethanolamine
- FeCl3 Screen
- Ferric chloride screen
- Glutamic acid
- Histidine
- Isoleucine
- Leucine
- Lysine
- Methionine
- Ornithine
- Sarcosine
- Serine
- Taurine
- Threonine
- Valine
- Arginosuccinic acid
- Glutamine

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Remarks:**

First morning urine preferred but not required.

## PROCESSING

**Test Code:**

AAQU

**Test Group:**

Amino Acids

**Sendout:**

Yes

**Performing Lab:**

Lucille-Packard Children's Hospital

**Specimen Preparation:**

Freeze at -20C.

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**RESULT INTERPRETATION****Reference Interval:**

See report

**Additional Information:**

Urinary quantitation is rarely useful. Urine creatinine is also assayed.

**ADMINISTRATIVE****CPT Codes:**

82139-90

**LOINC Codes:**

35087-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AAQU

**Test Group:**

Amino Acids

**Performing Lab:**

Lucille-Packard Children's Hospital

**Sendout:**

Yes

**Methodology:**

Ion Exchange Chromatography

**Remarks:**

First morning urine preferred but not required.

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Specimen Preparation:**

Freeze at -20C.

**Reference Interval:**

See report

**Synonyms:**

- Glycine
- Homocystine
- Tyrosine
- Alpha-keto acids
- Arginine
- Arginosuccinase deficiency
- Arginosuccinate Lyase deficiency
- Aspartate
- Aspartic acid
- Beta-aminoisobutyric acid
- Citrulline
- Cystathionine
- Cystathionuria
- Ethanolamine
- FeCl3 Screen
- Ferric chloride screen
- Glutamic acid
- Histidine
- Isoleucine
- Leucine
- Lysine
- Methionine
- Ornithine
- Sarcosine
- Serine
- Taurine
- Threonine
- Valine
- Arginosuccinic acid
- Glutamine

**Reported:**

Set up as needed, at least 2x a week. Turnaround time: One week.

**Additional Information:**

Urinary quantitation is rarely useful. Urine creatinine is also assayed.

**CPT Codes:**

82139-90

**LOINC Codes:**

35087-6

# Aminolevulinic acid dehydratase, RBC

ALAD

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Enzymatic endpoint/Spectrofluorometric

**Reported:**

5-7 days

**Synonyms:**

- ALA dehydrase
- ALA-D

## COLLECTION

**Patient Preparation:**

Have patient fast for 12-14 hours. Water may be taken as needed. No other liquids are allowed. Patient should abstain from alcohol for 24 hours prior to collection.

Note: The patient should be off medications for 1 week. If clinically inappropriate to discontinue medications, forward a list of medications with the specimen.

**Sample Type:**

Heparinized whole blood

**Collect:**

Dark Green top on ice

**Amount to Collect:**

5 mL blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

5 mL blood

**Remarks:**

Draw a full, Dark green-top (Sodium Heparin) tube, and send specimen on wet ice to lab immediately.

Draw specimen Monday-Thursday by noon only.

**Stability (from collection to initiation):**

Refrigerated whole blood 2 days.

**Rejection Criteria:**

Sample not received by Mayo within 48 hours of collection. Frozen sample.

## PROCESSING

**Test Code:**

ALAD

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Whole Blood to be washed at Mayo Medical Laboratories. Specimen must arrive within 48 hours of draw.

Place green top on wet ice and forward whole blood to China Basin for MCI courier pickup at 1600 hours. **DO NOT** freeze sample.

Notify sendout at 3-1349 that specimen is en-route. Mark sample REFRIGERATED to Mayo Labs.

Order Mayo test #88924.

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

5 mL blood

**Rejection Criteria:**

Sample not received by Mayo within 48 hours of collection. Frozen sample.

**Stability (from collection to initiation):**

Refrigerated whole blood 2 days.

**RESULT INTERPRETATION****Units:**

nmol/L/sec

**Reference Interval:**

Normal: &gt; 3.9 nmol/L/sec

Indeterminate: 3.5-3.9 nmol/L/sec

Decreased: &lt; 3.5 nmol/L/sec

**ADMINISTRATIVE****CPT Codes:**

82657-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ALAD

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Enzymatic endpoint/Spectrofluorimetric

**Patient Preparation:**

Have patient fast for 12-14 hours. Water may be taken as needed. No other liquids are allowed. Patient should abstain from alcohol for 24 hours prior to collection.

Note: The patient should be off medications for 1 week. If clinically inappropriate to discontinue medications, forward a list of medications with the specimen.

**Remarks:**

Draw a full, Dark green-top (Sodium Heparin) tube, and send specimen on wet ice to lab immediately.

Draw specimen Monday-Thursday by noon only.

**Collect:**

Dark Green top on ice

**Amount to Collect:**

5 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

5 mL blood

**Rejection Criteria:**

Sample not received by Mayo within 48 hours of collection. Frozen sample.

**Specimen Preparation:**

Whole Blood to be washed at Mayo Medical Laboratories. Specimen must arrive within 48 hours of draw.

Place green top on wet ice and forward whole blood to China Basin for MCI courier pickup at 1600 hours. **DO NOT** freeze sample.

Notify sendout at 3-1349 that specimen is en-route. Mark sample REFRIGERATED to Mayo Labs.

Order Mayo test #88924.

**Units:**

nmol/L/sec

**Reference Interval:**

Normal: > 3.9 nmol/L/sec

Indeterminate: 3.5-3.9 nmol/L/sec

Decreased: < 3.5 nmol/L/sec

**Synonyms:**

- ALA dehydrase
- ALA-D

**Stability (from collection to initiation):**

Refrigerated whole blood 2 days.

**Reported:**

5-7 days

**CPT Codes:**

82657-90



# Amiodarone Level

LAB567

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC

**Reported:**

Test performed Monday-Saturday. Turnaround time: 2-4 days.

**Additional Information:**

Includes assay for the metabolite N-desethylamiodarone.

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

AMIO

**Collect:**

Red top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Remarks:**

Do NOT use serum separator tube.

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

AMIO

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze serum at -20C. Order Quest # 43125N.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

Therapeutic for each: 1.5-2.5 mg/L

Toxic Amiodarone: &gt; 2.5 mg/L

Desethyl-amiodarone: &gt; 2.0 mg/L

**Additional Information:**

Includes assay for the metabolite N-desethylamiodarone.

**ADMINISTRATIVE****CPT Codes:**

82492-90

**LOINC Codes:**

3330-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AMIO

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC

**Remarks:**

Do NOT use serum separator tube.

**Collect:**

Red top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Freeze serum at -20C. Order Quest # 43125N.

**Units:**

mg/L

**Reference Interval:**

Therapeutic for each: 1.5-2.5 mg/L

Toxic Amiodarone: &gt; 2.5 mg/L

Desethyl-amiodarone: &gt; 2.0 mg/L

**Reported:**

Test performed Monday-Saturday. Turnaround time: 2-4 days.

**Additional Information:**

Includes assay for the metabolite N-desethylamiodarone.

**CPT Codes:**

82492-90

**LOINC Codes:**

3330-8

# Amitriptyline

AMTR

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**Liquid Chromatography  
Tandem Mass Spectrometry**Reported:**

Test performed Monday-Saturday. Turnaround time: 2-5 days

**Additional Information:**

Includes testing for the metabolite nortriptyline (Aventyl)

**Synonyms:**

- Elavil
- Aventyl

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3mL serum

**Minimum Volume:**

1.5 mL serum

**Remarks:**

Do NOT use serum separator tube.

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

AMTR

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate serum promptly. Refrigerate.

**Preferred Volume:**

3mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top

## RESULT INTERPRETATION

**Units:**

µg/L (mcg/L)

**Reference Interval:**

100-250 µg/L for sum of drug and metabolite

**Critical Values:**Quest Priority-1: Amitriptyline + Nortriptyline  $\geq$  1000 µg/L

Quest Priority-2: 600-999 µg/L

**Additional Information:**

Includes testing for the metabolite nortriptyline (Aventyl)

**ADMINISTRATIVE****CPT Codes:**

80335-90

**LOINC Codes:**

3333-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AMTR

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Liquid Chromatography

Tandem Mass Spectrometry

**Remarks:**

Do NOT use serum separator tube.

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

3mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Separate serum promptly. Refrigerate.

**Units:**

µg/L (mcg/L)

**Reference Interval:**

100-250 µg/L for sum of drug and metabolite

**Critical Values:**Quest Priority-1: Amitriptyline + Nortriptyline  $\geq$  1000 µg/L

Quest Priority-2: 600-999 µg/L

**Synonyms:**

- Elavil
- Aventyl

**Reported:**

Test performed Monday-Saturday. Turnaround time: 2-5 days

**Additional Information:**

Includes testing for the metabolite nortriptyline (Aventyl)

**CPT Codes:**

80335-90

**LOINC Codes:**

3333-2

# Ammonia

LAB47

## ORDERING

**Available Stat:**

Yes (always run STAT)

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Glutamate dehydrogenase

**Reported:**

1 hour

**Additional Information:**

Fasting sample recommended.

NOTE: Ammonia cannot be 'added-on' to a previously tested sample

Specimens should be sampled from free flowing blood without the use of tourniquets or heel/finger sticks. False positive elevations of ammonia can be caused by many factors including use of capillary samples or by delay between sampling and centrifugation (Clinical Biochemistry 40:531-535, 2007).

Newborn reference range adopted from Maranda et al., Clinical Biochemistry 40:531-535, 2007.

**Synonyms:**

- NH3

## COLLECTION

**Sample Type:**

Heparinized plasma

**Collect:**

Light Green top (on ice)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.7 mL plasma

**Remarks:**

Fasting sample recommended. Pre-chill tube. Deliver to lab immediately on ice.

Specimens should be sampled from free flowing blood without the use of tourniquets or heel/finger sticks.

NOTE: Ammonia cannot be 'added-on' to a previously tested sample

Use plasma collected by standard venipuncture techniques. As erythrocytes contain ammonia levels approximately three times that of plasma, hemolyzed samples may result in significant interference.

Acceptable anticoagulants are lithium heparin (with or without gel barrier), sodium heparin, and EDTA. Do not use ammonium heparin.

**NOTE:** Rapid separation of plasma from blood cells is critical for obtaining reliable results. The standard recommendation is no more than 15 minutes from sample collection to the start of centrifugation. Timing is especially critical for patients with liver disease. Delays exceeding 15 minutes have been shown to increase ammonia concentration even at 0°C. Once the plasma sample is obtained, it should be maintained on ice or refrigerated and analyzed immediately.

**Stability (from collection to initiation):**

Sample should be transported to the lab on ice immediately after draw and the plasma separation from cells should be completed within less than 15 minutes of the blood draw. Once the plasma sample is obtained, it should be maintained on ice or refrigerated and analyzed immediately.

If the plasma cannot be analyzed immediately, it is stable on ice or in the refrigerator for 2 hours and 3 weeks at -20C.

**Unacceptable Conditions:**

If sample is NOT delivered on ice or processed rapidly enough then immediately transport sample to the testing section for analysis. Inform them the specimen was NOT received on ice or NOT processed rapidly enough and a note should be attached to the result that gets reported.

**PROCESSING****Test Code:**

NH3

**Performing Lab:**

Parnassus & Mission Bay Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Specimen Preparation:**

Centrifuge the cold sample as quickly as possible and separate the plasma from blood cells according to the specimen collection tube manufacturer's instructions. Ensure centrifugation is adequate to remove platelets.

**NOTE:** Rapid separation of plasma from blood cells is critical for obtaining reliable results. The standard recommendation is no more than 15 minutes from sample collection to the start of centrifugation. Timing is especially critical for patients with liver disease. Delays exceeding 15 minutes have been shown to increase ammonia concentration even at 0°C.

Once the plasma sample is obtained, it should be maintained on ice or refrigerated and analyzed immediately.

If the test is ordered routine or at Mt. Zion, collect the specimen and centrifuge within 15 minutes. Aliquot and freeze the plasma at -20C immediately and send to Moffitt/Long on next scheduled delivery run.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.7 mL plasma

**Unacceptable Conditions:**

If sample is NOT delivered on ice or processed rapidly enough then immediately transport sample to the testing section for analysis. Inform them the specimen was NOT received on ice or NOT processed rapidly enough and a note should be attached to the result that gets reported.

**Stability (from collection to initiation):**

Sample should be transported to the lab on ice immediately after draw and the plasma separation from cells should be completed within less than 15 minutes of the blood draw. Once the plasma sample is obtained, it should be maintained on ice or refrigerated and analyzed immediately.

If the plasma cannot be analyzed immediately, it is stable on ice or in the refrigerator for 2 hours and 3 weeks at -20C.

**RESULT INTERPRETATION****Units:**

μmol/L

**Reference Interval:**

| Age                                                                                                                                                           | μmol/L |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 0-14 days                                                                                                                                                     | 21-95  |
| 15 days - 6 years                                                                                                                                             | 16-68  |
| >6 years                                                                                                                                                      | 18-72  |
| UCSF Clinical Lab verified the adult reference range stated in the Abbott Ammonia package insert (July 2017) by running 20 male and 20 female lab volunteers. |        |
| Pediatric reference ranges adapted from ARUP Laboratories (May 2019).                                                                                         |        |

**Critical Values:**

>150 μmol/L for patients less than 18 years of age

**Additional Information:**

Fasting sample recommended.

NOTE: Ammonia cannot be 'added-on' to a previously tested sample

Specimens should be sampled from free flowing blood without the use of tourniquets or heel/finger sticks. False positive elevations of ammonia can be caused by many factors including use of capillary samples or by delay between sampling and centrifugation (Clinical Biochemistry 40:531-535, 2007).

Newborn reference range adopted from Maranda et al., Clinical Biochemistry 40:531-535, 2007.

**ADMINISTRATIVE****CPT Codes:**

82140

**LOINC Codes:**

22763-7

**COMPLETE VIEW****Available Stat:**

Yes (always run STAT)

**Test Code:**

NH3

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Glutamate dehydrogenase

**Remarks:**

Fasting sample recommended. Pre-chill tube. Deliver to lab immediately on ice.

Specimens should be sampled from free flowing blood without the use of tourniquets or heel/finger sticks.

NOTE: Ammonia cannot be 'added-on' to a previously tested sample

Use plasma collected by standard venipuncture techniques. As erythrocytes contain ammonia levels approximately three times that of plasma, hemolyzed samples may result in significant interference.

Acceptable anticoagulants are lithium heparin (with or without gel barrier), sodium heparin, and EDTA. Do not use ammonium heparin.

**NOTE:** Rapid separation of plasma from blood cells is critical for obtaining reliable results. The standard recommendation is no more than 15 minutes from sample collection to the start of centrifugation. Timing is especially critical for patients with liver disease. Delays exceeding 15 minutes have been shown to increase ammonia concentration even at 0°C. Once the plasma sample is obtained, it should be maintained on ice or refrigerated and analyzed immediately.**Collect:**

Light Green top (on ice)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Heparinized plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.7 mL plasma

**Unacceptable Conditions:**

If sample is NOT delivered on ice or processed rapidly enough then immediately transport sample to the testing section for analysis. Inform them the specimen was NOT received on ice or NOT processed rapidly enough and a note should be attached to the result that gets reported.

**Specimen Preparation:**

Centrifuge the cold sample as quickly as possible and separate the plasma from blood cells according to the specimen collection tube manufacturer's instructions. Ensure centrifugation is adequate to remove platelets.

**NOTE:** Rapid separation of plasma from blood cells is critical for obtaining reliable results. The standard recommendation is no more than 15 minutes from sample collection to the start of centrifugation. Timing is especially critical for patients with liver disease. Delays exceeding 15 minutes have been shown to increase ammonia concentration even at 0°C.

Once the plasma sample is obtained, it should be maintained on ice or refrigerated and analyzed immediately.

If the test is ordered routine or at Mt. Zion, collect the specimen and centrifuge within 15 minutes. Aliquot and freeze the plasma at -20C immediately and send to Moffitt/Long on next scheduled delivery run.

**Units:**

μmol/L

**Reference Interval:**

| Age                                                                                                                                                                                                                                               | μmol/L |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 0-14 days                                                                                                                                                                                                                                         | 21-95  |
| 15 days - 6 years                                                                                                                                                                                                                                 | 16-68  |
| >6 years                                                                                                                                                                                                                                          | 18-72  |
| <p>UCSF Clinical Lab verified the adult reference range stated in the Abbott Ammonia package insert (July 2017) by running 20 male and 20 female lab volunteers.</p> <p>Pediatric reference ranges adapted from ARUP Laboratories (May 2019).</p> |        |

**Critical Values:**

>150 μmol/L for patients less than 18 years of age

**Synonyms:**

- NH<sub>3</sub>

**Stability (from collection to initiation):**

Sample should be transported to the lab on ice immediately after draw and the plasma separation from cells should be completed within less than 15 minutes of the blood draw. Once the plasma sample is obtained, it should be maintained on ice or refrigerated and analyzed immediately.

If the plasma cannot be analyzed immediately, it is stable on ice or in the refrigerator for 2 hours and 3 weeks at -20C.

**Reported:**

1 hour

**Additional Information:**

Fasting sample recommended.

NOTE: Ammonia cannot be 'added-on' to a previously tested sample

Specimens should be sampled from free flowing blood without the use of tourniquets or heel/finger sticks. False positive elevations of ammonia can be caused by many factors including use of capillary samples or by delay between sampling and centrifugation (Clinical Biochemistry 40:531-535, 2007).

Newborn reference range adopted from Maranda et al., Clinical Biochemistry 40:531-535, 2007.

**CPT Codes:**

82140

**LOINC Codes:**

22763-7



# Amphetamine Screen, Urine

LAB357

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Competitive enzyme immunoassay method using G6PDH-labeling

**Reported:**

STAT 2 hours, Routine 4 hours

**Additional Information:**

A concentration of < 1000 µg/L is considered negative by this test. A positive result is  $\geq 1000$  µg/L and indicates the presence of this class of drugs. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This assay detects amphetamine and methamphetamine and has some cross reactivity with MDA (methylenedioxymphetamine) and MDMA (methylenedioxymethamphetamine; ecstasy).

[Click here for a List of Cross Reactive Substances](#)

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Contact laboratory at x 31667 to request confirmatory testing. Confirmation test code AMPQNT. Samples are held for 7 days. False negative results are also possible, for example, with use of newer designer amine compounds.

Amphetamine can be detected in urine from 24 hours up to 9 days after use. Methamphetamine can typically be detected 1.5-6 days after use. (From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205).

**Synonyms:**

- AMPU

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 2 weeks

## PROCESSING

**Test Code:**

AMPU

**Test Group:**

Amphetamine

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 2 weeks

**RESULT INTERPRETATION****Reference Interval:**

Negative

Note: a negative result indicates that this class of drugs is not present, or they are present at a concentration below the cut-off concentration of 1000 µg/L.

**Additional Information:**

A concentration of < 1000 µg/L is considered negative by this test. A positive result is ≥ 1000 µg/L and indicates the presence of this class of drugs. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This assay detects amphetamine and methamphetamine and has some cross reactivity with MDA (methylenedioxymphetamine) and MDMA (methylenedioxymethamphetamine; ecstasy).

[Click here for a List of Cross Reactive Substances](#)

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Contact laboratory at x 31667 to request confirmatory testing. Confirmation test code AMPQNT. Samples are held for 7 days. False negative results are also possible, for example, with use of newer designer amine compounds.

Amphetamine can be detected in urine from 24 hours up to 9 days after use. Methamphetamine can typically be detected 1.5-6 days after use. (From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205).

**ADMINISTRATIVE****CPT Codes:**

80307

**LOINC Codes:**

19343-3

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

AMPU

**Test Group:**

Amphetamine

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Competitive enzyme immunoassay method using G6PDH-labeling

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Reference Interval:**

Negative

Note: a negative result indicates that this class of drugs is not present, or they are present at a concentration below the cut-off concentration of 1000 µg/L.

**Synonyms:**

- AMPU

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 2 weeks

**Reported:**

STAT 2 hours, Routine 4 hours

**Additional Information:**

A concentration of < 1000 µg/L is considered negative by this test. A positive result is ≥ 1000 µg/L and indicates the presence of this class of drugs. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This assay detects amphetamine and methamphetamine and has some cross reactivity with MDA (methylenedioxymphetamine) and MDMA (methylenedioxymethamphetamine; ecstasy).

[Click here for a List of Cross Reactive Substances](#)

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Contact laboratory at x 31667 to request confirmatory testing. Confirmation test code AMPQNT. Samples are held for 7 days. False negative results are also possible, for example, with use of newer designer amine compounds.

Amphetamine can be detected in urine from 24 hours up to 9 days after use. Methamphetamine can typically be detected 1.5-6 days after use. (From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205).

**CPT Codes:**

80307

**LOINC Codes:**

19343-3

# Amphetamines, Urine, Quantitative

LAB6201

## ORDERING

**Ordering Recommendations:**

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Amphetamines Urine Screen with Reflex to Quantitation (2012209).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-4 days

**Synonyms:**

- Adderall
- Amphetamine
- Benzedrine
- Carbex
- Deprenyl
- Desoxyephedrine
- Desoxyn
- Dexedrine
- Dextroamphetamine
- Ecstasy
- Eldepryl
- Emsam
- Eve
- Lisdexamfetamine
- MDA
- MDEA
- MDMA
- MDMA Confirmation, Urine
- Methamphetamine
- Methedrine
- Pain Management
- Pain Management, Amphetamines, Quantitative, with medMATCH, Urine
- Pain Management, Amphetamines, with Confirmation with medMATCH, Urine
- Pain Management, MDMA/MDA Quantitative, Urine
- Pain Management, MDMA/MDA, Quantitative, with medMATCH, Urine
- Paremyd
- Selegiline
- Vicks Inhaler
- Vyvanse
- XTC
- Zelapor
- AMPQNT

## COLLECTION

**Label Abbreviation:**

AMPQNT

**Collect:**

Random urine.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

## PROCESSING

**Test Code:**  
AMPQNT

**ARUP Test Code:**  
2010075

**Sendout:**  
Yes

**Performing Lab:**  
ARUP

**Specimen Preparation:**  
Transfer 0.5 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.3 mL)

**Unacceptable Conditions:**  
Specimens exposed to repeated freeze/thaw cycles.

**Stability (from collection to initiation):**  
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Storage/Transport Temperature:**  
Room temperature

## RESULT INTERPRETATION

**Reference Interval:**  
Effective November 11, 2018

| Drugs Covered                            | Cutoff Concentrations |
|------------------------------------------|-----------------------|
| Amphetamine                              | 50 ng/mL              |
| Methamphetamine                          | 200 ng/mL             |
| Methylenedioxymphetamine (MDA)           | 200 ng/mL             |
| Methylenedioxymphetamine (Ecstasy, MDMA) | 200 ng/mL             |
| Methylenedioxymphetamine (Eve, MDEA)     | 200 ng/mL             |
| Phentermine                              | 200 ng/mL             |

**Interpretive Data:**  
Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry.

Positive cutoff: 200 ng/mL unless specified below:  
Amphetamine: 50 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

## ADMINISTRATIVE

**CPT Codes:**  
80325; 80359 (Alt code: G0480)

**LOINC:**

- 19570-1
- 27085-0
- 3780-4
- 18355-8
- 20557-5
- 19346-6

## COMPLETE VIEW

**Available Stat:**  
No

**Ordering Recommendations:**  
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Amphetamines Urine Screen with Reflex to Quantitation (2012209).

**Test Code:**  
AMPQNT

**ARUP Test Code:**

2010075

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Random urine.

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

**Specimen Preparation:**

Transfer 0.5 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.3 mL)

**Reference Interval:**

Effective November 11, 2018

| Drugs Covered                                 | Cutoff Concentrations |
|-----------------------------------------------|-----------------------|
| Amphetamine                                   | 50 ng/mL              |
| Methamphetamine                               | 200 ng/mL             |
| Methylenedioxymphetamine (MDA)                | 200 ng/mL             |
| Methylenedioxymethamphetamine (Ecstasy, MDMA) | 200 ng/mL             |
| Methylenedioxyethylamphetamine (Eve, MDEA)    | 200 ng/mL             |
| Phentermine                                   | 200 ng/mL             |

**Interpretive Data:**

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry.

Positive cutoff: 200 ng/mL unless specified below:

Amphetamine: 50 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

**Synonyms:**

- Adderall
- Amphetamine
- Benzedrine
- Carbox
- Deprenyl
- Desoxyephedrine
- Desoxyn
- Dexedrine
- Dextroamphetamine
- Ecstasy
- Eldepryl
- Emsam
- Eve
- Lisdexamfetamine
- MDA
- MDEA
- MDMA
- MDMA Confirmation, Urine
- Methamphetamine
- Methedrine
- Pain Management
- Pain Management, Amphetamines, Quantitative, with medMATCH, Urine
- Pain Management, Amphetamines, with Confirmation with medMATCH, Urine
- Pain Management, MDMA/MDA Quantitative, Urine
- Pain Management, MDMA/MDA, Quantitative, with medMATCH, Urine
- Paremyd
- Selegiline
- Vicks Inhaler
- Vyvanse
- XTC
- Zelapor
- AMPQNT

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Reported:**

1-4 days

**CPT Codes:**

80325; 80359 (Alt code: G0480)

**LOINC:**

- 19570-1
- 27085-0
- 3780-4
- 18355-8
- 20557-5
- 19346-6

**Notes:**

Compare to Pain Management, MDMA/MDA, Quantitative, with medMATCH, Urine; Pain Management, Amphetamines, with Confirmation with medMATCH, Urine; Pain Management, Amphetamines, Quantitative, with medMATCH, Urine.

# Amylase, Body Fluid

LAB178

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

CNPG3 Substrate and measurement of rate of formation of 2-chloro-4-nitrophenol - Abbott Architect c8000

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

**Synonyms:**

- Diastase

## COLLECTION

**Sample Type:**

Body Fluid

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Preferred Volume:**

0.5 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

| Storage Temperature | Maximum Storage Time (Body Fluid) |
|---------------------|-----------------------------------|
| 20-25°C             | 1 week                            |
| 2-8°C               | 1 month                           |
| <=-20° C            | 1 month                           |

ARUP laboratories. <http://ltd.aruplab.com/Tests/Pub/0020506>

## PROCESSING

**Test Code:**

AMYB

**Test Group:**

Amylase

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Preferred Volume:**

0.5 mL fluid

**Minimum Volume:**

0.2 mL fluid



**Stability (from collection to initiation):**

| Storage Temperature | Maximum Storage Time (Body Fluid) |
|---------------------|-----------------------------------|
| 20-25°C             | 1 week                            |
| 2-8°C               | 1 month                           |
| ≤ -20° C            | 1 month                           |

ARUP laboratories. <http://ltd.aruplab.com/Tests/Pub/0020506>

**RESULT INTERPRETATION****Units:**

U/L

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

**ADMINISTRATIVE****CPT Codes:**

82150

**LOINC Codes:**

1795-4

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

AMYB

**Test Group:**

Amylase

**Performing Lab:**

Parnassus & Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

CNPG3 Substrate and measurement of rate of formation of 2-chloro-4-nitrophenol - Abbott Architect c8000

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Sample Type:**

Body Fluid

**Preferred Volume:**

0.5 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Units:**

U/L

**Synonyms:**

- Diastase

**Stability (from collection to initiation):**

| Storage Temperature | Maximum Storage Time (Body Fluid) |
|---------------------|-----------------------------------|
| 20-25°C             | 1 week                            |
| 2-8°C               | 1 month                           |
| <=-20° C            | 1 month                           |

ARUP laboratories. <http://ltd.aruplab.com/Tests/Pub/0020506>

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

**CPT Codes:**

82150

**LOINC Codes:**

1795-4

# Amylase, Serum/Plasma

LAB48

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

CNPG3 Substrate and measurement of rate of formation of 2-chloro-4-nitrophenol - Abbott Architect c8000

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Note that this assay reacts with both pancreatic and salivary amylase.

**Synonyms:**

- Diastase
- AMY

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature or refrigerated 7 days, frozen at -20C 1 year.

## PROCESSING

**Test Code:**

AMY

**Test Group:**

Amylase

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature or refrigerated 7 days, frozen at -20C 1 year.

## RESULT INTERPRETATION

**Units:**

U/L

**Reference Interval:**

|                    |        |
|--------------------|--------|
| Age                | U/L    |
| 0-14 days          | 3-10   |
| 15 days - 12 weeks | 2-22   |
| 13 weeks - <1 year | 3-50   |
| 1-17 years         | 25-101 |
| 18-70 years        | 25-125 |
| >70 years          | 20-160 |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <https://caliper.research.sickkids.ca/#/>

UCSF Clinical Labs verified the adult reference range stated in the Abbott Amylase package insert (August 2015) by running 20 male and 20 female lab volunteers.

**Additional Information:**

Note that this assay reacts with both pancreatic and salivary amylase.

**ADMINISTRATIVE****CPT Codes:**

82150

**LOINC Codes:**

1798-8

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

AMY

**Test Group:**

Amylase

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

CNPG3 Substrate and measurement of rate of formation of 2-chloro-4-nitrophenol - Abbott Architect c8000

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

U/L

**Reference Interval:**

| Age                | U/L    |
|--------------------|--------|
| 0-14 days          | 3-10   |
| 15 days - 12 weeks | 2-22   |
| 13 weeks - <1 year | 3-50   |
| 1-17 years         | 25-101 |
| 18-70 years        | 25-125 |
| >70 years          | 20-160 |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/#/>

UCSF Clinical Labs verified the adult reference range stated in the Abbott Amylase package insert (August 2015) by running 20 male and 20 female lab volunteers.

**Synonyms:**

- Diastase
- AMY

**Stability (from collection to initiation):**

Room temperature or refrigerated 7 days, frozen at -20C 1 year.

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Note that this assay reacts with both pancreatic and salivary amylase.

**CPT Codes:**

82150

**LOINC Codes:**

1798-8

# Amylase, Urine, Random

LAB3060

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, &amp; Saint Francis Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

CNPG3 Substrate and measurement of rate of formation of 2-chloro-4-nitrophenol

**Reported:**

STAT 1 hour, Routine same or next day

**Synonyms:**

- Diastase
- AMYUR

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 10 days, frozen at -20C 3 weeks

## PROCESSING

**Test Code:**

AMYUR

**Test Group:**

Amylase

**Performing Lab:**

Parnassus, Mission Bay, &amp; Saint Francis Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 10 days, frozen at -20C 3 weeks

## RESULT INTERPRETATION

**Units:**

U/L

## ADMINISTRATIVE

**CPT Codes:**

82150

**LOINC Codes:**

1799-6

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

AMYUR

**Test Group:**

Amylase

**Performing Lab:**

Parnassus, Mission Bay, & Saint Francis Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

CNPG3 Substrate and measurement of rate of formation of 2-chloro-4-nitrophenol

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Units:**

U/L

**Synonyms:**

- Diastase
- AMYUR

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 10 days, frozen at -20C 3 weeks

**Reported:**

STAT 1 hour, Routine same or next day

**CPT Codes:**

82150

**LOINC Codes:**

1799-6

# Amylase, Urine, Timed

LAB360

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, &amp; Saint Francis Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

CNPG3 Substrate and measurement of rate of formation of 2-chloro-4-nitrophenol - Abbott Architect c8000/c4100

**Reported:**

STAT 1 hour, Routine same or next day

**Synonyms:**

- Diastase
- AMYU

## COLLECTION

**Sample Type:**

Timed urine collection (2 hour) with no preservative

**Collect:**

2 hour urine collection container

**Amount to Collect:**

Complete collection

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Remarks:**

Two hour collection recommended

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 10 days, frozen at -20C 3 weeks

## PROCESSING

**Test Code:**

AMYU

**Test Group:**

Amylase

**Performing Lab:**

Parnassus, Mission Bay, &amp; Saint Francis Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 10 days, frozen at -20C 3 weeks

## RESULT INTERPRETATION

**Units:**

U/hour

**Reference Interval:**

1-17 U/hour

## ADMINISTRATIVE

**CPT Codes:**

82150



**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

AMYU

**Test Group:**

Amylase

**Performing Lab:**

Parnassus, Mission Bay, &amp; Saint Francis Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

CNPG3 Substrate and measurement of rate of formation of 2-chloro-4-nitrophenol - Abbott Architect c8000/c4100

**Remarks:**

Two hour collection recommended

**Collect:**

2 hour urine collection container

**Amount to Collect:**

Complete collection

**Sample Type:**

Timed urine collection (2 hour) with no preservative

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Units:**

U/hour

**Reference Interval:**

1-17 U/hour

**Synonyms:**

- Diastase
- AMYU

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 10 days, frozen at -20C 3 weeks

**Reported:**

STAT 1 hour, Routine same or next day

**CPT Codes:**

82150

# Anaplasma phagocytophilum, Antibodies, IgG & IgM

LAB3601

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunofluorescent assay

**Reported:**

Set up 6x per week, turnaround 4-5 days.

**Synonyms:**

- Ehrlichia phagocytophilia
- Ehrlichia equi
- Human granulocytic ehrlichiosis
- human granulocytic anaplasmosis
- HGE
- HGA

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ANAPL

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Remarks:**

If B/T patient, requires prior authorization for outside testing at Quest, no longer offered at LabCorp.

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month.

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

ANAPL

**Test Group:**

Ehrlichia

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze serum. Order Quest test # 83386N.

If B/T patient, requires prior authorization for outside testing at Quest, no longer offered at LabCorp.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

titer

**Reference Interval:**

IgG: &lt; 1:64 titer

IgM: &lt; 1:20 titer

**ADMINISTRATIVE****CPT Codes:**

86666-90 x2

**LOINC Codes:**

30338-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ANAPL

**Test Group:**

Ehrlichia

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Immunoflourescent assay

**Remarks:**

If B/T patient, requires prior authorization for outside testing at Quest, no longer offered at LabCorp.

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

3 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Freeze serum. Order Quest test # 83386N.

If B/T patient, requires prior authorization for outside testing at Quest, no longer offered at LabCorp.

**Units:**

titer

**Reference Interval:**

IgG: &lt; 1:64 titer

IgM: &lt; 1:20 titer

**Synonyms:**

- Ehrlichia phagocytophilia
- Ehrlichia equi
- Human granulocytic ehrlichiosis
- human granulocytic anaplasmosis
- HGE
- HGA

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month.

**Reported:**

Set up 6x per week, turnaround 4-5 days.

**CPT Codes:**

86666-90 x2

**LOINC Codes:**

30338-8

**Androstanediol Glucuronide, 3 alpha-**  
AGLU

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Quest

**Methodology:**  
Enzyme digestion, chromatography, RIA

**Reported:**  
Test run Monday and Thursday. Turnaround time: 4-7 days.

**Additional Information:**  
3a-Androstanediol Glucuronide is useful in evaluating idiopathic hirsutism in women, especially when the total testosterone concentrations are not elevated.

**COLLECTION**

**Sample Type:**  
Serum

**Collect:**  
Gold top, Red top

**Amount to Collect:**  
4 mL blood

**Preferred Volume:**  
2 mL serum

**Minimum Volume:**  
0.3 mL serum

**PROCESSING**

**Test Code:**  
AGLU

**Sendout:**  
Yes

**Performing Lab:**  
Quest

**Specimen Preparation:**  
Refrigerate. Order Quest test # 5276X .

**Preferred Volume:**  
2 mL serum

**Minimum Volume:**  
0.3 mL serum

**RESULT INTERPRETATION**

**Units:**  
ng/dL

|                            |             |
|----------------------------|-------------|
| <b>Reference Interval:</b> |             |
| Prepubertal                | 10-60 ng/dL |

Tanner Stages II-III:

|         |              |
|---------|--------------|
| Males   | 19-164 ng/mL |
| Females | 33-244 ng/dL |

>= 18 year olds:

|         |                |
|---------|----------------|
| Males   | 260-1500 ng/dL |
| Females | 60-300 ng/dL   |

**Additional Information:**

3a-Androstenediol Glucuronide is useful in evaluating idiopathic hirsutism in women, especially when the total testosterone concentrations are not elevated.

**ADMINISTRATIVE****CPT Codes:**

82154-90

**LOINC Codes:**

1680-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AGLU

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Enzyme digestion, chromatography, RIA

**Collect:**

Gold top, Red top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Refrigerate. Order Quest test # 5276X .

**Units:**

ng/dL

**Reference Interval:**

|             |             |
|-------------|-------------|
| Prepubertal | 10-60 ng/dL |
|-------------|-------------|

**Tanner Stages II-III:**

|         |              |
|---------|--------------|
| Males   | 19-164 ng/mL |
| Females | 33-244 ng/dL |

**>= 18 year olds:**

|         |                |
|---------|----------------|
| Males   | 260-1500 ng/dL |
| Females | 60-300 ng/dL   |

**Reported:**

Test run Monday and Thursday. Turnaround time: 4-7 days.

**Additional Information:**

3a-Androstenediol Glucuronide is useful in evaluating idiopathic hirsutism in women, especially when the total testosterone concentrations are not elevated.

**CPT Codes:**

82154-90

**LOINC Codes:**

1680-8

# Androstenedione

LAB518

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

Test performed Tuesday-Saturday. Turnaround time: 2-4 days.

**Additional Information:**

To convert ng/dL to nmol/L (SI units) multiply by 0.0349. Newborn reference ranges are taken from Tietz, NW, Clinical Guide to Laboratory Tests, 2nd ed., 1990, Saunders, Philadelphia.

## COLLECTION

**Patient Preparation:**

Early AM sample preferred

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

ASDN

**Collect:**Red top preferred (Gold top **NOT** acceptable), EDTA, Light Green and Dark Green acceptable**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum plasma

**Minimum Volume:**

0.25 mL serum or plasma

**Remarks:**

Early AM sample preferred

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 4 weeks, frozen at -20C 2 years

**Unacceptable Conditions:**

Sample collected in Gold top

## PROCESSING

**Test Code:**

ASDN

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 17182.

**Preferred Volume:**

1 mL serum plasma

**Minimum Volume:**

0.25 mL serum or plasma

**Unacceptable Conditions:**

Sample collected in Gold top

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 4 weeks, frozen at -20C 2 years

## RESULT INTERPRETATION

**Units:**

ng/dL

**Reference Interval:**

## Pediatric:

|             |              |
|-------------|--------------|
| 1-12 months | 6-78 ng/dL   |
| 1-4 years   | 5-51 ng/dL   |
| 5-9 years   | 6-115 ng/dL  |
| 10-13 years | 12-221 ng/dL |
| 14-17 years | 22-225 ng/dL |

|                                 |              |
|---------------------------------|--------------|
| Premature infants (31-35 weeks) | <= 480 ng/dL |
| Term infants                    | <= 290 ng/dL |

## Tanner Stages:

|                |              |
|----------------|--------------|
| II-III Males   | 17-82 ng/dL  |
| II-III Females | 43-180 ng/dL |
| IV-V Males     | 57-150 ng/dL |
| IV-V Females   | 7-68 ng/dL   |

## &gt;= 18 year old male:

|             |              |
|-------------|--------------|
| 18-30 years | 50-220 ng/dL |
| 31-50 years | 40-190 ng/dL |
| 51-60 years | 50-220 ng/dL |

## &gt;= 18 year old female:

|                |              |
|----------------|--------------|
| Follicular     | 35-250 ng/dL |
| Mid-cycle      | 60-285 ng/dL |
| Luteal         | 30-235 ng/dL |
| Postmenopausal | 20-75 ng/dL  |

**Additional Information:**

To convert ng/dL to nmol/L (SI units) multiply by 0.0349. Newborn reference ranges are taken from Tietz, NW, Clinical Guide to Laboratory Tests, 2nd ed., 1990, Saunders, Philadelphia.

**ADMINISTRATIVE****CPT Codes:**

82157-90

**LOINC Codes:**

1854-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ASDN

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Patient Preparation:**

Early AM sample preferred

**Remarks:**

Early AM sample preferred

**Collect:**Red top preferred (Gold top **NOT** acceptable), EDTA, Light Green and Dark Green acceptable



**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

1 mL serum plasma

**Minimum Volume:**

0.25 mL serum or plasma

**Unacceptable Conditions:**

Sample collected in Gold top

**Specimen Preparation:**

Refrigerate. Order Quest # 17182.

**Units:**

ng/dL

**Reference Interval:**

Pediatric:

|             |              |
|-------------|--------------|
| 1-12 months | 6-78 ng/dL   |
| 1-4 years   | 5-51 ng/dL   |
| 5-9 years   | 6-115 ng/dL  |
| 10-13 years | 12-221 ng/dL |
| 14-17 years | 22-225 ng/dL |

|                                 |              |
|---------------------------------|--------------|
| Premature infants (31-35 weeks) | <= 480 ng/dL |
| Term infants                    | <= 290 ng/dL |

**Tanner Stages:**

|                |              |
|----------------|--------------|
| II-III Males   | 17-82 ng/dL  |
| II-III Females | 43-180 ng/dL |
| IV-V Males     | 57-150 ng/dL |
| IV-V Females   | 7-68 ng/dL   |

**>= 18 year old male:**

|             |              |
|-------------|--------------|
| 18-30 years | 50-220 ng/dL |
| 31-50 years | 40-190 ng/dL |
| 51-60 years | 50-220 ng/dL |

**>= 18 year old female:**

|                |              |
|----------------|--------------|
| Follicular     | 35-250 ng/dL |
| Mid-cycle      | 60-285 ng/dL |
| Luteal         | 30-235 ng/dL |
| Postmenopausal | 20-75 ng/dL  |

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 4 weeks, frozen at -20C 2 years

**Reported:**

Test performed Tuesday-Saturday. Turnaround time: 2-4 days.

**Additional Information:**

To convert ng/dL to nmol/L (SI units) multiply by 0.0349. Newborn reference ranges are taken from Tietz, NW, Clinical Guide to Laboratory Tests, 2nd ed., 1990, Saunders, Philadelphia.

**CPT Codes:**

82157-90

**LOINC Codes:**

1854-9

# Aneuvysion FISH 13/21

A1321, BA1321

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical genomics - Cytogenetics

**Performed:**

Set up daily, Monday - Friday

**Methodology:**

Fluorescent in-situ hybridization (FISH)

**Reported:**

2-3 days

**Additional Information:**

Direct FISH is limited to the detection of aneuploidy (increase or decrease in copy number) of chromosomes 13, 18, 21, X and Y by analyzing INTERPHASE nuclei. A normal result indicates that no numeric abnormality of chromosomes 13, 18, 21, X and Y were identified. It does not rule out the possibility of structural defects or numeric defects in other chromosomes.

DIRECT FISH results are preliminary: G-banded chromosome analysis of 15 colonies or 20 cells remains the standard of care for prenatal diagnosis and all cytogenetic studies. It is also standard of care that no irreversible therapeutic action be initiated on the basis of DIRECT FISH results alone. About one third of all chromosome abnormalities cannot be detected by DIRECT FISH, including structural abnormalities, mosaicism, and numerical abnormalities of other chromosomes.

"Direct FISH" is the UCSF Cytogenetics name for interphase fluorescence in situ hybridization (FISH) analysis for chromosomes 13, 18, 21, X, and Y.

Each FISH test is developed and its performance characteristics determined by the UCSF Cytogenetics Laboratory as required by CLIA '88 regulations. It has not been cleared or approved for specific uses by the U.S. Food and Drug Administration. All FISH probes undergo internal validation and quality control testing at UCSF Cytogenetics Lab prior to use.

**Reflex Testing:**

If an abnormality is detected the Director will determine the appropriate additional studies to be performed to characterize the abnormality.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**Synonyms:**

- AV 18/XY
- Direct aneuploidy FISH 18/XY
- A1321
- BA1321

## COLLECTION

**Sample Type:**

Heparinized whole blood, Amniotic fluid, CVS, POC

**Collect:**

Blood: Dark green top

Amniotic fluid: Sterile screw top container

CVS or POC: 15 mL centrifuge tube with transport media (Avaialable from Cytogenetics: 353-4844)

**Preferred Volume:**

Whole blood, child or adult: 5 mL

Whole blood, infant: 2 mL

Amniotic fluid: 10 mL

CVS: 10 mg

POC: 10 mg

**Minimum Volume:**

Whole blood, child or adult: 2 mL

Whole blood, infant: 1 mL

Amniotic fluid: 5 mL

CVS: 5 mg

POC: 5 mg

**Stability (from collection to initiation):**

1-2 days

**PROCESSING****Test Code:**

BA1321: Blood  
A1321: Amniotic fluid, CVS

**Test Group:**

FISH

**Performing Lab:**

Medical genomics - Cytogenetics

**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Preferred Volume:**

Whole blood, child or adult: 5 mL  
Whole blood, infant: 2 mL  
Amniotic fluid: 10 mL  
CVS: 10 mg  
POC: 10 mg

**Minimum Volume:**

Whole blood, child or adult: 2 mL  
Whole blood, infant: 1 mL  
Amniotic fluid: 5 mL  
CVS: 5 mg  
POC: 5 mg

**Stability (from collection to initiation):**

1-2 days

**RESULT INTERPRETATION****Additional Information:**

Direct FISH is limited to the detection of aneuploidy (increase or decrease in copy number) of chromosomes 13, 18, 21, X and Y by analyzing INTERPHASE nuclei. A normal result indicates that no numeric abnormality of chromosomes 13, 18, 21, X and Y were identified. It does not rule out the possibility of structural defects or numeric defects in other chromosomes.

DIRECT FISH results are preliminary: G-banded chromosome analysis of 15 colonies or 20 cells remains the standard of care for prenatal diagnosis and all cytogenetic studies. It is also standard of care that no irreversible therapeutic action be initiated on the basis of DIRECT FISH results alone. About one third of all chromosome abnormalities cannot be detected by DIRECT FISH, including structural abnormalities, mosaicism, and numerical abnormalities of other chromosomes.

"Direct FISH" is the UCSF Cytogenetics name for interphase fluorescence in situ hybridization (FISH) analysis for chromosomes 13, 18, 21, X, and Y.

Each FISH test is developed and its performance characteristics determined by the UCSF Cytogenetics Laboratory as required by CLIA '88 regulations. It has not been cleared or approved for specific uses by the U.S. Food and Drug Administration. All FISH probes undergo internal validation and quality control testing at UCSF Cytogenetics Lab prior to use.

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275, 88291

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BA1321: Blood  
A1321: Amniotic fluid, CVS

**Test Group:**

FISH

**Performing Lab:**

Medical genomics - Cytogenetics

**Performed:**

Set up daily, Monday - Friday

**Methodology:**

Fluorescent in-situ hybridization (FISH)

**Collect:**

Blood: Dark green top

Amniotic fluid: Sterile screw top container

CVS or POC: 15 mL centrifuge tube with transport media (Available from Cytogenetics: 353-4844)

**Sample Type:**

Heparinized whole blood, Amniotic fluid, CVS, POC

**Preferred Volume:**

Whole blood, child or adult: 5 mL

Whole blood, infant: 2 mL

Amniotic fluid: 10 mL

CVS: 10 mg

POC: 10 mg

**Minimum Volume:**

Whole blood, child or adult: 2 mL

Whole blood, infant: 1 mL

Amniotic fluid: 5 mL

CVS: 5 mg

POC: 5 mg

**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Synonyms:**

- AV 18/XY
- Direct aneuploidy FISH 18/XY
- A1321
- BA1321

**Stability (from collection to initiation):**

1-2 days

**Reported:**

2-3 days

**Reflex Testing:**

If an abnormality is detected the Director will determine the appropriate additional studies to be performed to characterize the abnormality.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**Additional Information:**

Direct FISH is limited to the detection of aneuploidy (increase or decrease in copy number) of chromosomes 13, 18, 21, X and Y by analyzing INTERPHASE nuclei. A normal result indicates that no numeric abnormality of chromosomes 13, 18, 21, X and Y were identified. It does not rule out the possibility of structural defects or numeric defects in other chromosomes.

DIRECT FISH results are preliminary: G-banded chromosome analysis of 15 colonies or 20 cells remains the standard of care for prenatal diagnosis and all cytogenetic studies. It is also standard of care that no irreversible therapeutic action be initiated on the basis of DIRECT FISH results alone. About one third of all chromosome abnormalities cannot be detected by DIRECT FISH, including structural abnormalities, mosaicism, and numerical abnormalities of other chromosomes.

"Direct FISH" is the UCSF Cytogenetics name for interphase fluorescence in situ hybridization (FISH) analysis for chromosomes 13, 18, 21, X, and Y.

Each FISH test is developed and its performance characteristics determined by the UCSF Cytogenetics Laboratory as required by CLIA '88 regulations. It has not been cleared or approved for specific uses by the U.S. Food and Drug Administration. All FISH probes undergo internal validation and quality control testing at UCSF Cytogenetics Lab prior to use.

**CPT Codes:**

88271 x2, 88275, 88291

**LDT or Modified FDA:**

Yes

# Aneuvysion FISH 18/XY

A18XY, BA18XY

## ORDERING

### Available Stat:

No

### Performing Lab:

Medical genomics - Cytogenetics

### Performed:

Set up daily, Monday - Friday

### Methodology:

Fluorescent in-situ hybridization (FISH)

### Reported:

2-3 days

### Additional Information:

Direct FISH is limited to the detection of aneuploidy (increase or decrease in copy number) of chromosomes 13, 18, 21, X and Y by analyzing INTERPHASE nuclei. A normal result indicates that no numeric abnormality of chromosomes 13, 18, 21, X and Y were identified. It does not rule out the possibility of structural defects or numeric defects in other chromosomes.

DIRECT FISH results are preliminary: G-banded chromosome analysis of 15 colonies or 20 cells remains the standard of care for prenatal diagnosis and all cytogenetic studies. It is also standard of care that no irreversible therapeutic action be initiated on the basis of DIRECT FISH results alone. About one third of all chromosome abnormalities cannot be detected by DIRECT FISH, including structural abnormalities, mosaicism, and numerical abnormalities of other chromosomes.

"Direct FISH" is the UCSF Cytogenetics name for interphase fluorescence in situ hybridization (FISH) analysis for chromosomes 13, 18, 21, X, and Y.

Each FISH test is developed and its performance characteristics determined by the UCSF Cytogenetics Laboratory as required by CLIA '88 regulations. It has not been cleared or approved for specific uses by the U.S. Food and Drug Administration. All FISH probes undergo internal validation and quality control testing at UCSF Cytogenetics Lab prior to use.

### Reflex Testing:

If an abnormality is detected the Director will determine the appropriate additional studies to be performed to characterize the abnormality.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

### Synonyms:

- AV 18/XY
- Direct aneuploidy FISH 18/XY
- A18XY
- BA18XY

## COLLECTION

### Sample Type:

Heparinized whole blood, Amniotic fluid, CVS, POC

### Collect:

Blood: Dark green top

Amniotic fluid: Sterile screw top container

CVS or POC: 15 mL centrifuge tube with transport media (Avaialable from Cytogenetics: 353-4844)

### Preferred Volume:

Whole blood, child or adult: 5 mL

Whole blood, infant: 2 mL

Amniotic fluid: 10 mL

CVS: 10 mg

POC: 10 mg

### Minimum Volume:

Whole blood, child or adult: 2 mL

Whole blood, infant: 2 mL

Amniotic fluid: 5 mL

CVS: 5 mg

POC: 5 mg

### Stability (from collection to initiation):

1-2 days

**PROCESSING****Test Code:**

BA18XY: Blood  
A18XY: Amniotic fluid, CVS

**Test Group:**

FISH

**Performing Lab:**

Medical genomics - Cytogenetics

**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Preferred Volume:**

Whole blood, child or adult: 5 mL  
Whole blood, infant: 2 mL  
Amniotic fluid: 10 mL  
CVS: 10 mg  
POC: 10 mg

**Minimum Volume:**

Whole blood, child or adult: 2 mL  
Whole blood, infant: 2 mL  
Amniotic fluid: 5 mL  
CVS: 5 mg  
POC: 5 mg

**Stability (from collection to initiation):**

1-2 days

**RESULT INTERPRETATION****Additional Information:**

Direct FISH is limited to the detection of aneuploidy (increase or decrease in copy number) of chromosomes 13, 18, 21, X and Y by analyzing INTERPHASE nuclei. A normal result indicates that no numeric abnormality of chromosomes 13, 18, 21, X and Y were identified. It does not rule out the possibility of structural defects or numeric defects in other chromosomes.

DIRECT FISH results are preliminary: G-banded chromosome analysis of 15 colonies or 20 cells remains the standard of care for prenatal diagnosis and all cytogenetic studies. It is also standard of care that no irreversible therapeutic action be initiated on the basis of DIRECT FISH results alone. About one third of all chromosome abnormalities cannot be detected by DIRECT FISH, including structural abnormalities, mosaicism, and numerical abnormalities of other chromosomes.

"Direct FISH" is the UCSF Cytogenetics name for interphase fluorescence in situ hybridization (FISH) analysis for chromosomes 13, 18, 21, X, and Y.

Each FISH test is developed and its performance characteristics determined by the UCSF Cytogenetics Laboratory as required by CLIA '88 regulations. It has not been cleared or approved for specific uses by the U.S. Food and Drug Administration. All FISH probes undergo internal validation and quality control testing at UCSF Cytogenetics Lab prior to use.

**ADMINISTRATIVE****CPT Codes:**

88271 x3, 88275, 88291

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BA18XY: Blood  
A18XY: Amniotic fluid, CVS

**Test Group:**

FISH

**Performing Lab:**

Medical genomics - Cytogenetics

**Performed:**

Set up daily, Monday - Friday

**Methodology:**

Fluorescent in-situ hybridization (FISH)

**Collect:**

Blood: Dark green top

Amniotic fluid: Sterile screw top container

CVS or POC: 15 mL centrifuge tube with transport media (Available from Cytogenetics: 353-4844)

**Sample Type:**

Heparinized whole blood, Amniotic fluid, CVS, POC

**Preferred Volume:**

Whole blood, child or adult: 5 mL

Whole blood, infant: 2 mL

Amniotic fluid: 10 mL

CVS: 10 mg

POC: 10 mg

**Minimum Volume:**

Whole blood, child or adult: 2 mL

Whole blood, infant: 2 mL

Amniotic fluid: 5 mL

CVS: 5 mg

POC: 5 mg

**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Synonyms:**

- AV 18/XY
- Direct aneuploidy FISH 18/XY
- A18XY
- BA18XY

**Stability (from collection to initiation):**

1-2 days

**Reported:**

2-3 days

**Reflex Testing:**

If an abnormality is detected the Director will determine the appropriate additional studies to be performed to characterize the abnormality.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**Additional Information:**

Direct FISH is limited to the detection of aneuploidy (increase or decrease in copy number) of chromosomes 13, 18, 21, X and Y by analyzing INTERPHASE nuclei. A normal result indicates that no numeric abnormality of chromosomes 13, 18, 21, X and Y were identified. It does not rule out the possibility of structural defects or numeric defects in other chromosomes.

DIRECT FISH results are preliminary: G-banded chromosome analysis of 15 colonies or 20 cells remains the standard of care for prenatal diagnosis and all cytogenetic studies. It is also standard of care that no irreversible therapeutic action be initiated on the basis of DIRECT FISH results alone. About one third of all chromosome abnormalities cannot be detected by DIRECT FISH, including structural abnormalities, mosaicism, and numerical abnormalities of other chromosomes.

"Direct FISH" is the UCSF Cytogenetics name for interphase fluorescence in situ hybridization (FISH) analysis for chromosomes 13, 18, 21, X, and Y.

Each FISH test is developed and its performance characteristics determined by the UCSF Cytogenetics Laboratory as required by CLIA '88 regulations. It has not been cleared or approved for specific uses by the U.S. Food and Drug Administration. All FISH probes undergo internal validation and quality control testing at UCSF Cytogenetics Lab prior to use.

**CPT Codes:**

88271 x3, 88275, 88291

**LDT or Modified FDA:**

Yes

# Angiotensin Converting Enzyme, CSF

LAB5527

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Spectrophotometric kinetic

**Reported:**

3-5 days

**Additional Information:**

This test is useful in diagnosing patients with sarcoidosis involving the central nervous system and meninges.

## COLLECTION

**Sample Type:**

CSF

**Label Abbreviation:**

ACEC

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.2 mL CSF

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen 2 months

## PROCESSING

**Test Code:**

ACEC

**Test Group:**

ACE

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze sample at -20C Order Quest # 34692N

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.2 mL CSF

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen 2 months

## RESULT INTERPRETATION

**Units:**

U/L

**Reference Interval:**

&lt;= 15 U/L

**Additional Information:**

This test is useful in diagnosing patients with sarcoidosis involving the central nervous system and meninges.



**ADMINISTRATIVE**

**CPT Codes:**  
82164-90

**COMPLETE VIEW**

**Available Stat:**  
No

**Test Code:**  
ACEC

**Test Group:**  
ACE

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Spectrophotometric kinetic

**Remarks:**  
Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**  
CSF tube or sterile collection tube

**Amount to Collect:**  
See preferred volume

**Sample Type:**  
CSF

**Preferred Volume:**  
1 mL CSF

**Minimum Volume:**  
0.2 mL CSF

**Specimen Preparation:**  
Freeze sample at -20C Order Quest # 34692N

**Units:**  
U/L

**Reference Interval:**  
≤ 15 U/L

**Stability (from collection to initiation):**  
Room temperature 4 days, refrigerated 1 week, frozen 2 months

**Reported:**  
3-5 days

**Additional Information:**  
This test is useful in diagnosing patients with sarcoidosis involving the central nervous system and meninges.

**CPT Codes:**  
82164-90

# Angiotensin Converting Enzyme, Serum

LAB179

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Wed-Mon

**Methodology:**

Spectrophotometry

**Reported:**

1-3 days

**Synonyms:**

- ACE

## COLLECTION

**Sample Type:**

Serum (preferred), plasma (acceptable)

**Label Abbreviation:**

ACE

**Collect:**

Gold or red top (preferred), green top (acceptable)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum/plasma

**Minimum Volume:**

0.5 mL serum/plasma

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 7 days

Frozen: 60 days

**Storage/Transport Temperature:**

Room temperature

**Rejection Criteria:**

Gross hemolysis, grossly lipemic

## PROCESSING

**Test Code:**

ACE

**Test Group:**

ACE

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

For serum samples centrifuge and separate serum within 1 hour of collection. Order Quest #683.

**Preferred Volume:**

1 mL serum/plasma

**Minimum Volume:**

0.5 mL serum/plasma

**Rejection Criteria:**

Gross hemolysis, grossly lipemic

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 7 days

Frozen: 60 days

**Storage/Transport Temperature:**

Room temperature

**RESULT INTERPRETATION****Units:**

U/L

**Reference Interval:**

6 months - 17 years: 13-100 U/L

Adult: 9-67 U/L

**ADMINISTRATIVE****CPT Codes:**

82164-90

**LOINC Codes:**

2742-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ACE

**Test Group:**

ACE

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Wed-Mon

**Methodology:**

Spectrophotometry

**Collect:**

Gold or red top (preferred), green top (acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum (preferred), plasma (acceptable)

**Preferred Volume:**

1 mL serum/plasma

**Minimum Volume:**

0.5 mL serum/plasma

**Rejection Criteria:**

Gross hemolysis, grossly lipemic

**Specimen Preparation:**

For serum samples centrifuge and separate serum within 1 hour of collection. Order Quest #683.

**Units:**

U/L

**Reference Interval:**

6 months - 17 years: 13-100 U/L

Adult: 9-67 U/L

**Synonyms:**

- ACE

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 7 days

Frozen: 60 days

**Reported:**

1-3 days

**CPT Codes:**

82164-90

**LOINC Codes:**

2742-5

## Anion Gap (Information only)

### ORDERING

**Available Stat:**

No

**Additional Information:**

Hypertriglyceridemia will tend to decrease the CO<sub>2</sub> results in both the Abbott and Roche assays. For every 1000 mg/dL increase in triglycerides, there is an approximate 10% decrease in CO<sub>2</sub>.

Abbott ref: Wiencek et al, Journal of Applied Laboratory Medicine, 2017, 02(01): 123-127.

Roche ref: Brock et al, Clinical Pathology and Research Journal, 2019, 3(1) (DOI: 10.23880/cprj-16000115).

The anion gap is calculated from the serum Sodium, Chloride and Total CO<sub>2</sub> values using the equation:  $\text{Na} - (\text{CL} + \text{CO}_2)$ . The calculation is automatic whenever all three of the electrolytes are ordered together. It is not a separately orderable test.

### RESULT INTERPRETATION

**Reference Interval:**

4-14

**Additional Information:**

Hypertriglyceridemia will tend to decrease the CO<sub>2</sub> results in both the Abbott and Roche assays. For every 1000 mg/dL increase in triglycerides, there is an approximate 10% decrease in CO<sub>2</sub>.

Abbott ref: Wiencek et al, Journal of Applied Laboratory Medicine, 2017, 02(01): 123-127.

Roche ref: Brock et al, Clinical Pathology and Research Journal, 2019, 3(1) (DOI: 10.23880/cprj-16000115).

The anion gap is calculated from the serum Sodium, Chloride and Total CO<sub>2</sub> values using the equation:  $\text{Na} - (\text{CL} + \text{CO}_2)$ . The calculation is automatic whenever all three of the electrolytes are ordered together. It is not a separately orderable test.

### COMPLETE VIEW

**Available Stat:**

No

**Reference Interval:**

4-14

**Additional Information:**

Hypertriglyceridemia will tend to decrease the CO<sub>2</sub> results in both the Abbott and Roche assays. For every 1000 mg/dL increase in triglycerides, there is an approximate 10% decrease in CO<sub>2</sub>.

Abbott ref: Wiencek et al, Journal of Applied Laboratory Medicine, 2017, 02(01): 123-127.

Roche ref: Brock et al, Clinical Pathology and Research Journal, 2019, 3(1) (DOI: 10.23880/cprj-16000115).

The anion gap is calculated from the serum Sodium, Chloride and Total CO<sub>2</sub> values using the equation:  $\text{Na} - (\text{CL} + \text{CO}_2)$ . The calculation is automatic whenever all three of the electrolytes are ordered together. It is not a separately orderable test.

# Anti-Adrenal Antibody Screen

LAB4490

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

IFA

**Reported:**

4-6 days

**Additional Information:**

Adrenal Antibody is detected in patients with autoimmune adrenal disease, e.g., Addison's disease.

**Reflex Testing:**

If screen is positive, titer will be performed automatically and reported separately.

**Synonyms:**

- ADLAB

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ADLAB

**Collect:**

Gold top or Red top vacutainer

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 2 weeks, frozen 1 month

## PROCESSING

**Test Code:**

ADLAB

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze serum. Transport to CB frozen. Order Quest test code 42465N

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 2 weeks, frozen 1 month

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Adrenal Antibody is detected in patients with autoimmune adrenal disease, e.g., Addison's disease.

**ADMINISTRATIVE**

**CPT Codes:**  
86255-90

**COMPLETE VIEW**

**Available Stat:**  
No

**Test Code:**  
ADRAB

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
IFA

**Collect:**  
Gold top or Red top vacutainer

**Amount to Collect:**  
4 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
2 mL serum

**Minimum Volume:**  
0.5 mL serum

**Specimen Preparation:**  
Aliquot an freeze serum. Transport to CB frozen. Order Quest test code 42465N

**Reference Interval:**  
Negative

**Synonyms:**  

- ADRAB

**Stability (from collection to initiation):**  
Room temperature 2 days, refrigerated 2 weeks, frozen 1 month

**Reported:**  
4-6 days

**Reflex Testing:**  
If screen is positive, titer will be performed automatically and reported separately.

**Additional Information:**  
Adrenal Antibody is detected in patients with autoimmune adrenal disease, e.g., Addison's disease.

**CPT Codes:**  
86255-90

# Anti-Angiotensin Type I Receptors

ILAT1R

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific HLA Class I antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring.

In addition to solid organ testing protocols, this test can be requested for evaluation of refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top x 2

**Amount to Collect:**

12 mL blood

**Preferred Volume:**

6 mL serum

**Remarks:**Please see ITL Sample Collection Guide [here](#).**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Rejection Criteria:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

HTAT1R (Sunquest: ILAT1R)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

6 mL serum

**Rejection Criteria:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

## RESULT INTERPRETATION



**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific HLA Class I antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring.

In addition to solid organ testing protocols, this test can be requested for evaluation of refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86832

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTAT1R (Sunquest: ILAT1R)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**

Please see ITL Sample Collection Guide [here](#).

**Collect:**

Red top x 2

**Amount to Collect:**

12 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

6 mL serum

**Rejection Criteria:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific HLA Class I antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring.

In addition to solid organ testing protocols, this test can be requested for evaluation of refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86832

# Antibody Screen (Indirect Coombs)

LAB278

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Reported:**

STAT 1 hour, ASAP 2 hours, Routine 4 hours

**Reflex Testing:**

If the test is positive, Antibody Identification will automatically be initiated at an additional charge to determine whether the result is due to an auto- or alloantibody.

**Synonyms:**

- Indirect coombs
- cord blood tests

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Remarks:**

Use BLOOD BANK requisition.

**Unacceptable Conditions:**

Unsigned, mislabeled or unlabeled sample

## PROCESSING

**Test Code:**

ICT

**Test Group:**

Coombs

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Blood Banks

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled or unlabeled sample

## RESULT INTERPRETATION

**Reference Interval:**

Negative

## ADMINISTRATIVE

**CPT Codes:**

86885

**LOINC Codes:**

1008-2

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

ICT

**Test Group:**

Coombs

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Remarks:**

Use BLOOD BANK requisition.

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled or unlabeled sample

**Reference Interval:**

Negative

**Synonyms:**

- Indirect coombs
- cord blood tests

**Reported:**

STAT 1 hour, ASAP 2 hours, Routine 4 hours

**Reflex Testing:**

If the test is positive, Antibody Identification will automatically be initiated at an additional charge to determine whether the result is due to an auto- or alloantibody.

**CPT Codes:**

86885

**LOINC Codes:**

1008-2

# Anti-IgA Antibody by ELISA (Test on Delay as of 03/18/2025)

MOLT

## ORDERING

**Ordering Recommendations:**

Use prior to transfusion or in possible transfusion reactions to determine the presence of anti-IgA antibodies in patients with selective IgA deficiency.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Varies

**Methodology:**

Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Reported:**

5-11 days

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

MOLT

**Collect:**

Plain red or serum separator tube (SST).

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 week; Frozen: 2 weeks

**Storage/Transport Temperature:**

Frozen. Also acceptable: Room temperature or refrigerated.

## PROCESSING

**Test Code:**

MOLT

**ARUP Test Code:**

2003126

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Additional Processing Instructions:**

Send samples to Central Processing

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 week; Frozen: 2 weeks

**Storage/Transport Temperature:**

Frozen. Also acceptable: Room temperature or refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**  
Refer to report

## ADMINISTRATIVE

**CPT Codes:**  
83520

**LOINC:**  

- 13312-4

## COMPLETE VIEW

**Available Stat:**  
No

**Ordering Recommendations:**  
Use prior to transfusion or in possible transfusion reactions to determine the presence of anti-IgA antibodies in patients with selective IgA deficiency.

**Test Code:**  
MOLT

**ARUP Test Code:**  
2003126

**Performing Lab:**  
ARUP

**Sendout:**  
Yes

**Performed:**  
Varies

**Methodology:**  
Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Collect:**  
Plain red or serum separator tube (SST).

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

**Specimen Preparation:**  
Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)  
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Additional Processing Instructions:**  
Send samples to Central Processing

**Reference Interval:**  
Refer to report

**Storage/Transport Temperature:**  
Frozen. Also acceptable: Room temperature or refrigerated.

**Stability (from collection to initiation):**  
Ambient: 1 week; Refrigerated: 1 week; Frozen: 2 weeks

**Reported:**  
5-11 days

**CPT Codes:**  
83520

**LOINC:**  

- 13312-4

**Antimicrobial Synergy Study**  
B043

**ORDERING**

**Approval Required:**  
Yes, contact Microbiology x3-1268

**Available Stat:**  
No

**Performing Lab:**  
Microbiology

**Additional Information:**  
This test is only orderable by the Microbiology staff.

**PROCESSING**

**Test Code:**  
B043

**Performing Lab:**  
Microbiology

**RESULT INTERPRETATION**

**Additional Information:**  
This test is only orderable by the Microbiology staff.

**ADMINISTRATIVE**

**CPT Codes:**  
87188

**COMPLETE VIEW**

**Approval Required:**  
Yes, contact Microbiology x3-1268

**Available Stat:**  
No

**Test Code:**  
B043

**Performing Lab:**  
Microbiology

**Additional Information:**  
This test is only orderable by the Microbiology staff.

**CPT Codes:**  
87188

# Anti-Mullerian Hormone

LAB5321

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Reported:**

1-3 days

**Synonyms:**

- MIF
- MIH
- MIS
- Mullerian inhibiting factor
- Mullerian-inhibiting hormone
- Mullerian-inhibiting substance
- AntiMullerian
- AMH

## COLLECTION

**Collect:**

Serum separator tube. Also acceptable: Plain red or green (lithium heparin).

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 3 weeks (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Frozen.

## PROCESSING

**Test Code:**

AMHM

**ARUP Test Code:**

2002656

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP standard transport tube. (Min: 0.2 mL)

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 3 weeks (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Frozen.

## RESULT INTERPRETATION

**Reference Interval:**

Effective April 7, 2014

| Female, Age         | Reference Interval  | Male, Age           | Reference Interval   |
|---------------------|---------------------|---------------------|----------------------|
| 6 months - 14 years | 0.256-6.345 ng/mL   | 6-11 months         | 56.677-495.299 ng/mL |
| 15-17 years         | 0.861-10.451 ng/mL  | 1-6 years           | 33.442-342.450 ng/ml |
| 18-29 years         | 0.401-16.015 ng/mL  | 7-9 years           | 20.245-189.781 ng/mL |
| 30-39 years         | 0.176-11.705 ng/mL  | 10-12 years         | 2.903-178.243 ng/mL  |
| 40-45 years         | 6.282 ng/mL or less | 13 years or greater | 2.079-30.656 ng/mL   |
| 46-50 years         | 0.064 ng/mL or less |                     |                      |
| Post-menopausal     | 0.003 ng/mL or less |                     |                      |

**ADMINISTRATIVE****CPT Codes:**

82166

**LOINC:**

- 38476-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AMHM

**ARUP Test Code:**

2002656

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Collect:**

Serum separator tube. Also acceptable: Plain red or green (lithium heparin).

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP standard transport tube. (Min: 0.2 mL)

**Reference Interval:**

Effective April 7, 2014

| Female, Age         | Reference Interval  | Male, Age           | Reference Interval   |
|---------------------|---------------------|---------------------|----------------------|
| 6 months - 14 years | 0.256-6.345 ng/mL   | 6-11 months         | 56.677-495.299 ng/mL |
| 15-17 years         | 0.861-10.451 ng/mL  | 1-6 years           | 33.442-342.450 ng/ml |
| 18-29 years         | 0.401-16.015 ng/mL  | 7-9 years           | 20.245-189.781 ng/mL |
| 30-39 years         | 0.176-11.705 ng/mL  | 10-12 years         | 2.903-178.243 ng/mL  |
| 40-45 years         | 6.282 ng/mL or less | 13 years or greater | 2.079-30.656 ng/mL   |
| 46-50 years         | 0.064 ng/mL or less |                     |                      |
| Post-menopausal     | 0.003 ng/mL or less |                     |                      |



**Synonyms:**

- MIF
- MIH
- MIS
- Mullerian inhibiting factor
- Mullerian-inhibiting hormone
- Mullerian-inhibiting substance
- AntiMullerian
- AMH

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 3 weeks (avoid repeated freeze/thaw cycles)

**Reported:**

1-3 days

**CPT Codes:**

82166

**LOINC:**

- 38476-8

# Anti-Nuclear Antibodies

LAB147

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Indirect Immunofluorescence

**Reported:**

1-3 days

**Additional Information:**

Anti-Centromere and Anti-Nucleolar antibodies will be reported if present.

LE Prep is not an offered test. Order Anti-Nuclear antibodies

**Reflex Testing:**

Positive samples will automatically be titered and a separate charge applied.

**Synonyms:**

- ANA
- LE Preparation
- LE Prep
- Antinuclear antibodies
- ANT
- anti-centromere antibodies
- anti-nucleolar antibodies
- ANA with Reflex To Titer and Pattern

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ANA

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.35 mL serum

**Stability (from collection to initiation):**

Refrigerated 7 days

## PROCESSING

**Test Code:**

ANA

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerate sample

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.35 mL serum

**Stability (from collection to initiation):**

Refrigerated 7 days

**RESULT INTERPRETATION****Units:**

titer

**Reference Interval:**

Negative titer &lt; 80

**Additional Information:**

Anti-Centromere and Anti-Nucleolar antibodies will be reported if present.

LE Prep is not an offered test. Order Anti-Nuclear antibodies

**ADMINISTRATIVE****CPT Codes:**

86038

**LOINC Codes:**

5048-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ANA

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Indirect Immunofluorescence

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.35 mL serum

**Specimen Preparation:**

Refrigerate sample

**Units:**

titer

**Reference Interval:**

Negative titer &lt; 80

**Synonyms:**

- ANA
- LE Preparation
- LE Prep
- Antinuclear antibodies
- ANT
- anti-centromere antibodies
- anti-nucleolar antibodies
- ANA with Reflex To Titer and Pattern

**Stability (from collection to initiation):**

Refrigerated 7 days

**Reported:**

1-3 days

**Reflex Testing:**

Positive samples will automatically be titered and a separate charge applied.

**Additional Information:**

Anti-Centromere and Anti-Nucleolar antibodies will be reported if present.

LE Prep is not an offered test. Order Anti-Nuclear antibodies

**CPT Codes:**

86038

**LOINC Codes:**

5048-4

# Anti-phospholipid Antibody Panel

APLA

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology, Immunology

**Additional Information:**

Panel includes Russell's Viper Venom Test (RVVTM), Lupus Anticoagulant by HEXA (HEXA), Anticardiolipin Antibodies IgG & IgM (ACLG, ACLM), and Beta 2 Glycoprotein Antibodies IgG & IgM (B2GPG, B2GPM). If "Anti-phospholipid Antibody" is ordered without further specification, the Anti-phospholipid Panel will be performed.

Lupus anticoagulants, along with anti-cardiolipin antibodies and anti-Beta 2 Glycoprotein antibodies, are the major categories of anti-phospholipid antibodies. If a patient is being evaluated for anti-phospholipid antibody syndrome, the hematology laboratory service at Moffitt-Long recommends that the Russell's Viper Venom Test, Lupus Anticoagulant by HEXA, Anticardiolipin Antibodies IgG & IgM, and anti-Beta 2 Glycoprotein Antibodies IgG & IgM, each be performed as clinically indicated.

**Synonyms:**

- LA
- Lupus anticoagulant
- antiphospholipid syndrome

## COLLECTION

**Sample Type:**
Citrated plasma **AND** serum
**Collect:**

Blue tops filled to full extent of vacuum x 2 and Gold top x1 (Red top acceptable)

**Amount to Collect:**
Two full Blue tops **AND** 2 mL blood in Gold top (Red top acceptable)
**Preferred Volume:**
2 mL citrated plasma **AND** 1 mL serum
**Minimum Volume:**
1 mL citrated plasma **AND** 0.6 mL serum
**Remarks:**

Check the expiration date on the label of the blue top vacutainer before drawing the patient.

Fill 2 Blue tops to full extent of vacuum, Gold top (or Red top) must contain at least 2 mL blood.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

## PROCESSING

**Test Code:**

APLA

**Test Group:**

Anti-phospholipid

**Performing Lab:**

Parnassus Hematology, Immunology

**Specimen Preparation:**

If "Anti-phospholipid Antibody" is ordered without further specification, order the Anti-phospholipid Panel (APLA).

Panel contains the following test codes: RVVTM, HEXA, ACLM, ACLG, B2GPG, B2GPM

**Preferred Volume:**
2 mL citrated plasma **AND** 1 mL serum
**Minimum Volume:**
1 mL citrated plasma **AND** 0.6 mL serum
**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

**RESULT INTERPRETATION****Additional Information:**

Panel includes Russell's Viper Venom Test (RVVTM), Lupus Anticoagulant by HEXA (HEXA), Anticardiolipin Antibodies IgG & IgM (ACLG, ACLM), and Beta 2 Glycoprotein Antibodies IgG & IgM (B2GPG, B2GPM). If "Anti-phospholipid Antibody" is ordered without further specification, the Anti-phospholipid Panel will be performed.

Lupus anticoagulants, along with anti-cardiolipin antibodies and anti-Beta 2 Glycoprotein antibodies, are the major categories of anti-phospholipid antibodies. If a patient is being evaluated for anti-phospholipid antibody syndrome, the hematology laboratory service at Moffitt-Long recommends that the Russell's Viper Venom Test, Lupus Anticoagulant by HEXA, Anticardiolipin Antibodies IgG & IgM, and anti-Beta 2 Glycoprotein Antibodies IgG & IgM, each be performed as clinically indicated.

**ADMINISTRATIVE****CPT Codes:**

86147

**LOINC Codes:**

55395-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

APLA

**Test Group:**

Anti-phospholipid

**Performing Lab:**

Parnassus Hematology, Immunology

**Remarks:**

Check the expiration date on the label of the blue top vacutainer before drawing the patient.

Fill 2 Blue tops to full extent of vacuum, Gold top (or Red top) must contain at least 2 mL blood.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue tops filled to full extent of vacuum x 2 and Gold top x1 (Red top acceptable)

**Amount to Collect:**

Two full Blue tops **AND** 2 mL blood in Gold top (Red top acceptable)

**Sample Type:**

Citrated plasma **AND** serum

**Preferred Volume:**

2 mL citrated plasma **AND** 1 mL serum

**Minimum Volume:**

1 mL citrated plasma **AND** 0.6 mL serum

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

**Specimen Preparation:**

If "Anti-phospholipid Antibody" is ordered without further specification, order the Anti-phospholipid Panel (APLA).

Panel contains the following test codes: RVVTM, HEXA, ACLM, ACLG, B2GPG, B2GPM

**Synonyms:**

- LA
- Lupus anticoagulant
- antiphospholipid syndrome

**Additional Information:**

Panel includes Russell's Viper Venom Test (RVVTM), Lupus Anticoagulant by HEXA (HEXA), Anticardiolipin Antibodies IgG & IgM (ACLG, ACLM), and Beta 2 Glycoprotein Antibodies IgG & IgM (B2GPG, B2GPM). If "Anti-phospholipid Antibody" is ordered without further specification, the Anti-phospholipid Panel will be performed.

Lupus anticoagulants, along with anti-cardiolipin antibodies and anti-Beta 2 Glycoprotein antibodies, are the major categories of anti-phospholipid antibodies. If a patient is being evaluated for anti-phospholipid antibody syndrome, the hematology laboratory service at Moffitt-Long recommends that the Russell's Viper Venom Test, Lupus Anticoagulant by HEXA, Anticardiolipin Antibodies IgG & IgM , and anti- Beta 2 Glycoprotein Antibodies IgG & IgM, each be performed as clinically indicated.

**CPT Codes:**

86147

**LOINC Codes:**

55395-8

# Antiplasmin Activity

A2PI

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Colorimetry w/synthetic chromagenic substrate

**Reported:**

7 days.

**Additional Information:**

Antiplasmin Activity is primarily due to alpha-2-antiplasmin, w/ some interference from alpha-2-macroglobulin.

**Synonyms:**

- Alpha-2-Antiplasmin
- A2-AP
- Alpha-2-plasmin inhibitor
- A2-antiplasmin
- A2-PI

## COLLECTION

**Sample Type:**

Citrated Plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

A2PI

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Separate plasma by centrifugation, then recentrifuge the separated plasma to avoid spurious results from platelet contamination. Promptly freeze an 0.5 mL aliquot of the respun plasma in a plastic vial at -70C. Call MCS for pick-up and ship on dry ice. The sample must be accompanied by a completed Mayo Medical Laboratories "Coagulation Request Form". Order MAYO# 9084



**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**RESULT INTERPRETATION****Units:**

% activity

**Reference Interval:**Newborn:  $\geq 50\%$  $\geq 18$  year old: 80-140%

30-36 wk premature infants may not reach adult levels for up to 90 days of age.

**Additional Information:**

Antiplasmin Activity is primarily due to alpha-2-antiplasmin, w/ some interference from alpha-2-macroglobulin.

**ADMINISTRATIVE****CPT Codes:**

85410-90

**LOINC Codes:**

27810-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

A2PI

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Colorimetry w/synthetic chromagenic substrate

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated Plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Separate plasma by centrifugation, then recentrifuge the separated plasma to avoid spurious results from platelet contamination. Promptly freeze an 0.5 mL aliquot of the respun plasma in a plastic vial at -70C. Call MCS for pick-up and ship on dry ice. The sample must be accompanied by a completed Mayo Medical Laboratories "Coagulation Request Form". Order MAYO# 9084

**Units:**

% activity

**Reference Interval:**

Newborn:  $\geq 50\%$

$\geq 18$  year old: 80-140%

30-36 wk premature infants may not reach adult levels for up to 90 days of age.

**Synonyms:**

- Alpha-2-Antiplasmin
- A2-AP
- Alpha-2-plasmin inhibitor
- A2-antiplasmin
- A2-PI

**Reported:**

7 days.

**Additional Information:**

Antiplasmin Activity is primarily due to alpha-2-antiplasmin, w/ some interference from alpha-2-macroglobulin.

**CPT Codes:**

85410-90

**LOINC Codes:**

27810-1

# Anti-Streptolysin O

LAB1178

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Rate Nephelometry

**Reported:**

Test performed Tu, Thur, and Saturday. Turnaround time: 2-4 days.

**Synonyms:**

- ASO
- Antistreptolysin O
- ASLO
- ASOT
- ASTO
- Streptolysin titer

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ASO

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## PROCESSING

**Test Code:**

ASO

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 53702P

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## RESULT INTERPRETATION

**Units:**

IU/mL

**Reference Interval:**

&lt;= 200 IU/mL

## ADMINISTRATIVE

**CPT Codes:**

86060-90

**LOINC Codes:**  
5370-2

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
ASO

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Rate Nephelometry

**Collect:**  
Gold top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

**Specimen Preparation:**  
Refrigerate. Order Quest # 53702P

**Units:**  
IU/mL

**Reference Interval:**  
≤ 200 IU/mL

**Synonyms:**

- ASO
- Antistreptolysin O
- ASLO
- ASOT
- ASTO
- Streptolysin titer

**Reported:**  
Test performed Tu, Thur, and Saturday. Turnaround time: 2-4 days.

**CPT Codes:**  
86060-90

**LOINC Codes:**  
5370-2

# Antithrombin III Activity

LAB311

## ORDERING

**Available Stat:**

Yes, Mission Bay only

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Performed:**

Mission Bay: 24-hours per day, 7-days per week

Parnassus: Test run every Monday 0800 - 1600.

If urgently needed, contact Parnassus hematology lab at 353 - 1747

Inform appropriate lab by phone when initiating ECLS anticoagulation protocol

**Methodology:**

Chromogenic substrate

**Reported:**

Mission Bay: STAT 1 hour, Routine 4 hours

Parnassus: 1-2 weeks

**Additional Information:**

A low level of antithrombin may be associated with an inherited deficiency or with secondary causes such as acute venous thrombosis, liver disease, disseminated intravascular coagulation, heparin therapy, pregnancy, estrogen therapy, and nephropathy with proteinuria.

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- ATIII
- AT3
- AT III
- AT Activity
- Anithrombin III Activity

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 353-1747, Mission Bay 476-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

AT

**Test Group:**

Antithrombin

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Specimen Preparation:**

Deliver sample to Hematology asap for processing. Test specimens within four hours of collection or freeze plasma in a plastic tubes at -20C.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**RESULT INTERPRETATION****Units:**

% activity

**Reference Interval:**

Adults: 79-120%

Neonatal normal ranges based on antithrombin activity are not available. We have included normal ranges below for neonates based on antigen levels which should roughly correlate with activity.

**Full term Neonates**

Day 1: 39-87%

Day 5: 41-93%

Day 30: 48-108%

Day 90: 73-121%

Reference: Andrew M. Et al. Development of the Human Coagulation System in the Full Term Infant. Blood July 1987, 70(1):165-172

**Healthy Premature Neonates**

Day 1: 14-62%

Day 5: 30-82%

Day 30: 37-81%

Day 90: 45-121%

Day 180: 52-128%

Reference: Andrew M, et al. Development of the Human Coagulation System in the Healthy Premature Infant. Blood November 1988, 72(5): 1651-1657.

**Additional Information:**

A low level of antithrombin may be associated with an inherited deficiency or with secondary causes such as acute venous thrombosis, liver disease, disseminated intravascular coagulation, heparin therapy, pregnancy, estrogen therapy, and nephropathy with proteinuria.

**ADMINISTRATIVE****CPT Codes:**

85300

**LOINC Codes:**

27811-9

**COMPLETE VIEW****Available Stat:**

Yes, Mission Bay only

**Test Code:**

AT

**Test Group:**

Antithrombin

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Performed:**

Mission Bay: 24-hours per day, 7-days per week

Parnassus: Test run every Monday 0800 - 1600.

If urgently needed, contact Parnassus hematology lab at 353 - 1747

Inform appropriate lab by phone when initiating ECLS anticoagulation protocol

**Methodology:**

Chromogenic substrate

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 353-1747, Mission Bay 476-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Deliver sample to Hematology asap for processing. Test specimens within four hours of collection or freeze plasma in a plastic tubes at -20C.

**Units:**

% activity

**Reference Interval:**

Adults: 79-120%

Neonatal normal ranges based on antithrombin activity are not available. We have included normal ranges below for neonates based on antigen levels which should roughly correlate with activity.

**Full term Neonates**

Day 1: 39-87%

Day 5: 41-93%

Day 30: 48-108%

Day 90: 73-121%

Reference: Andrew M. Et al. Development of the Human Coagulation System in the Full Term Infant. Blood July 1987, 70(1):165-172

**Healthy Premature Neonates**

Day 1: 14-62%

Day 5: 30-82%

Day 30: 37-81%

Day 90: 45-121%

Day 180: 52-128%

Reference: Andrew M, et al. Development of the Human Coagulation System in the Healthy Premature Infant. Blood November 1988, 72(5): 1651-1657.

**Synonyms:**

- ATIII
- AT3
- AT III
- AT Activity
- Anithrombin III Activity

**Reported:**

Mission Bay: STAT 1 hour, Routine 4 hours

Parnassus: 1-2 weeks

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

A low level of antithrombin may be associated with an inherited deficiency or with secondary causes such as acute venous thrombosis, liver disease, disseminated intravascular coagulation, heparin therapy, pregnancy, estrogen therapy, and nephropathy with proteinuria.

**CPT Codes:**

85300

**LOINC Codes:**

27811-9



**Anti-Xa (Apixaban Level)**

LAB6172

**ORDERING****Ordering Recommendations:**

This test is intended only for patients receiving apixaban. Other direct anti-Xa inhibitors (e.g., rivaroxaban, edoxaban), as well as unfractionated heparin and low molecular weight heparins (e.g., enoxaparin, dalteparin, tinzaparin), may interfere with this test. Please check lab manual for appropriate tests specific to the anti-Xa medication patient is receiving.

Please note that routine therapeutic monitoring of apixaban level is not required because of the drug's relatively wide therapeutic index. Discussion with pharmacy regarding the timing of the last dose and expected drug half-life is typically helpful for evaluating the patient's state of anticoagulation.

**Available Stat:**

No. However, if the test is needed urgently, please call the Parnassus Hematology laboratory (415-353-1747).

**Performing Lab:**

Parnassus Hematology

**Performed:**

Monday - Friday 0800-1600

If the test is needed urgently, please call the Parnassus Hematology laboratory (415-353-1747).

**Methodology:**

Chromogenic anti-Factor Xa

**Reported:**

1-3 days

**Additional Information:**

Although the manufacturer of apixaban (Eliquis®, Bristol-Myers Squibb/Pfizer) does not recommend routine monitoring, typical drug levels in patients taking apixaban have been described (Clinical Pharmacokinetics 2019;58:12651279). Key findings include:

| Patient population/clinical setting                | Apixaban dose    | C <sub>min</sub> (ng/mL)                                    | C <sub>max</sub> (ng/mL)       |
|----------------------------------------------------|------------------|-------------------------------------------------------------|--------------------------------|
|                                                    |                  | Samples 20-24 hours after dosing<br>OR<br>Before daily dose | Samples 3-4 hours after dosing |
| Prevention of stroke and systemic embolism in NVAf | 5 mg twice daily | 103 (41-230)                                                | 171 (91-321)                   |
| Prevention of recurrent DVT and PE                 | 5 mg twice daily | 63 (22-177)                                                 | 132 (59-302)                   |

NVAf=Non-Valvular Atrial Fibrillation; Median (5th-95th percentile) DVT=Deep Vein Thrombosis;

PE=Pulmonary Embolism

VTE=Venous Thromboembolism

\*At UCSF, the limit of detection for apixaban is 29 ng/mL.

The STA- Liquid anti-Xa method is a one-step reaction where factor Xa is added to the plasma-substrate mixture. Two reactions take place simultaneously,

-Hydrolysis of the substrate by factor Xa

-Inhibition of factor Xa by the anti-Xa medication.

After the necessary period of time for the competitive reaction to reach equilibrium, the quantity of pNA that is released is inversely proportional to the concentration of anti-Xa medication present in the test medium.

Note that a similar methodology used for detecting other anti-Xa medications; however, the calibration curve is distinct for each drug. Therefore, while a positive result from this test (anti-Xa Apixaban level) indicates the presence of anti-Xa activity, the exact level of any drug other than apixaban cannot be assessed.

The appropriate therapeutic range will vary with the disease and the treatment intensity desired. An overview of recommendations is available in the laboratory manual for reference purposes only. Recommendations for apixaban therapy and monitoring are available through the Hematology consultation services: for adults pager 443-4276, for pediatrics pager 443-6966.

**Synonyms:**

- Eliquis
- Anti Factor Xa
- Anti Factor Xa

**COLLECTION**

**Sample Type:**

Citrated plasma

**Collect:**

Blue top

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

Blue (2.7 mL) or Lt. Blue (1.8 mL) top filled to full extent of vacuum

**Stability (from collection to initiation):**

Room temperature 4 hours

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

Over-filled or under-filled tubes may be rejected.

Hemolysis, Lipemia, and Icterus may interfere with this assay.

## PROCESSING

**Test Code:**

APIX

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Deliver immediately to Hematology for processing.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

Over-filled or under-filled tubes may be rejected.

Hemolysis, Lipemia, and Icterus may interfere with this assay.

**Stability (from collection to initiation):**

Room temperature 4 hours

## RESULT INTERPRETATION

**Units:**

ng/mL

**Reference Interval:**

See Additional Information

**Critical Values:**

>500 ng/mL

**Additional Information:**

Although the manufacturer of apixaban (Eliquis®, Bristol-Myers Squibb/Pfizer) does not recommend routine monitoring, typical drug levels in patients taking apixaban have been described (Clinical Pharmacokinetics 2019;58:12651279). Key findings include:

| Patient population/clinical setting                | Apixaban dose    | C <sub>min</sub> (ng/mL)                                    | C <sub>max</sub> (ng/mL)       |
|----------------------------------------------------|------------------|-------------------------------------------------------------|--------------------------------|
|                                                    |                  | Samples 20-24 hours after dosing<br>OR<br>Before daily dose | Samples 3-4 hours after dosing |
| Prevention of stroke and systemic embolism in NVAf | 5 mg twice daily | 103 (41-230)                                                | 171 (91-321)                   |
| Prevention of recurrent DVT and PE                 | 5 mg twice daily | 63 (22-177)                                                 | 132 (59-302)                   |

NVAf=Non-Valvular Atrial Fibrillation; Median (5th-95th percentile) DVT=Deep Vein Thrombosis;  
PE=Pulmonary Embolism  
VTE=Venous Thromboembolism

\*At UCSF, the limit of detection for apixaban is 29 ng/mL.

The STA- Liquid anti-Xa method is a one-step reaction where factor Xa is added to the plasma-substrate mixture. Two reactions take place simultaneously,

- Hydrolysis of the substrate by factor Xa
- Inhibition of factor Xa by the anti-Xa medication.

After the necessary period of time for the competitive reaction to reach equilibrium, the quantity of pNA that is released is inversely proportional to the concentration of anti-Xa medication present in the test medium.

Note that a similar methodology used for detecting other anti-Xa medications; however, the calibration curve is distinct for each drug. Therefore, while a positive result from this test (anti-Xa Apixaban level) indicates the presence of anti-Xa activity, the exact level of any drug other than apixaban cannot be assessed.

The appropriate therapeutic range will vary with the disease and the treatment intensity desired. An overview of recommendations is available in the laboratory manual for reference purposes only. Recommendations for apixaban therapy and monitoring are available through the Hematology consultation services: for adults pager 443-4276, for pediatrics pager 443-6966.

**ADMINISTRATIVE****CPT Codes:**

80299

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

74214-8

**COMPLETE VIEW****Available Stat:**

No. However, if the test is needed urgently, please call the Parnassus Hematology laboratory (415-353-1747).

**Ordering Recommendations:**

This test is intended only for patients receiving apixaban. Other direct anti-Xa inhibitors (e.g., rivaroxaban, edoxaban), as well as unfractionated heparin and low molecular weight heparins (e.g., enoxaparin, dalteparin, tinzaparin), may interfere with this test. Please check lab manual for appropriate tests specific to the anti-Xa medication patient is receiving.

Please note that routine therapeutic monitoring of apixaban level is not required because of the drug's relatively wide therapeutic index. Discussion with pharmacy regarding the timing of the last dose and expected drug half-life is typically helpful for evaluating the patient's state of anticoagulation.

**Test Code:**

APIX

**Performing Lab:**

Parnassus Hematology

**Performed:**

Monday - Friday 0800-1600

If the test is needed urgently, please call the Parnassus Hematology laboratory (415-353-1747).

**Methodology:**

Chromogenic anti-Factor Xa

**Remarks:**

Blue (2.7 mL) or Lt. Blue (1.8 mL) top filled to full extent of vacuum

**Collect:**

Blue top

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

Over-filled or under-filled tubes may be rejected.

Hemolysis, Lipemia, and Icterus may interfere with this assay.

**Specimen Preparation:**

Deliver immediately to Hematology for processing.

**Units:**

ng/mL

**Reference Interval:**

See Additional Information

**Critical Values:**

>500 ng/mL

**Synonyms:**

- Eliquis
- Anti Factor Xa
- Anti Factor Xa

**Stability (from collection to initiation):**

Room temperature 4 hours

**Reported:**

1-3 days

**Additional Information:**

Although the manufacturer of apixaban (Eliquis®, Bristol-Myers Squibb/Pfizer) does not recommend routine monitoring, typical drug levels in patients taking apixaban have been described (Clinical Pharmacokinetics 2019;58:12651279). Key findings include:

| Patient population/clinical setting                | Apixaban dose    | C <sub>min</sub> (ng/mL)                                    | C <sub>max</sub> (ng/mL)       |
|----------------------------------------------------|------------------|-------------------------------------------------------------|--------------------------------|
|                                                    |                  | Samples 20-24 hours after dosing<br>OR<br>Before daily dose | Samples 3-4 hours after dosing |
| Prevention of stroke and systemic embolism in NVAf | 5 mg twice daily | 103 (41-230)                                                | 171 (91-321)                   |
| Prevention of recurrent DVT and PE                 | 5 mg twice daily | 63 (22-177)                                                 | 132 (59-302)                   |

NVAf=Non-Valvular Atrial Fibrillation; Median (5th-95th percentile) DVT=Deep Vein Thrombosis;

PE=Pulmonary Embolism

VTE=Venous Thromboembolism

\*At UCSF, the limit of detection for apixaban is 29 ng/mL.

The STA- Liquid anti-Xa method is a one-step reaction where factor Xa is added to the plasma-substrate mixture. Two reactions take place simultaneously,

-Hydrolysis of the substrate by factor Xa

-Inhibition of factor Xa by the anti-Xa medication.

After the necessary period of time for the competitive reaction to reach equilibrium, the quantity of pNA that is released is inversely proportional to the concentration of anti-Xa medication present in the test medium.

Note that a similar methodology used for detecting other anti-Xa medications; however, the calibration curve is distinct for each drug. Therefore, while a positive result from this test (anti-Xa Apixaban level) indicates the presence of anti-Xa activity, the exact level of any drug other than apixaban cannot be assessed.

The appropriate therapeutic range will vary with the disease and the treatment intensity desired. An overview of recommendations is available in the laboratory manual for reference purposes only. Recommendations for apixaban therapy and monitoring are available through the Hematology consultation services: for adults pager 443-4276, for pediatrics pager 443-6966.

**CPT Codes:**

80299

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

74214-8

**Anti-Xa (Fondaparinux Level)**

LAB3096

**ORDERING****Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

Monday - Friday 0800-1600

**Methodology:**

Chromogenic anti-factor Xa

**Reported:**

1-3 days for routine requests

**Additional Information:**

Although the manufacturer DOES NOT provide recommendations for a therapeutic range, the manufacturer provides the following information regarding observed drug levels in individuals treated with fondaparinux (Prescribing information from Glaxo Smithkline, 2008). Values in these ranges may be expected when fondaparinux is measured.

Prophylactic dose: 2.5 mg, once daily.

Peak steady-state plasma concentration: 0.39-0.50 micrograms/mL (3 hours post-dose)

Minimum steady-state plasma concentration: 0.14-0.19 micrograms/mL.

Therapeutic dose: 5 mg (body weight <50 kg), 7.5 mg (body weight 50-100 kg) or 10 mg (body weight >100 kg) once daily.

Peak steady-state plasma concentration: 1.20-1.26 micrograms/mL (3 hours post dose)

Minimum steady-state plasma concentration: 0.46-0.62 micrograms/mL.

The manufacturer recommends that if during therapy with fondaparinux, unexpected changes in coagulation parameters or major bleeding occurs, fondaparinux should be discontinued.

Recommendations for fondaparinux therapy and monitoring are available through the UCSF Hematology consultation services: for adults pager 443-4276, for pediatrics pager 443-6966.

**Synonyms:**

- Arixtra
- Monitoring Anticoagulation
- Anti Factor 10a
- Anti Factor Xa

**COLLECTION****Sample Type:**

Plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

**Stability (from collection to initiation):**

Room temperature 4 hours

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected.

**PROCESSING**

**Test Code:**

FONDA

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Deliver immediately to Hematology for processing.

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected.

**Stability (from collection to initiation):**

Room temperature 4 hours

**RESULT INTERPRETATION****Units:**

µg/mL

**Reference Interval:**

See additional information

**Critical Values:**

&gt; 1.26 µg/mL

**Additional Information:**

Although the manufacturer DOES NOT provide recommendations for a therapeutic range, the manufacturer provides the following information regarding observed drug levels in individuals treated with fondaparinux (Prescribing information from Glaxo Smithkline, 2008). Values in these ranges may be expected when fondaparinux is measured.

Prophylactic dose: 2.5 mg, once daily.

Peak steady-state plasma concentration: 0.39-0.50 micrograms/mL (3 hours post-dose)

Minimum steady-state plasma concentration: 0.14-0.19 micrograms/mL.

Therapeutic dose: 5 mg (body weight <50 kg), 7.5 mg (body weight 50-100 kg) or 10 mg (body weight >100 kg) once daily.

Peak steady-state plasma concentration: 1.20-1.26 micrograms/mL (3 hours post dose)

Minimum steady-state plasma concentration: 0.46-0.62 micrograms/mL.

The manufacturer recommends that if during therapy with fondaparinux, unexpected changes in coagulation parameters or major bleeding occurs, fondaparinux should be discontinued.

Recommendations for fondaparinux therapy and monitoring are available through the UCSF Hematology consultation services: for adults pager 443-4276, for pediatrics pager 443-6966.

**ADMINISTRATIVE****CPT Codes:**

80299

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

49060-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FONDA

**Performing Lab:**

Parnassus Hematology

**Performed:**

Monday - Friday 0800-1600

**Methodology:**

Chromogenic anti-factor Xa

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL

**Sample Type:**

Plasma

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected.

**Specimen Preparation:**

Deliver immediately to Hematology for processing.

**Units:**

µg/mL

**Reference Interval:**

See additional information

**Critical Values:**

> 1.26 µg/mL

**Synonyms:**

- Arixtra
- Monitoring Anticoagulation
- Anti Factor 10a
- Anti Factor Xa

**Stability (from collection to initiation):**

Room temperature 4 hours

**Reported:**

1-3 days for routine requests

**Additional Information:**

Although the manufacturer DOES NOT provide recommendations for a therapeutic range, the manufacturer provides the following information regarding observed drug levels in individuals treated with fondaparinux (Prescribing information from Glaxo Smithkline, 2008). Values in these ranges may be expected when fondaparinux is measured.

Prophylactic dose: 2.5 mg, once daily.

Peak steady-state plasma concentration: 0.39-0.50 micrograms/mL (3 hours post-dose)

Minimum steady-state plasma concentration: 0.14-0.19 micrograms/mL.

Therapeutic dose: 5 mg (body weight <50 kg), 7.5 mg (body weight 50-100 kg) or 10 mg (body weight >100 kg) once daily.

Peak steady-state plasma concentration: 1.20-1.26 micrograms/mL (3 hours post dose)

Minimum steady-state plasma concentration: 0.46-0.62 micrograms/mL.

The manufacturer recommends that if during therapy with fondaparinux, unexpected changes in coagulation parameters or major bleeding occurs, fondaparinux should be discontinued.

Recommendations for fondaparinux therapy and monitoring are available through the UCSF Hematology consultation services: for adults pager 443-4276, for pediatrics pager 443-6966.

**CPT Codes:**

80299

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

49060-7



# Anti-Xa (Heparin Level)

LAB317

## ORDERING

### Ordering Recommendations:

This test is intended only for patients receiving unfractionated heparin by infusion. Other anti-Xa medications, such as low molecular weight heparins (e.g., enoxaparin, dalteparin, tinzaparin) and direct anti-Xa inhibitors (e.g., apixaban, rivaroxaban, edoxaban) may interfere with this test. Please check lab manual for appropriate tests specific to the anticoagulant the patient is receiving.

### Available Stat:

Yes

### Performing Lab:

Parnassus Hematology, Mission Bay Hematology, St Mary Hematology, St Francis Hematology

### Performed:

24 hours per day, 7 days per week

### Methodology:

Chromogenic

### Reported:

1 hour from receipt in Hematology

### Additional Information:

The utility of measuring heparin levels has been demonstrated in a few clinical settings. Patients receiving unfractionated heparin require heparin levels if there is heparin resistance (adults requiring more than 35,000 units/day) or if a lupus anticoagulant is present; in such conditions the PTT may not be an accurate indicator of anticoagulation.

The STA- Liquid anti-Xa method is a one-step reaction where factor Xa is added to the plasma-substrate mixture. Two reactions take place simultaneously,

- Hydrolysis of the substrate by factor Xa

- Inhibition of factor Xa by the heparin-antithrombin complex\*.

After the necessary period of time for the competitive reaction to reach equilibrium, the quantity of pNA that is released is inversely proportional to the concentration of heparin present in the test medium.

\*The heparin-antithrombin complex is made up from the heparin medication and the patient's endogenous antithrombin.

Note that a similar methodology used for detecting other anti-Xa medications; however, the calibration curve is distinct for each drug. Therefore, while a positive result from this test (anti-Xa Heparin level) indicates the presence of anti-Xa activity, the exact level of any drug other than unfractionated heparin cannot be assessed.

The appropriate therapeutic range will vary with the disease and the treatment intensity desired. An overview of recommendations is available on the [UCSF Carelinks webpage](#) for reference purposes only. Recommendations for therapy and monitoring are also available through the Hematology consultation services: for adults, pager 443-4276, for pediatrics pager 443-6966.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

### Synonyms:

- Anti-Xa Level

## COLLECTION

### Sample Type:

Blood

### Collect:

Blue top filled to full extent of vacuum (3.2% sodium citrate)

### Amount to Collect:

2 mL blood

### Preferred Volume:

1 mL plasma

### Minimum Volume:

0.5 mL plasma

### Remarks:

Deliver specimen to lab immediately for processing

### Stability (from collection to initiation):

2 hours

**Storage/Transport Temperature:**

Deliver whole blood at room temperature  
 Plasma acceptable on dry ice and stored -20 to -80C

**Unacceptable Conditions:**

Hemolysis, Icterus, Lipemia  
 Under-filled or Over-filled tubes  
 Clotted

**PROCESSING****Test Code:**

UNHEP

**Performing Lab:**

Parnassus Hematology, Mission Bay Hematology, St Mary Hematology, St Francis Hematology

**Specimen Preparation:**

Deliver sample immediately to Hematology Lab

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Hemolysis, Icterus, Lipemia  
 Under-filled or Over-filled tubes  
 Clotted

**Stability (from collection to initiation):**

2 hours

**Storage/Transport Temperature:**

Deliver whole blood at room temperature  
 Plasma acceptable on dry ice and stored -20 to -80C

**RESULT INTERPRETATION****Units:**

U/mL

**Reference Interval:**

Therapeutic:  
 UFH by infusion: 0.3 - 0.6 anti-Xa U/mL

**Critical Values:**

> 0.70 anti-Xa U/mL

**Additional Information:**

The utility of measuring heparin levels has been demonstrated in a few clinical settings. Patients receiving unfractionated heparin require heparin levels if there is heparin resistance (adults requiring more than 35,000 units/day) or if a lupus anticoagulant is present; in such conditions the PTT may not be an accurate indicator of anticoagulation.

The STA- Liquid anti-Xa method is a one-step reaction where factor Xa is added to the plasma-substrate mixture. Two reactions take place simultaneously,

-Hydrolysis of the substrate by factor Xa

-Inhibition of factor Xa by the heparin-antithrombin complex\*.

After the necessary period of time for the competitive reaction to reach equilibrium, the quantity of pNA that is released is inversely proportional to the concentration of heparin present in the test medium.

\*The heparin-antithrombin complex is made up from the heparin medication and the patient's endogenous antithrombin.

Note that a similar methodology used for detecting other anti-Xa medications; however, the calibration curve is distinct for each drug. Therefore, while a positive result from this test (anti-Xa Heparin level) indicates the presence of anti-Xa activity, the exact level of any drug other than unfractionated heparin cannot be assessed.

The appropriate therapeutic range will vary with the disease and the treatment intensity desired. An overview of recommendations is available on the [UCSF Carelinks webpage](#) for reference purposes only. Recommendations for therapy and monitoring are also available through the Hematology consultation services: for adults, pager 443-4276, for pediatrics pager 443-6966.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

85520

**LOINC Codes:**  
3274-8

## COMPLETE VIEW

**Available Stat:**  
Yes

**Ordering Recommendations:**

This test is intended only for patients receiving unfractionated heparin by infusion. Other anti-Xa medications, such as low molecular weight heparins (e.g., enoxaparin, dalteparin, tinzaparin) and direct anti-Xa inhibitors (e.g., apixaban, rivaroxaban, edoxaban) may interfere with this test. Please check lab manual for appropriate tests specific to the anticoagulant the patient is receiving.

**Test Code:**  
UNHEP

**Performing Lab:**  
Parnassus Hematology, Mission Bay Hematology, St Mary Hematology, St Francis Hematology

**Performed:**  
24 hours per day, 7 days per week

**Methodology:**  
Chromogenic

**Remarks:**  
Deliver specimen to lab immediately for processing

**Collect:**  
Blue top filled to full extent of vacuum (3.2% sodium citrate)

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Blood

**Preferred Volume:**  
1 mL plasma

**Minimum Volume:**  
0.5 mL plasma

**Unacceptable Conditions:**  
Hemolysis, Icterus, Lipemia  
Under-filled or Over-filled tubes  
Clotted

**Specimen Preparation:**  
Deliver sample immediately to Hematology Lab

**Units:**  
U/mL

**Reference Interval:**  
Therapeutic:  
UFH by infusion: 0.3 - 0.6 anti-Xa U/mL

**Critical Values:**  
> 0.70 anti-Xa U/mL

**Synonyms:**  

- Anti-Xa Level

**Storage/Transport Temperature:**  
Deliver whole blood at room temperature  
Plasma acceptable on dry ice and stored -20 to -80C

**Stability (from collection to initiation):**  
2 hours

**Reported:**  
1 hour from receipt in Hematology

**Additional Information:**

The utility of measuring heparin levels has been demonstrated in a few clinical settings. Patients receiving unfractionated heparin require heparin levels if there is heparin resistance (adults requiring more than 35,000 units/day) or if a lupus anticoagulant is present; in such conditions the PTT may not be an accurate indicator of anticoagulation.

The STA- Liquid anti-Xa method is a one-step reaction where factor Xa is added to the plasma-substrate mixture. Two reactions take place simultaneously,

- Hydrolysis of the substrate by factor Xa

- Inhibition of factor Xa by the heparin-antithrombin complex\*.

After the necessary period of time for the competitive reaction to reach equilibrium, the quantity of pNA that is released is inversely proportional to the concentration of heparin present in the test medium.

\*The heparin-antithrombin complex is made up from the heparin medication and the patient's endogenous antithrombin.

Note that a similar methodology used for detecting other anti-Xa medications; however, the calibration curve is distinct for each drug. Therefore, while a positive result from this test (anti-Xa Heparin level) indicates the presence of anti-Xa activity, the exact level of any drug other than unfractionated heparin cannot be assessed.

The appropriate therapeutic range will vary with the disease and the treatment intensity desired. An overview of recommendations is available on the [UCSF Carelinks webpage](#) for reference purposes only. Recommendations for therapy and monitoring are also available through the Hematology consultation services: for adults, pager 443-4276, for pediatrics pager 443-6966.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

85520

**LOINC Codes:**

3274-8

# Anti-Xa (Low Molecular Weight Heparin)

LAB316

## ORDERING

### Ordering Recommendations:

This test is intended only for patients receiving low molecular weight heparin (e.g., enoxaparin, dalteparin, tinzaparin). Other anti-Xa medications, such as unfractionated heparin and direct anti-Xa inhibitors (e.g., apixaban, rivaroxaban, edoxaban) may interfere with this test. Please check lab manual for appropriate tests specific to the anticoagulant the patient is receiving.

### Available Stat:

Yes

### Performing Lab:

Parnassus Hematology  
Mission Bay Hematology  
St. Mary Hematology  
St. Francis Hematology

### Performed:

Daily

### Methodology:

Chromogenic

### Reported:

STAT: 1 hour  
Routine: 24 hours

### Additional Information:

The utility of measuring LMW heparin levels is limited to a few clinical settings. Common indications for monitoring patients receiving LMW heparin include renal insufficiency, clinical obesity, weight < 50 kg or pregnancy.

The STA- Liquid anti-Xa method is a one-step reaction where factor Xa is added to the plasma-substrate mixture. Two reactions take place simultaneously,

- Hydrolysis of the substrate by factor Xa
- Inhibition of factor Xa by the heparin-antithrombin complex\*.

After the necessary period of time for the competitive reaction to reach equilibrium, the quantity of pNA that is released is inversely proportional to the concentration of heparin present in the test medium.

\*The heparin-antithrombin complex is made up from the heparin medication and the patient's endogenous antithrombin.

Note that a similar methodology used for detecting other anti-Xa medications; however, the calibration curve is distinct for each drug. Therefore, while a positive result from this test (anti-Xa Low Molecular Weight Heparin level) indicates the presence of anti-Xa activity, the exact level of any drug other than low molecular weight heparin cannot be assessed.

The appropriate therapeutic range will vary with the specific medication, the disease, and the treatment intensity desired. An overview of recommendations is available on the [UCSF Carelinks webpage](#) for reference purposes only. Recommendations for therapy and monitoring are also available through the Hematology consultation services: for adults, pager 443-4276, for pediatrics pager 443-6966.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

### Synonyms:

- LMW
- LMWH

## COLLECTION

### Sample Type:

Plasma

### Collect:

Blue top filled to full extent of vacuum (3.2% sodium citrate)

### Amount to Collect:

See Preferred Volume

### Preferred Volume:

1.0 mL plasma

### Minimum Volume:

0.5 mL plasma

### Remarks:

Deliver specimen to lab immediately for processing

**Stability (from collection to initiation):**

2 hours

**Storage/Transport Temperature:**

Deliver whole blood at room temperature

Plasma acceptable on dry ice and stored -20 to -80C

**Unacceptable Conditions:**

Hemolysis, Icterus, Lipemia

Under-filled or Over-filled tubes

Clotted

**PROCESSING****Test Code:**

LMHEP

**Performing Lab:**

Parnassus Hematology

Mission Bay Hematology

St. Mary Hematology

St. Francis Hematology

**Specimen Preparation:**

Deliver sample immediately to Hematology Lab

**Preferred Volume:**

1.0 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Hemolysis, Icterus, Lipemia

Under-filled or Over-filled tubes

Clotted

**Stability (from collection to initiation):**

2 hours

**Storage/Transport Temperature:**

Deliver whole blood at room temperature

Plasma acceptable on dry ice and stored -20 to -80C

**RESULT INTERPRETATION****Units:**

U/mL

**Reference Interval:**

Therapeutic (4 hours post dose):

Enoxaparin:

Q12 dosing 0.5-1.0 U/mL

Qday dosing 1.0-2.0 U/mL

Prophylactic dosing 0.2-0.4 U/mL

Dalteparin:

Q12 dosing 0.6 U/mL

Qday dosing 1.05 U/mL

Tinzaparin:

Qday dosing 0.85 U/mL

These are general guidelines only. Detailed recommendations for heparin therapy and monitoring are available through the the Hematology consultation services: for adults, pager 443-4276, for pediatrics, pager 443-6966.

**Critical Values:**

&gt; 2.0 U/mL

**Additional Information:**

The utility of measuring LMW heparin levels is limited to a few clinical settings. Common indications for monitoring patients receiving LMW heparin include renal insufficiency, clinical obesity, weight < 50 kg or pregnancy.

The STA- Liquid anti-Xa method is a one-step reaction where factor Xa is added to the plasma-substrate mixture. Two reactions take place simultaneously,

- Hydrolysis of the substrate by factor Xa

- Inhibition of factor Xa by the heparin-antithrombin complex\*.

After the necessary period of time for the competitive reaction to reach equilibrium, the quantity of pNA that is released is inversely proportional to the concentration of heparin present in the test medium.

\*The heparin-antithrombin complex is made up from the heparin medication and the patient's endogenous antithrombin.

Note that a similar methodology used for detecting other anti-Xa medications; however, the calibration curve is distinct for each drug. Therefore, while a positive result from this test (anti-Xa Low Molecular Weight Heparin level) indicates the presence of anti-Xa activity, the exact level of any drug other than low molecular weight heparin cannot be assessed.

The appropriate therapeutic range will vary with the specific medication, the disease, and the treatment intensity desired. An overview of recommendations is available on the [UCSF Carelinks webpage](#) for reference purposes only. Recommendations for therapy and monitoring are also available through the Hematology consultation services: for adults, pager 443-4276, for pediatrics pager 443-6966.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

85520

**LOINC Codes:**

3271-4

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**

This test is intended only for patients receiving low molecular weight heparin (e.g., enoxaparin, dalteparin, tinzaparin). Other anti-Xa medications, such as unfractionated heparin and direct anti-Xa inhibitors (e.g., apixaban, rivaroxaban, edoxaban) may interfere with this test. Please check lab manual for appropriate tests specific to the anticoagulant the patient is receiving.

**Test Code:**

LMHEP

**Performing Lab:**

Parnassus Hematology  
Mission Bay Hematology  
St. Mary Hematology  
St. Francis Hematology

**Performed:**

Daily

**Methodology:**

Chromogenic

**Remarks:**

Deliver specimen to lab immediately for processing

**Collect:**

Blue top filled to full extent of vacuum (3.2% sodium citrate)

**Amount to Collect:**

See Preferred Volume

**Sample Type:**

Plasma

**Preferred Volume:**

1.0 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Hemolysis, Icterus, Lipemia  
Under-filled or Over-filled tubes  
Clotted

**Specimen Preparation:**

Deliver sample immediately to Hematology Lab

**Units:**

U/mL

**Reference Interval:**

Therapeutic (4 hours post dose):

Enoxaparin:

Q12 dosing 0.5-1.0 U/mL

Qday dosing 1.0-2.0 U/mL

Prophylactic dosing 0.2-0.4 U/mL

Dalteparin:

Q12 dosing 0.6 U/mL

Qday dosing 1.05 U/mL

Tinzaparin:

Qday dosing 0.85 U/mL

These are general guidelines only. Detailed recommendations for heparin therapy and monitoring are available through the the Hematology consultation services: for adults, pager 443-4276, for pediatrics, pager 443-6966.

**Critical Values:**

> 2.0 U/mL

**Synonyms:**

- LMW
- LMWH

**Storage/Transport Temperature:**

Deliver whole blood at room temperature

Plasma acceptable on dry ice and stored -20 to -80C

**Stability (from collection to initiation):**

2 hours

**Reported:**

STAT: 1 hour

Routine: 24 hours

**Additional Information:**

The utility of measuring LMW heparin levels is limited to a few clinical settings. Common indications for monitoring patients receiving LMW heparin include renal insufficiency, clinical obesity, weight < 50 kg or pregnancy.

The STA- Liquid anti-Xa method is a one-step reaction where factor Xa is added to the plasma-substrate mixture. Two reactions take place simultaneously,

-Hydrolysis of the substrate by factor Xa

-Inhibition of factor Xa by the heparin-antithrombin complex\*.

After the necessary period of time for the competitive reaction to reach equilibrium, the quantity of pNA that is released is inversely proportional to the concentration of heparin present in the test medium.

\*The heparin-antithrombin complex is made up from the heparin medication and the patient's endogenous antithrombin.

Note that a similar methodology used for detecting other anti-Xa medications; however, the calibration curve is distinct for each drug. Therefore, while a positive result from this test (anti-Xa Low Molecular Weight Heparin level) indicates the presence of anti-Xa activity, the exact level of any drug other than low molecular weight heparin cannot be assessed.

The appropriate therapeutic range will vary with the specific medication, the disease, and the treatment intensity desired. An overview of recommendations is available on the [UCSF Carelinks webpage](#) for reference purposes only. Recommendations for therapy and monitoring are also available through the Hematology consultation services: for adults, pager 443-4276, for pediatrics pager 443-6966.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

85520

**LOINC Codes:**

3271-4



**Anti-Xa (Rivaroxaban Level)**

LAB6003

**ORDERING****Ordering Recommendations:**

\*The heparin-antithrombin complex is made up from the heparin medication and the patient's endogenous antithrombin.

Note that a similar methodology used for detecting other anti-Xa medications; however, the calibration curve is distinct for each drug. Therefore, while a positive result from this test (anti-Xa Heparin level) indicates the presence of anti-Xa activity, the exact level of any drug other than unfractionated heparin cannot be assessed.

**Available Stat:**

No. However, if the test is needed urgently, please call the Parnassus Hematology laboratory (415-353-1747).

**Performing Lab:**

Parnassus Hematology

**Performed:**

Monday - Friday 0800-1600

If the test is needed urgently, please call the Parnassus Hematology laboratory (415-353-1747).

**Methodology:**

Chromogenic anti-Factor Xa

**Reported:**

1-3 days

**Additional Information:**

Although the manufacturer of rivaroxaban (Xarelto®, Bayer Healthcare AG) does not recommend routine monitoring, typical drug levels in patients taking rivaroxaban have been described (Clin Pharmacokinet. 2014;53:1-16. PMID: 23999929). Key findings include:

| Patient population/clinical setting                                   | Rivaroxaban dose | C <sub>trough</sub> (ng/mL)      | C <sub>max</sub> (ng/mL)       |
|-----------------------------------------------------------------------|------------------|----------------------------------|--------------------------------|
|                                                                       |                  | Samples 20-28 hours after dosing | Samples 2-4 hours after dosing |
| Stroke prevention in patients with AF (CL <sub>CR</sub> ≥ mL/min)     | 20 mg per day    | 44 (12-137)                      | 249 (184-343)                  |
| Stroke prevention in patients with AF (CL <sub>CR</sub> 30-49 mL/min) | 15 mg per day    | 57 (18-136)                      | 229 (178-313)                  |
| DVT treatment (continued treatment)                                   | 20 mg per day    | 26 (6-87)                        | 270 (189-419)                  |

AF=Atrial Fibrillation; Median (5th-95th percentile)

DVT=Deep Vein Thrombosis

\*At UCSF, the limit of detection for rivaroxaban is 25 ng/mL.

The STA- Liquid anti-Xa method is a one-step reaction where factor Xa is added to the plasma-substrate mixture. Two reactions take place simultaneously,

-Hydrolysis of the substrate by factor Xa

-Inhibition of factor Xa by the anti-Xa medication.

After the necessary period of time for the competitive reaction to reach equilibrium, the quantity of pNA that is released is inversely proportional to the concentration of anti-Xa medication present in the test medium.

Note that a similar methodology used for detecting other anti-Xa medications; however, the calibration curve is distinct for each drug. Therefore, while a positive result from this test (anti-Xa Rivaroxaban level) indicates the presence of anti-Xa activity, the exact level of any drug other than rivaroxaban cannot be assessed.

The appropriate therapeutic range will vary with the disease and the treatment intensity desired. An overview of recommendations is available in the laboratory manual for reference purposes only. Recommendations for rivaroxaban therapy and monitoring are available through the Hematology consultation services: for adults pager 443-4276, for pediatrics pager 443-6966.

**Synonyms:**

- Xarelto
- Monitoring Anticoagulation
- Anti Factor 10a
- Anti Factor Xa

**COLLECTION**

**Sample Type:**

Citrated plasma

**Collect:**

Blue (2.7 mL) or Lt. Blue (1.8 mL) top filled to full extent of vacuum

**Amount to Collect:**

2.7 or 1.8 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

**Stability (from collection to initiation):**

Room temperature 4 hours

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

Over-filled or under-filled tubes may be rejected

**PROCESSING****Test Code:**

RVX

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Deliver immediately to Hematology for processing.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

Over-filled or under-filled tubes may be rejected

**Stability (from collection to initiation):**

Room temperature 4 hours

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

See additional information

**Critical Values:**

&gt; 500 ng/mL

**Additional Information:**

Although the manufacturer of rivaroxaban (Xarelto®, Bayer Healthcare AG) does not recommend routine monitoring, typical drug levels in patients taking rivaroxaban have been described (Clin Pharmacokinet. 2014;53:1-16. PMID: 23999929). Key findings include:

| Patient population/clinical setting                                   | Rivaroxaban dose | C <sub>trough</sub> (ng/mL)      | C <sub>max</sub> (ng/mL)       |
|-----------------------------------------------------------------------|------------------|----------------------------------|--------------------------------|
|                                                                       |                  | Samples 20-28 hours after dosing | Samples 2-4 hours after dosing |
| Stroke prevention in patients with AF (CL <sub>CR</sub> ≥ mL/min)     | 20 mg per day    | 44 (12-137)                      | 249 (184-343)                  |
| Stroke prevention in patients with AF (CL <sub>CR</sub> 30-49 mL/min) | 15 mg per day    | 57 (18-136)                      | 229 (178-313)                  |
| DVT treatment (continued treatment)                                   | 20 mg per day    | 26 (6-87)                        | 270 (189-419)                  |

AF=Atrial Fibrillation; Median (5th-95th percentile)

DVT=Deep Vein Thrombosis

\*At UCSF, the limit of detection for rivaroxaban is 25 ng/mL.

The STA- Liquid anti-Xa method is a one-step reaction where factor Xa is added to the plasma-substrate mixture. Two reactions take place simultaneously,

-Hydrolysis of the substrate by factor Xa

-Inhibition of factor Xa by the anti-Xa medication.

After the necessary period of time for the competitive reaction to reach equilibrium, the quantity of pNA that is released is inversely proportional to the concentration of anti-Xa medication present in the test medium.

Note that a similar methodology used for detecting other anti-Xa medications; however, the calibration curve is distinct for each drug. Therefore, while a positive result from this test (anti-Xa Rivaroxaban level) indicates the presence of anti-Xa activity, the exact level of any drug other than rivaroxaban cannot be assessed.

The appropriate therapeutic range will vary with the disease and the treatment intensity desired. An overview of recommendations is available in the laboratory manual for reference purposes only. Recommendations for rivaroxaban therapy and monitoring are available through the Hematology consultation services: for adults pager 443-4276, for pediatrics pager 443-6966.

**ADMINISTRATIVE****CPT Codes:**

80299

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No. However, if the test is needed urgently, please call the Parnassus Hematology laboratory (415-353-1747).

**Ordering Recommendations:**

\*The heparin-antithrombin complex is made up from the heparin medication and the patient's endogenous antithrombin.

Note that a similar methodology used for detecting other anti-Xa medications; however, the calibration curve is distinct for each drug. Therefore, while a positive result from this test (anti-Xa Heparin level) indicates the presence of anti-Xa activity, the exact level of any drug other than unfractionated heparin cannot be assessed.

**Test Code:**

RVX

**Performing Lab:**

Parnassus Hematology

**Performed:**

Monday - Friday 0800-1600

If the test is needed urgently, please call the Parnassus Hematology laboratory (415-353-1747).

**Methodology:**

Chromogenic anti-Factor Xa

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

**Collect:**

Blue (2.7 mL) or Lt. Blue (1.8 mL) top filled to full extent of vacuum

**Amount to Collect:**

2.7 or 1.8 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Deliver immediately to Hematology for processing.

**Units:**

ng/mL

**Reference Interval:**

See additional information

**Critical Values:**

> 500 ng/mL

**Synonyms:**

- Xarelto
- Monitoring Anticoagulation
- Anti Factor 10a
- Anti Factor Xa

**Stability (from collection to initiation):**

Room temperature 4 hours

**Reported:**

1-3 days

**Additional Information:**

Although the manufacturer of rivaroxaban (Xarelto®, Bayer Healthcare AG) does not recommend routine monitoring, typical drug levels in patients taking rivaroxaban have been described (Clin Pharmacokinet. 2014;53:1-16. PMID: 23999929). Key findings include:

| Patient population/clinical setting                                   | Rivaroxaban dose | C <sub>trough</sub> (ng/mL)      | C <sub>max</sub> (ng/mL)       |
|-----------------------------------------------------------------------|------------------|----------------------------------|--------------------------------|
|                                                                       |                  | Samples 20-28 hours after dosing | Samples 2-4 hours after dosing |
| Stroke prevention in patients with AF (CL <sub>CR</sub> ≥ mL/min)     | 20 mg per day    | 44 (12-137)                      | 249 (184-343)                  |
| Stroke prevention in patients with AF (CL <sub>CR</sub> 30-49 mL/min) | 15 mg per day    | 57 (18-136)                      | 229 (178-313)                  |
| DVT treatment (continued treatment)                                   | 20 mg per day    | 26 (6-87)                        | 270 (189-419)                  |

AF=Atrial Fibrillation; Median (5th-95th percentile)

DVT=Deep Vein Thrombosis

\*At UCSF, the limit of detection for rivaroxaban is 25 ng/mL.

The STA- Liquid anti-Xa method is a one-step reaction where factor Xa is added to the plasma-substrate mixture. Two reactions take place simultaneously,

- Hydrolysis of the substrate by factor Xa
- Inhibition of factor Xa by the anti-Xa medication.

After the necessary period of time for the competitive reaction to reach equilibrium, the quantity of pNA that is released is inversely proportional to the concentration of anti-Xa medication present in the test medium.

Note that a similar methodology used for detecting other anti-Xa medications; however, the calibration curve is distinct for each drug. Therefore, while a positive result from this test (anti-Xa Rivaroxaban level) indicates the presence of anti-Xa activity, the exact level of any drug other than rivaroxaban cannot be assessed.

The appropriate therapeutic range will vary with the disease and the treatment intensity desired. An overview of recommendations is available in the laboratory manual for reference purposes only. Recommendations for rivaroxaban therapy and monitoring are available through the Hematology consultation services: for adults pager 443-4276, for pediatrics pager 443-6966.

**CPT Codes:**

80299

**LDT or Modified FDA:**

Yes

# Apolipoprotein B

LAB6221

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Monday - Saturday

**Methodology:**

Nephelometry

**Reported:**

2-4 days

**Additional Information:**

Apolipoprotein B (APO B) has been reported to be a powerful indicator of CAD. In some patients with CAD, APO B is elevated even in the presence of normal LDL cholesterol.

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

APOB

**Collect:**

Gold or red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 10 days

Frozen: 90 days

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Grossly lipemic

## PROCESSING

**Test Code:**

APOB

**Sendout:**

Yes

**Performing Lab:**

Quest

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly lipemic

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 10 days

Frozen: 90 days

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

## Reference Range

|        |              |
|--------|--------------|
| Male   | 52-109 mg/dL |
| Female | 49-103 mg/dL |

## Risk Category

|          | Male           | Female         |
|----------|----------------|----------------|
| Optimal  | < 80 mg/dL     | < 80 mg/dL     |
| Moderate | 80 - 119 mg/dL | 80 - 119 mg/dL |
| High     | >= 120 mg/dL   | >= 120 mg/dL   |

**Additional Information:**

Apolipoprotein B (APO B) has been reported to be a powerful indicator of CAD. In some patients with CAD, APO B is elevated even in the presence of normal LDL cholesterol.

**ADMINISTRATIVE****CPT Codes:**

82172

**LOINC Codes:**

1884-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

APOB

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Monday - Saturday

**Methodology:**

Nephelometry

**Collect:**

Gold or red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly lipemic

**Units:**

mg/dL

**Reference Interval:**

## Reference Range

|        |              |
|--------|--------------|
| Male   | 52-109 mg/dL |
| Female | 49-103 mg/dL |

## Risk Category

|          |                |                |
|----------|----------------|----------------|
|          | Male           | Female         |
| Optimal  | < 80 mg/dL     | < 80 mg/dL     |
| Moderate | 80 - 119 mg/dL | 80 - 119 mg/dL |
| High     | >= 120 mg/dL   | >= 120 mg/dL   |

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 10 days

Frozen: 90 days

**Reported:**

2-4 days

**Additional Information:**

Apolipoprotein B (APO B) has been reported to be a powerful indicator of CAD. In some patients with CAD, APO B is elevated even in the presence of normal LDL cholesterol.

**CPT Codes:**

82172

**LOINC Codes:**

1884-6



# Apolipoprotein E ( APOE ) Genotyping, Alzheimer Disease Risk

LAB5840

## ORDERING

### Ordering Recommendations:

Supports a clinical diagnosis of Alzheimer disease (AD) in symptomatic individuals. Use for AD risk assessment only. Genetic counseling and informed consent are strongly recommended prior to ordering and post test to discuss results.

### Available Stat:

No

### Performing Lab:

ARUP

### Performed:

Varies

### Methodology:

Polymerase Chain Reaction (PCR) / Fluorescence Monitoring

### Reported:

2-7 days

### Additional Technical Information:

- [Additional Technical Information](#)

### Synonyms:

- Alzheimer's
- Alzheimer's
- Alzheimers
- APOE
- ApoE 2 mutations
- ApoE Alzheimer Risk
- ApoLipoprotein E Genotype
- APOEZ

## COLLECTION

### Sample Type:

Whole blood

### Label Abbreviation:

APOEZ

### Collect:

Lavender (EDTA), Pink (K2EDTA), or Yellow (ACD Solution A or B).

### Amount to Collect:

3 mL

### Preferred Volume:

3 mL

### Minimum Volume:

1 mL

### Remarks:

Testing of fetal specimens or specimens from patients under the age of 18 years is not offered.

### Stability (from collection to initiation):

Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month.

### Storage/Transport Temperature:

Refrigerated.

### Unacceptable Conditions:

Plasma or serum. Heparinized specimens. Frozen specimens in glass collection tubes.

### Submit with Order:

- [Informed Consent for Genetic Testing \(Required for NY patients\)](#)

## PROCESSING

### Test Code:

APOEZ

### ARUP Test Code:

2013341

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transport 3 mL whole blood. (Min: 1 mL)

**Additional Processing Instructions:**

Do not aliquot. Send sample refrigerated to CB. Order ARUP test code 2013341.

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Plasma or serum. Heparinized specimens. Frozen specimens in glass collection tubes.

**Stability (from collection to initiation):**

Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month.

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

Homozygous apo e3 (e3/e3): This genotype is the most common (normal) genotype.

**Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

Refer to Report

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

**ADMINISTRATIVE****CPT Codes:**

81401

**LOINC:**

- 31208-2
- 42315-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Supports a clinical diagnosis of Alzheimer disease (AD) in symptomatic individuals. Use for AD risk assessment only.  
Genetic counseling and informed consent are strongly recommended prior to ordering and post test to discuss results.

**Test Code:**

APOEZ

**ARUP Test Code:**

2013341

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Varies

**Methodology:**

Polymerase Chain Reaction (PCR) / Fluorescence Monitoring

**Remarks:**

Testing of fetal specimens or specimens from patients under the age of 18 years is not offered.

**Collect:**

Lavender (EDTA), Pink (K2EDTA), or Yellow (ACD Solution A or B).

**Amount to Collect:**

3 mL

**Sample Type:**

Whole blood

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Plasma or serum. Heparinized specimens. Frozen specimens in glass collection tubes.

**Specimen Preparation:**

Transport 3 mL whole blood. (Min: 1 mL)

**Additional Processing Instructions:**

Do not aliquot. Send sample refrigerated to CB. Order ARUP test code 2013341.

**Reference Interval:**

Homozygous apo e3 (e3/e3): This genotype is the most common (normal) genotype.

**Interpretive Data:**

Refer to Report

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

**Synonyms:**

- Alzheimer's
- Alzheimer's
- Alzheimers
- APOE
- ApoE 2 mutations
- ApoE Alzheimer Risk
- ApoLipoprotein E Genotype
- APOEZ

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month.

**Reported:**

2-7 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

81401

**LOINC:**

- 31208-2
- 42315-2

# Apolipoprotein E ( APOE ) Genotyping, Cardiovascular Risk

LAB9010

## ORDERING

**Ordering Recommendations:**

Use to provide supporting evidence for a diagnosis of type III hyperlipoproteinemia for evaluation of premature coronary heart disease.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Varies

**Methodology:**

Polymerase Chain Reaction (PCR) / Fluorescence Monitoring

**Reported:**

2-7 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- APOE
- ApoE 2 mutations
- ApoE cardiac risk
- ApoLipoprotein E Genotype
- APOEC

## COLLECTION

**Sample Type:**

Whole blood

**Label Abbreviation:**

APOEC

**Collect:**

Lavender (EDTA), Pink (K2EDTA), or Yellow (ACD Solution A or B).

**Amount to Collect:**

3 mL

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Remarks:**

This test is not recommended for nonsymptomatic patients under 18 years of age.

**Stability (from collection to initiation):**

Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Plasma or serum. Heparinized specimens. Frozen specimens in glass collection tubes.

**Submit with Order:**

- [Informed Consent for Genetic Testing \(Required for NY patients\)](#)

## PROCESSING

**Test Code:**

APOEC

**ARUP Test Code:**

2013337

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transport 3 mL whole blood. (Min: 1 mL)

**Additional Processing Instructions:**

Do not aliquot specimen. Transport to CB refrigerated. Order ARUP test code 2013337.

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Plasma or serum. Heparinized specimens. Frozen specimens in glass collection tubes.

**Stability (from collection to initiation):**

Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

Homozygous APOE e3 (e3/e3): This genotype is the most common (normal) genotype.

**Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

Refer to Report

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

**ADMINISTRATIVE****CPT Codes:**

81401

**LOINC:**

- 34438-2
- 31208-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to provide supporting evidence for a diagnosis of type III hyperlipoproteinemia for evaluation of premature coronary heart disease.

**Test Code:**

APOEC

**ARUP Test Code:**

2013337

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Varies

**Methodology:**

Polymerase Chain Reaction (PCR) / Fluorescence Monitoring

**Remarks:**

This test is not recommended for nonsymptomatic patients under 18 years of age.

**Collect:**

Lavender (EDTA), Pink (K2EDTA), or Yellow (ACD Solution A or B).

**Amount to Collect:**

3 mL

**Sample Type:**

Whole blood

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Plasma or serum. Heparinized specimens. Frozen specimens in glass collection tubes.

**Specimen Preparation:**

Transport 3 mL whole blood. (Min: 1 mL)

**Additional Processing Instructions:**

Do not aliquot specimen. Transport to CB refrigerated. Order ARUP test code 2013337.

**Reference Interval:**

Homozygous APOE e3 (e3/e3): This genotype is the most common (normal) genotype.

**Interpretive Data:**

Refer to Report

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

**Synonyms:**

- APOE
- ApoE 2 mutations
- ApoE cardiac risk
- ApoLipoprotein E Genotype
- APOEC

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month

**Reported:**

2-7 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

81401

**LOINC:**

- 34438-2
- 31208-2

# Apt Test

LAB1029

## ORDERING

**Approval Required:**

Yes, contact Mission Bay Hematology at x6-0194

**Available Stat:**

No

**Performing Lab:**

Mission Bay Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

For identification of swallowed maternal blood. Performed on stool, gastric aspirate or vomitus from infants within 3 days of birth.

## COLLECTION

**Sample Type:**

Visibly bloody (not tarry) specimen and if possible, include a heparinized capillary tube of the patient's blood to use as control.

**Collect:**

Clean container for stool aspirate or vomitus; and if possible, include a heparinized capillary tubes of the patient's blood to use as control.

## PROCESSING

**Test Code:**

APT

**Performing Lab:**

Mission Bay Hematology

## RESULT INTERPRETATION

**Reference Interval:**

Adult

**Additional Information:**

For identification of swallowed maternal blood. Performed on stool, gastric aspirate or vomitus from infants within 3 days of birth.

## ADMINISTRATIVE

**CPT Codes:**

83033

**LOINC Codes:**

40721-3

## COMPLETE VIEW

**Approval Required:**

Yes, contact Mission Bay Hematology at x6-0194

**Available Stat:**

No

**Test Code:**

APT

**Performing Lab:**

Mission Bay Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Collect:**

Clean container for stool aspirate or vomitus; and if possible, include a heparinized capillary tubes of the patient's blood to use as control.

**Sample Type:**

Visibly bloody (not tarry) specimen and if possible, include a heparinized capillary tube of the patient's blood to use as control.

**Reference Interval:**

Adult

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

For identification of swallowed maternal blood. Performed on stool, gastric aspirate or vomitus from infants within 3 days of birth.

**CPT Codes:**

83033

**LOINC Codes:**

40721-3



# Argatroban Assay

LAB3770

## ORDERING

**Approval Required:**

No, except for testing outside of stated test availability, contact Hematology at x31747

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

Monday - Friday 0800-1600. Approval required for testing outside of these hours.

**Methodology:**

Mechanical clot detection assay

**Reported:**

1-3 days

**Additional Information:**

The information contained herein is applicable to patients receiving argatroban in the setting of heparin induced thrombocytopenia. If argatroban is being utilized in other settings, including percutaneous coronary interventions, it is suggested that the Hematology Consultation service (pager: 443-4276) and a physician in the coagulation laboratory (353-1747) be contacted.

Argatroban is usually monitored by the activated PTT. Rarely, however, plasma argatroban levels should be measured to give a more accurate estimate of clinical anticoagulation.

Lupus anticoagulants can prolong the PTT at baseline, or impact the PTT after a patient has begun heparin therapy. If a patient being treated with argatroban is known or suspected to have a lupus anticoagulant, an argatroban level and an aPTT should be sent simultaneously. If review of results of simultaneous argatroban and PTT measurements indicates that the patient's lupus anticoagulant is causing an artifactual PTT prolongation, subsequent monitoring with argatroban levels is indicated.

The manufacturer of argatroban, GlaxoSmithKline, provides complete prescribing information on its website: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2008/020883s014bl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2008/020883s014bl.pdf), including information on the association of plasma argatroban levels and the activated PTT. A portion of the relevant information from this March 2009 document is summarized in the following information:

"Laboratory Tests: Anticoagulation effects associated with Argatroban infusion at doses up to 40 mcg/kg/min correlate with increases of the activated partial thromboplastin time (aPTT)."

"Dosage Adjustment: After the initial dose of Argatroban, the dose can be adjusted as clinically indicated (not to exceed 10 mcg/kg/min), until the steady-state aPTT is 1.5 to 3 times the initial baseline value (not to exceed 100 seconds)"

Patients for whom a lupus anticoagulant influences the PTT must be monitored with argatroban levels. Therapeutic levels are not recommended by the manufacturer, but the manufacturer does provide a graph that shows a relationship among representative PTT levels, ACT levels, infusion rates, and plasma Argatroban levels:

In Figure 1. Relationship at Steady State Between Argatroban Dose, Plasma Argatroban Concentration and Anticoagulant Effect: A 0.4 microgram/mL argatroban level corresponded to approximately 1.6x the baseline PTT whereas a 2.0 microgram/mL argatroban level corresponded to approximately 2.6x the baseline PTT.

At UCSF we have assessed the sensitivity of our current PTT reagent to argatroban in May 2020. In plasma calibrators containing argatroban, we observed that 0.56 microgram/mL argatroban resulted in a PTT 1.8x baseline, 1.08 microgram/mL resulted in a PTT 2.2x baseline, 1.58 microgram/mL resulted in a PTT 2.5x baseline, and 2.07 microgram/mL resulted in a PTT 2.8x baseline. These results are generally similar to the information provided by the manufacturer and to the results of prior UCSF ex vivo spiking studies (performed in 2006, 2009, 2013, 2019).

On the basis of the information available, argatroban levels of 0.5-2.0 micrograms/mL can be considered therapeutic. These levels corresponded to 1.6x-2.7x baseline PTT in plasma without a lupus anticoagulant, which is within the manufacturer's recommended therapeutic PTT of 1.5x-3.0x patient baseline.

For adult patients without lupus anticoagulants an argatroban order form is available and should be utilized. The therapeutic PTT as of August 2017 was 52-67.9 seconds. For patients in whom the PTT cannot be used for monitoring, a derivative algorithm, based on a therapeutic target of 0.5-2.0 micrograms/mL, should be used for monitoring and dose adjustment, as clinically indicated. It is suggested that the Hematology Consultation service (415-443-4276) be contacted for recommendations regarding an appropriate algorithm for monitoring and dose adjustment in these patients.

The presence of heparin will interfere with the argatroban assay and can produce an erroneously elevated argatroban test result.

**Synonyms:**

- Direct thrombin inhibitor

**COLLECTION****Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1.0 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Peripheral stick required as heparin will interfere with the test.
2. Collect 1 blue top filled to full extent of vacuum (2.7 mL blood). Check the expiration date on the label of the blue top vacutainer before drawing the patient.
3. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
4. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
5. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.
6. For patients with Hct's  $\geq 55\%$ , please contact Hematology (415-353-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

4 hours

**Unacceptable Conditions:**

QNS, hemolyzed or clotted sample.

**PROCESSING****Test Code:**

ARGA

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Deliver sample immediately to Hematology for processing

**Preferred Volume:**

1.0 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

QNS, hemolyzed or clotted sample.

**Stability (from collection to initiation):**

4 hours

**RESULT INTERPRETATION****Units:**

$\mu\text{g/mL}$  (mcg/mL)

**Reference Interval:**

Therapeutic anticoagulation: 0.5-2.0  $\mu\text{g/mL}$  (mcg/mL)

Note: these values may not be applicable to intra-operative anticoagulation. See 'Additional information'

**Critical Values:**

$> 2.0 \mu\text{g/mL}$

**Additional Information:**

The information contained herein is applicable to patients receiving argatroban in the setting of heparin induced thrombocytopenia. If argatroban is being utilized in other settings, including percutaneous coronary interventions, it is suggested that the Hematology Consultation service (pager: 443-4276) and a physician in the coagulation laboratory (353-1747) be contacted.

Argatroban is usually monitored by the activated PTT. Rarely, however, plasma argatroban levels should be measured to give a more accurate estimate of clinical anticoagulation.

Lupus anticoagulants can prolong the PTT at baseline, or impact the PTT after a patient has begun heparin therapy. If a patient being treated with argatroban is known or suspected to have a lupus anticoagulant, an argatroban level and an aPTT should be sent simultaneously. If review of results of simultaneous argatroban and PTT measurements indicates that the patient's lupus anticoagulant is causing an artifactual PTT prolongation, subsequent monitoring with argatroban levels is indicated.

The manufacturer of argatroban, GlaxoSmithKline, provides complete prescribing information on its website: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2008/020883s014bl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2008/020883s014bl.pdf), including information on the association of plasma argatroban levels and the activated PTT. A portion of the relevant information from this March 2009 document is summarized in the following information:

"Laboratory Tests: Anticoagulation effects associated with Argatroban infusion at doses up to 40 mcg/kg/min correlate with increases of the activated partial thromboplastin time (aPTT)."

"Dosage Adjustment: After the initial dose of Argatroban, the dose can be adjusted as clinically indicated (not to exceed 10 mcg/kg/min), until the steady-state aPTT is 1.5 to 3 times the initial baseline value (not to exceed 100 seconds)"

Patients for whom a lupus anticoagulant influences the PTT must be monitored with argatroban levels. Therapeutic levels are not recommended by the manufacturer, but the manufacturer does provide a graph that shows a relationship among representative PTT levels, ACT levels, infusion rates, and plasma Argatroban levels:

In Figure 1. Relationship at Steady State Between Argatroban Dose, Plasma Argatroban Concentration and Anticoagulant Effect: A 0.4 microgram/mL argatroban level corresponded to approximately 1.6x the baseline PTT whereas a 2.0 microgram/mL argatroban level corresponded to approximately 2.6x the baseline PTT.

At UCSF we have assessed the sensitivity of our current PTT reagent to argatroban in May 2020. In plasma calibrators containing argatroban, we observed that 0.56 microgram/mL argatroban resulted in a PTT 1.8x baseline, 1.08 microgram/mL resulted in a PTT 2.2x baseline, 1.58 microgram/mL resulted in a PTT 2.5x baseline, and 2.07 microgram/mL resulted in a PTT 2.8x baseline. These results are generally similar to the information provided by the manufacturer and to the results of prior UCSF ex vivo spiking studies (performed in 2006, 2009, 2013, 2019).

On the basis of the information available, argatroban levels of 0.5-2.0 micrograms/mL can be considered therapeutic. These levels corresponded to 1.6x-2.7x baseline PTT in plasma without a lupus anticoagulant, which is within the manufacturer's recommended therapeutic PTT of 1.5x-3.0x patient baseline.

For adult patients without lupus anticoagulants an argatroban order form is available and should be utilized. The therapeutic PTT as of August 2017 was 52-67.9 seconds. For patients in whom the PTT cannot be used for monitoring, a derivative algorithm, based on a therapeutic target of 0.5-2.0 micrograms/mL, should be used for monitoring and dose adjustment, as clinically indicated. It is suggested that the Hematology Consultation service (415-443-4276) be contacted for recommendations regarding an appropriate algorithm for monitoring and dose adjustment in these patients.

The presence of heparin will interfere with the argatroban assay and can produce an erroneously elevated argatroban test result.

**ADMINISTRATIVE****CPT Codes:**

85130

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Approval Required:**

No, except for testing outside of stated test availability, contact Hematology at x31747

**Available Stat:**

No

**Test Code:**

ARGA

**Performing Lab:**

Parnassus Hematology

**Performed:**

Monday - Friday 0800-1600. Approval required for testing outside of these hours.

**Methodology:**

Mechanical clot detection assay

**Remarks:**

1. Peripheral stick required as heparin will interfere with the test.
2. Collect 1 blue top filled to full extent of vacuum (2.7 mL blood). Check the expiration date on the label of the blue top vacutainer before drawing the patient.
3. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
4. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
5. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.
6. For patients with Hct's  $\geq 55\%$ , please contact Hematology (415-353-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1.0 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

QNS, hemolyzed or clotted sample.

**Specimen Preparation:**

Deliver sample immediately to Hematology for processing

**Units:**

$\mu\text{g/mL}$  (mcg/mL)

**Reference Interval:**

Therapeutic anticoagulation: 0.5-2.0  $\mu\text{g/mL}$  (mcg/mL)

Note: these values may not be applicable to intra-operative anticoagulation. See 'Additional information'

**Critical Values:**

$> 2.0 \mu\text{g/mL}$

**Synonyms:**

- Direct thrombin inhibitor

**Stability (from collection to initiation):**

4 hours

**Reported:**

1-3 days

**Additional Information:**

The information contained herein is applicable to patients receiving argatroban in the setting of heparin induced thrombocytopenia. If argatroban is being utilized in other settings, including percutaneous coronary interventions, it is suggested that the Hematology Consultation service (pager: 443-4276) and a physician in the coagulation laboratory (353-1747) be contacted.

Argatroban is usually monitored by the activated PTT. Rarely, however, plasma argatroban levels should be measured to give a more accurate estimate of clinical anticoagulation.

Lupus anticoagulants can prolong the PTT at baseline, or impact the PTT after a patient has begun heparin therapy. If a patient being treated with argatroban is known or suspected to have a lupus anticoagulant, an argatroban level and an aPTT should be sent simultaneously. If review of results of simultaneous argatroban and PTT measurements indicates that the patient's lupus anticoagulant is causing an artifactual PTT prolongation, subsequent monitoring with argatroban levels is indicated.

The manufacturer of argatroban, GlaxoSmithKline, provides complete prescribing information on its website: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2008/020883s014lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2008/020883s014lbl.pdf), including information on the association of plasma argatroban levels and the activated PTT. A portion of the relevant information from this March 2009 document is summarized in the following information:

"Laboratory Tests: Anticoagulation effects associated with Argatroban infusion at doses up to 40 mcg/kg/min correlate with increases of the activated partial thromboplastin time (aPTT)."

"Dosage Adjustment: After the initial dose of Argatroban, the dose can be adjusted as clinically indicated (not to exceed 10 mcg/kg/min), until the steady-state aPTT is 1.5 to 3 times the initial baseline value (not to exceed 100 seconds)"

Patients for whom a lupus anticoagulant influences the PTT must be monitored with argatroban levels. Therapeutic levels are not recommended by the manufacturer, but the manufacturer does provide a graph that shows a relationship among representative PTT levels, ACT levels, infusion rates, and plasma Argatroban levels:

In Figure 1. Relationship at Steady State Between Argatroban Dose, Plasma Argatroban Concentration and Anticoagulant Effect: A 0.4 microgram/mL argatroban level corresponded to approximately 1.6x the baseline PTT whereas a 2.0 microgram/mL argatroban level corresponded to approximately 2.6x the baseline PTT.

At UCSF we have assessed the sensitivity of our current PTT reagent to argatroban in May 2020. In plasma calibrators containing argatroban, we observed that 0.56 microgram/mL argatroban resulted in a PTT 1.8x baseline, 1.08 microgram/mL resulted in a PTT 2.2x baseline, 1.58 microgram/mL resulted in a PTT 2.5x baseline, and 2.07 microgram/mL resulted in a PTT 2.8x baseline. These results are generally similar to the information provided by the manufacturer and to the results of prior UCSF ex vivo spiking studies (performed in 2006, 2009, 2013, 2019).

On the basis of the information available, argatroban levels of 0.5-2.0 micrograms/mL can be considered therapeutic. These levels corresponded to 1.6x-2.7x baseline PTT in plasma without a lupus anticoagulant, which is within the manufacturer's recommended therapeutic PTT of 1.5x-3.0x patient baseline.

For adult patients without lupus anticoagulants an argatroban order form is available and should be utilized. The therapeutic PTT as of August 2017 was 52-67.9 seconds. For patients in whom the PTT cannot be used for monitoring, a derivative algorithm, based on a therapeutic target of 0.5-2.0 micrograms/mL, should be used for monitoring and dose adjustment, as clinically indicated. It is suggested that the Hematology Consultation service (415-443-4276) be contacted for recommendations regarding an appropriate algorithm for monitoring and dose adjustment in these patients.

The presence of heparin will interfere with the argatroban assay and can produce an erroneously elevated argatroban test result.

**CPT Codes:**

85130

**LDT or Modified FDA:**

Yes

# Arsenic, 24 hour urine

LAB3532

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

ICP/MS

**Reported:**

Test run Tuesday-Saturday. Turnaround: 2-5 days.

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 0.0133.

**Synonyms:**

- As
- AS
- ASUR
- ARSU

## COLLECTION

**Patient Preparation:**

The patient should not eat crab, lobster, shellfish, shrimp or bottom-feeders such as flounder for at least 3 days prior to specimen collection.

**Sample Type:**

24 hour urine collection

**Label Abbreviation:**

ASUR

**Collect:**

Acid Wash Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

## PROCESSING

**Test Code:**

ASU

**Test Group:**

Arsenic

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Refrigerate 10 mL aliquot. Order Quest #36433

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

## RESULT INTERPRETATION

**Units:**

µg/L (mcg/L)

**Reference Interval:**

&lt; 81 µg/L (Varies w/diet)

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 0.0133.

**ADMINISTRATIVE****CPT Codes:**

82175-90

**LOINC Codes:**

21074-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ASU

**Test Group:**

Arsenic

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

ICP/MS

**Patient Preparation:**

The patient should not eat crab, lobster, shellfish, shrimp or bottom-feeders such as flounder for at least 3 days prior to specimen collection.

**Collect:**

Acid Wash Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Refrigerate 10 mL aliquot. Order Quest #36433

**Units:**

µg/L (mcg/L)

**Reference Interval:**

< 81 µg/L (Varies w/diet)

**Synonyms:**

- As
- AS
- ASUR
- ARSU

**Reported:**

Test run Tuesday-Saturday. Turnaround: 2-5 days.

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 0.0133.

**CPT Codes:**

82175-90

**LOINC Codes:**

21074-0

# Arsenic, Blood

LAB3480

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Inductively coupled Plasma Mass Spectroscopy

**Reported:**

Test run Tuesday-Thursday. Turnaround: 2-7 days.

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 0.0133.

**Synonyms:**

- As
- AS
- heavy metal toxicity
- heavy metal poisoning
- heavy metals
- DECANT

## COLLECTION

**Patient Preparation:**

Patient should refrain from eating seafood and taking herbal supplements at least 3 days prior to sample collection.

**Sample Type:**

EDTA whole blood

**Label Abbreviation:**

ASB

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

2 mL blood

**Remarks:**

To avoid contamination use powderless gloves during collection. Mix well, inverting gently 5x.

**Stability (from collection to initiation):**

Room temp or refrigerated: 10 days

## PROCESSING

**Test Code:**

ASB

**Test Group:**

Arsenic

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Do not centrifuge or transfer to another container. Refrigerate. Order Quest # 269X

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

2 mL blood



**Stability (from collection to initiation):**

Room temp or refrigerated: 10 days

**RESULT INTERPRETATION****Units:** $\mu\text{g/L}$  (mcg/L)**Reference Interval:** $\leq 60 \mu\text{g/L}$ **Critical Values:**Quest Priority-2:  $> 60 \mu\text{g/L}$ **Additional Information:**To convert  $\mu\text{g/L}$  to  $\mu\text{mol/L}$  (SI units) multiply by 0.0133.**ADMINISTRATIVE****CPT Codes:**

82175-90

**LOINC Codes:**

5583-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ASB

**Test Group:**

Arsenic

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Inductively coupled Plasma Mass Spectroscopy

**Patient Preparation:**

Patient should refrain from eating seafood and taking herbal supplements at least 3 days prior to sample collection.

**Remarks:**

To avoid contamination use powderless gloves during collection. Mix well, inverting gently 5x.

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

4 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

2 mL blood

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Do not centrifuge or transfer to another container. Refrigerate. Order Quest # 269X

**Units:** $\mu\text{g/L}$  (mcg/L)**Reference Interval:** $\leq 60 \mu\text{g/L}$ **Critical Values:**Quest Priority-2:  $> 60 \mu\text{g/L}$

**Synonyms:**

- As
- AS
- heavy metal toxicity
- heavy metal poisoning
- heavy metals
- DECANT

**Stability (from collection to initiation):**

Room temp or refrigerated: 10 days

**Reported:**

Test run Tuesday-Thursday. Turnaround: 2-7 days.

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 0.0133.

**CPT Codes:**

82175-90

**LOINC Codes:**

5583-0

# Arsenic, Urine, Random

LAB3532

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Inductively-Coupled Plasma Mass Spectroscopy

**Reported:**

Performed 5x per week. Turnaround 6-10 days

**Synonyms:**

- As
- AS
- ARSU

## COLLECTION

**Patient Preparation:**

The patient should not eat crab, lobster, shellfish, shrimp or bottom-feeders such as flounder for at least 3 days prior to specimen collection.

**Sample Type:**

Random urine (second AM void preferred)

**Label Abbreviation:**

ASUR

**Collect:**

Urine cup

**Amount to Collect:**

7 mL urine

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3.5 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C 2 weeks

## PROCESSING

**Test Code:**

ASUR

**Test Group:**

Arsenic

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate aliquot. Order Quest test # 84913N

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3.5 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C 2 weeks

## RESULT INTERPRETATION

**Units:**

µg/g creatinine

**Reference Interval:**Non-exposed  $\geq$  18 year old:  $\leq$  50  $\mu\text{g/g}$  creatinine**ADMINISTRATIVE****CPT Codes:**

82175-90, 82570-90

**LOINC Codes:**

13463-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ASUR

**Test Group:**

Arsenic

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Inductively-Coupled Plasma Mass Spectroscopy

**Patient Preparation:**

The patient should not eat crab, lobster, shellfish, shrimp or bottom-feeders such as flounder for at least 3 days prior to specimen collection.

**Collect:**

Urine cup

**Amount to Collect:**

7 mL urine

**Sample Type:**

Random urine (second AM void preferred)

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3.5 mL urine

**Specimen Preparation:**

Refrigerate aliquot. Order Quest test # 84913N

**Units:** $\mu\text{g/g}$  creatinine**Reference Interval:**Non-exposed  $\geq$  18 year old:  $\leq$  50  $\mu\text{g/g}$  creatinine**Synonyms:**

- As
- AS
- ARSU

**Stability (from collection to initiation):**Room temperature 2 days, refrigerated 5 days, frozen at  $-20^{\circ}\text{C}$  2 weeks**Reported:**

Performed 5x per week. Turnaround 6-10 days

**CPT Codes:**

82175-90, 82570-90

**LOINC Codes:**

13463-5

# Ascorbic Acid

LAB671

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Capillary electrophoresis

**Reported:**

Set up 5x per week. Turnaround time: 3-5 days

**Additional Information:**Clinical use: assessment of nutritional status. To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 56.78.

Vitamin C is an antioxidant involved in connective tissue metabolism, drug-metabolizing systems, and mixed-function oxidase systems to list a few. Vitamin C deficiency causes scurvy; manifestations include impaired formation of mature connective tissue, bleeding into the skin, weakness, fatigue, and depression.

**Synonyms:**

- Ascorbate
- Vitamin C
- Vit. C
- Vit C
- DECANT
- DARK

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred. Patient should refrain from taking vitamin supplements 24 hours prior to collection.

**Sample Type:**

Serum

**Label Abbreviation:**

ASCA

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Remarks:**

Wrap the tube in aluminum foil to protect it from light.

**Stability (from collection to initiation):**

Frozen at -20C 10 days.

**Rejection Criteria:**

Received at room temperature or refrigerated

## PROCESSING

**Test Code:**

ASCA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot serum in dark pour-off vial. Freeze serum at -20C. Do not thaw frozen specimen. Order Quest # 19034P

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Rejection Criteria:**

Received at room temperature or refrigerated

**Stability (from collection to initiation):**

Frozen at -20C 10 days.

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

0.20-1.90 mg/dL

**Additional Information:**Clinical use: assessment of nutritional status. To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 56.78.

Vitamin C is an antioxidant involved in connective tissue metabolism, drug-metabolizing systems, and mixed-function oxidase systems to list a few. Vitamin C deficiency causes scurvy; manifestations include impaired formation of mature connective tissue, bleeding into the skin, weakness, fatigue, and depression.

**ADMINISTRATIVE****CPT Codes:**

82180-90

**LOINC Codes:**

1903-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ASCA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Capillary electrophoresis

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred. Patient should refrain from taking vitamin supplements 24 hours prior to collection.

**Remarks:**

Wrap the tube in aluminum foil to protect it from light.

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Rejection Criteria:**

Received at room temperature or refrigerated

**Specimen Preparation:**

Aliquot serum in dark pour-off vial. Freeze serum at -20C. Do not thaw frozen specimen. Order Quest # 19034P

**Units:**

mg/dL

**Reference Interval:**

0.20-1.90 mg/dL

**Synonyms:**

- Ascorbate
- Vitamin C
- Vit. C
- Vit C
- DECANT
- DARK

**Stability (from collection to initiation):**

Frozen at -20C 10 days.

**Reported:**

Set up 5x per week. Turnaround time: 3-5 days

**Additional Information:**

Clinical use: assessment of nutritional status. To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 56.78.

Vitamin C is an antioxidant involved in connective tissue metabolism, drug-metabolizing systems, and mixed-function oxidase systems to list a few. Vitamin C deficiency causes scurvy; manifestations include impaired formation of mature connective tissue, bleeding into the skin, weakness, fatigue, and depression.

**CPT Codes:**

82180-90

**LOINC Codes:**

1903-4

# Aspartate Transaminase, Plasma/Serum

LAB131

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 St. Mary's Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)

Peninsula Outpatient Center (Mon-Fri 0800-1630)

Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 St. Mary's Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & St. Mary's Chemistry: NADH (without P-5'-P)-Abbot Architect c8000/ci4000  
 Berkeley Outpatient Center and Peninsula Outpatient Center: NADH (without P-5'-P)-Roche cobas c311

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Hemolysis may artifactually increase the result beginning at hemoglobin levels of 125 mg/dL.

Samples with AST levels above the upper limit of the assay will automatically be diluted and re-run.

**Synonyms:**

- SGOT
- AST
- GOT
- glutamic-oxaloacetic transaminase
- glutamic-aspartic transaminase
- transaminase A
- AAT
- AspT
- 2-oxoglutarate-glutamate aminotransferase
- aspartate alpha-ketoglutarate transaminase
- aspartate aminotransferase
- aspartate-2-oxoglutarate transaminase
- aspartic acid aminotransferase
- aspartic aminotransferase
- aspartyl aminotransferase
- glutamate-oxalacetate aminotransferase
- glutamate-oxalate transaminase
- glutamic-aspartic aminotransferase
- glutamic-oxalacetic transaminase
- glutamic oxalic transaminase
- GOT (enzyme)
- L-aspartate transaminase
- L-aspartate-alpha-ketoglutarate transaminase
- L-aspartate-2-ketoglutarate aminotransferase
- L-aspartate-2-oxoglutarate aminotransferase
- L-aspartate-2-oxoglutarate-transaminase
- L-aspartic aminotransferase
- oxaloacetate-aspartate aminotransferase
- oxaloacetate transferase
- aspartate:2-oxoglutarate aminotransferase
- glutamate oxaloacetate transaminase

## COLLECTION

**Sample Type:**

Plasma or serum



**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**Parnassus, Mission Bay, Mt. Zion, Berkeley Outpatient Center, and Peninsula Outpatient Center  
Room temperature 4 days, refrigerated 7 days, frozen at -20C 12 weeks

NOTE: Stored specimens must be inspected for particulates. If present, mix and centrifuge the specimen to remove particulates prior to testing

**PROCESSING****Test Code:**

AST

**Performing Lab:**Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
St. Mary's Chemistry**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**Parnassus, Mission Bay, Mt. Zion, Berkeley Outpatient Center, and Peninsula Outpatient Center  
Room temperature 4 days, refrigerated 7 days, frozen at -20C 12 weeks

NOTE: Stored specimens must be inspected for particulates. If present, mix and centrifuge the specimen to remove particulates prior to testing

**RESULT INTERPRETATION****Units:**

U/L

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; St. Mary's Chemistry

| Age                     | Male (U/L) | Female (U/L) |
|-------------------------|------------|--------------|
| 0-15 days               | 32-162     | 32-162       |
| 15 days up to 1 year    | 20-67      | 20-67        |
| 1 year up to 7 years    | 21-44      | 21-44        |
| 7 years up to 12 years  | 18-36      | 18-36        |
| 12 years up to 19 years | 14-35      | 13-26        |
| >19 years               | 5-44       | 5-44         |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, Clinical Chemistry September 2012 vol. 58, no. 5, 854-868.

Adult reference range upper limit of normal was adopted from Lee GR et al, Practical Laboratory Medicine, 2017, 9:1-11, and verified using 20 male and 20 female normal volunteers from UCSF Clinical Laboratories.

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age        | Male (U/L) | Female (U/L) |
|------------|------------|--------------|
| ≥ 19 years | 14-35      | 11-33        |

Adult reference intervals adopted from an IFCC multicenter study published in Ceriotti et al, Clin Chem Lab Med, 2010; 48(11): 1593-1601 and verified by running 20 male and 20 female normal volunteers from UCSF Clinical Laboratories. This IFCC reference interval study excluded patients with diabetes mellitus, use of therapeutic drugs with an effect on serum enzyme activities, pregnancy, body mass index (BMI) of > 30 kg/m<sup>2</sup>, alcohol consumption of > 30g/day and heavy exercise in the previous days.

**Additional Information:**

Hemolysis may artifactually increase the result beginning at hemoglobin levels of 125 mg/dL.

Samples with AST levels above the upper limit of the assay will automatically be diluted and re-run.

**ADMINISTRATIVE****CPT Codes:**

84450

**LOINC Codes:**

1920-8

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

AST

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
St. Mary's Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)

Peninsula Outpatient Center (Mon-Fri 0800-1630)

Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
St. Mary's Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & St. Mary's Chemistry: NADH (without P-5'-P)-Abbot Architect c8000/ci4000  
Berkeley Outpatient Center and Peninsula Outpatient Center: NADH (without P-5'-P)-Roche cobas c311

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

U/L

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; St. Mary's Chemistry

| Age                     | Male (U/L) | Female (U/L) |
|-------------------------|------------|--------------|
| 0-15 days               | 32-162     | 32-162       |
| 15 days up to 1 year    | 20-67      | 20-67        |
| 1 year up to 7 years    | 21-44      | 21-44        |
| 7 years up to 12 years  | 18-36      | 18-36        |
| 12 years up to 19 years | 14-35      | 13-26        |
| >19 years               | 5-44       | 5-44         |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, Clinical Chemistry September 2012 vol. 58, no. 5, 854-868.

Adult reference range upper limit of normal was adopted from Lee GR et al, Practical Laboratory Medicine, 2017, 9:1-11, and verified using 20 male and 20 female normal volunteers from UCSF Clinical Laboratories.

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age        | Male (U/L) | Female (U/L) |
|------------|------------|--------------|
| = 19 years | 14-35      | 11-33        |

Adult reference intervals adopted from an IFCC multicenter study published in Ceriotti et al, Clin Chem Lab Med, 2010; 48(11): 1593-1601 and verified by running 20 male and 20 female normal volunteers from UCSF Clinical Laboratories. This IFCC reference interval study excluded patients with diabetes mellitus, use of therapeutic drugs with an effect on serum enzyme activities, pregnancy, body mass index (BMI) of > 30 kg/m<sup>2</sup>, alcohol consumption of > 30g/day and heavy exercise in the previous days.

**Synonyms:**

- SGOT
- AST
- GOT
- glutamic-oxaloacetic transaminase
- glutamic-aspartic transaminase
- transaminase A
- AAT
- AspT
- 2-oxoglutarate-glutamate aminotransferase
- aspartate alpha-ketoglutarate transaminase
- aspartate aminotransferase
- aspartate-2-oxoglutarate transaminase
- aspartic acid aminotransferase
- aspartic aminotransferase
- aspartyl aminotransferase
- glutamate-oxalacetate aminotransferase
- glutamate-oxalate transaminase
- glutamic-aspartic aminotransferase
- glutamic-oxalacetic transaminase
- glutamic oxalic transaminase
- GOT (enzyme)
- L-aspartate transaminase
- L-aspartate-alpha-ketoglutarate transaminase
- L-aspartate-2-ketoglutarate aminotransferase
- L-aspartate-2-oxoglutarate aminotransferase
- L-aspartate-2-oxoglutarate-transaminase
- L-aspartic aminotransferase
- oxaloacetate-aspartate aminotransferase
- oxaloacetate transferase
- aspartate:2-oxoglutarate aminotransferase
- glutamate oxaloacetate transaminase

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, Berkeley Outpatient Center, and Peninsula Outpatient Center  
Room temperature 4 days, refrigerated 7 days, frozen at -20C 12 weeks

NOTE: Stored specimens must be inspected for particulates. If present, mix and centrifuge the specimen to remove particulates prior to testing

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Hemolysis may artifactually increase the result beginning at hemoglobin levels of 125 mg/dL.

Samples with AST levels above the upper limit of the assay will automatically be diluted and re-run.

**CPT Codes:**

84450

**LOINC Codes:**

1920-8

# Aspergillus Antibodies

LAB784

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Reported:**

Test performed Monday - Friday. Turnaround time: 3-5 days.

**Additional Information:**

Positive result indicates exposure to Aspergillus, and the possibility of hypersensitivity pneumonia. Includes testing against A. fumigatus, A. niger and A. flavus.

**Synonyms:**

- Aspergillus Precipitins
- ASPP

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ASPG

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

## PROCESSING

**Test Code:**

ASPG

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 20341X.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Positive result indicates exposure to Aspergillus, and the possibility of hypersensitivity pneumonia. Includes testing against A. fumigatus, A. niger and A. flavus.

## ADMINISTRATIVE

**CPT Codes:**

86606-90

**LOINC Codes:**

5053-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ASPG

**Performing Lab:**

Quest

**Sendout:**

Yes

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Refrigerate. Order Quest # 20341X.

**Reference Interval:**

Negative

**Synonyms:**

- Aspergillus Precipitins
- ASPP

**Reported:**

Test performed Monday - Friday. Turnaround time: 3-5 days.

**Additional Information:**

Positive result indicates exposure to Aspergillus, and the possibility of hypersensitivity pneumonia. Includes testing against A. fumigatus, A. niger and A. flavus.

**CPT Codes:**

86606-90

**LOINC Codes:**

5053-4

# Aspergillus Culture

LAB5006

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Additional Information:**

Preferable when Aspergillus species are the only fungal pathogen of concern. A separate culture for Aspergillus is unnecessary from normally sterile sites, where any fungus will not be overgrown by normal bacterial flora.

Cultures incubated 4 days.

See also Mycology section in text at front of Lab Manual.

**Synonyms:**

- Fungal culture
- Asp Cx

## COLLECTION

**Sample Type:**

Aspirate, tissue, sputum

**Collect:**

Clean collection cup

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Unacceptable Conditions:**

Samples on swabs

## PROCESSING

**Test Code:**

P259A

**Test Group:**

Fungal Culture

**Performing Lab:**

Microbiology

**Unacceptable Conditions:**

Samples on swabs

**Stability (from collection to initiation):**

Refrigerated 24 hours

## RESULT INTERPRETATION

**Additional Information:**

Preferable when Aspergillus species are the only fungal pathogen of concern. A separate culture for Aspergillus is unnecessary from normally sterile sites, where any fungus will not be overgrown by normal bacterial flora.

Cultures incubated 4 days.

See also Mycology section in text at front of Lab Manual.

## ADMINISTRATIVE

**CPT Codes:**

87102

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P259A

**Test Group:**

Fungal Culture

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Collect:**

Clean collection cup

**Sample Type:**

Aspirate, tissue, sputum

**Unacceptable Conditions:**

Samples on swabs

**Synonyms:**

- Fungal culture
- Asp Cx

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Additional Information:**

Preferable when Aspergillus species are the only fungal pathogen of concern. A separate culture for Aspergillus is unnecessary from normally sterile sites, where any fungus will not be overgrown by normal bacterial flora.

Cultures incubated 4 days.

See also Mycology section in text at front of Lab Manual.

**CPT Codes:**

87102



# Aspirin Reaction Unit test

LAB6057

## ORDERING

**Approval Required:**

No, but must be collected at Parnassus location. Contact Hematology Lab at 415-353-1747 to receive special collection kit. For Neurointerventional radiology only.

**Available Stat:**

No

**Performing Lab:**

Hematology, Parnassus

**Performed:**

Monday - Friday 0800 - 1600  
Saturday - Sunday 0800 - 1545

**Methodology:**

VerifyNow System

**Reported:**

4 hours

**Additional Information:**

The VerifyNow Aspirin Test is designed to measure aspirin's expected antiplatelet effect.

Plavix®, Ticlid®, and Effient® are commonly prescribed in conjunction with aspirin. While infrequent, these agents may cause a reduction of ARU in some patients.

Test performance was not affected by hematocrit values between 29-56%, platelet count values of  $\geq 92,000/\mu\text{L}$  or moderate to extensive blood hemolysis induced by physical manipulation. Based on an in-house study performed on 3/29/16, correlation showed that as platelet count increased, ARU results increased.

According to manufacturer:

$\geq 550$  ARU - Platelet dysfunction consistent with aspirin has not been detected

$< 550$  ARU - Platelet dysfunction consistent with aspirin has been detected

Results should be interpreted in conjunction with other laboratory and clinical data available to the clinician.

**Synonyms:**

- Aspirin Reaction

## COLLECTION

**Sample Type:**

Citrated and EDTA anticoagulated whole blood

**Collect:**

1. Greiner partial fill discard
2. Greiner partial fill 3.2% Sodium citrate blue top
3. Lavender EDTA tube

**Amount to Collect:**

8 mL

**Preferred Volume:**

8 mL

**Minimum Volume:**

6 mL

**Remarks:**

Contact Hematology at 415-353-1747 for collection kits. DO NOT collect any specimens before 0800 or after 1500 from Monday to Friday; before 0800 or after 1500 on Saturday and Sunday.

1. Whole blood samples must be collected in or immediately transferred to Greiner 2.0 mL partial fill blue top tubes containing 3.2% Sodium Citrate. The tube must be filled to its intended whole blood capacity (indicated by small black line).
2. Whole blood may be collected from venous sites using a 21 gauge or larger needle in an appropriate blood collection tube.
3. Blood samples should be obtained from an extremity free of peripheral venous infusions.
4. Collect a discard tube first (approximately 2 mL), Greiner partial fill blue tops 2nd, and a lavender for CBC last.
5. Gently invert the sample tube at least 5 times to ensure complete mixing of the contents.
6. Blood must set a minimum of 30 minutes after collection before testing but no longer than 4 hours. Samples cannot be pneumatic tubed.

**Stability (from collection to initiation):**

4 hours

**Unacceptable Conditions:**

Clotted samples or if stability period exceeded.

Incorrect tube type and/or no discard tube received.

Patients with Hct's < 33% and/or Plt's < 119

**PROCESSING****Test Code:**

ARU

**Performing Lab:**

Hematology, Parnassus

**Specimen Preparation:**

Deliver immediately to Hematology

**Additional Processing Instructions:**

An ARU will be ordered in computer. If no CBC or CBCD is requested, Central Processing will order a hematocrit (HCT) and platelet count (PLT).

**Preferred Volume:**

8 mL

**Minimum Volume:**

6 mL

**Unacceptable Conditions:**

Clotted samples or if stability period exceeded.

Incorrect tube type and/or no discard tube received.

Patients with Hct's < 33% and/or Plt's < 119

**Stability (from collection to initiation):**

4 hours

**RESULT INTERPRETATION****Units:**

ARU

**Reference Interval:**

620 - 672

**Additional Information:**

The VerifyNow Aspirin Test is designed to measure aspirin's expected antiplatelet effect.

Plavix®, Ticlid®, and Effient® are commonly prescribed in conjunction with aspirin. While infrequent, these agents may cause a reduction of ARU in some patients.

Test performance was not affected by hematocrit values between 29-56%, platelet count values of  $\geq 92,000/\mu\text{L}$  or moderate to extensive blood hemolysis induced by physical manipulation. Based on an in-house study performed on 3/29/16, correlation showed that as platelet count increased, ARU results increased.

According to manufacturer:

$\geq 550$  ARU - Platelet dysfunction consistent with aspirin has not been detected

$< 550$  ARU - Platelet dysfunction consistent with aspirin has been detected

Results should be interpreted in conjunction with other laboratory and clinical data available to the clinician.

**ADMINISTRATIVE****CPT Codes:**

85576

**LOINC Codes:**

49011-0

**COMPLETE VIEW****Approval Required:**

No, but must be collected at Parnassus location. Contact Hematology Lab at 415-353-1747 to receive special collection kit. For Neurointerventional radiology only.

**Available Stat:**

No

**Test Code:**

ARU

**Performing Lab:**

Hematology, Parnassus

**Performed:**

Monday - Friday 0800 - 1600  
Saturday - Sunday 0800 - 1545

**Methodology:**

VerifyNow System

**Remarks:**

Contact Hematology at 415-353-1747 for collection kits. DO NOT collect any specimens before 0800 or after 1500 from Monday to Friday; before 0800 or after 1500 on Saturday and Sunday.

1. Whole blood samples must be collected in or immediately transferred to Greiner 2.0 mL partial fill blue top tubes containing 3.2% Sodium Citrate. The tube must be filled to its intended whole blood capacity (indicated by small black line).
  2. Whole blood may be collected from venous sites using a 21 gauge or larger needle in an appropriate blood collection tube.
  3. Blood samples should be obtained from an extremity free of peripheral venous infusions.
  4. Collect a discard tube first (approximately 2 mL), Greiner partial fill blue tops 2nd, and a lavender for CBC last.
  5. Gently invert the sample tube at least 5 times to ensure complete mixing of the contents.
  6. Blood must set a minimum of 30 minutes after collection before testing but no longer than 4 hours.
- Samples cannot be pneumatic tubed.

**Collect:**

1. Greiner partial fill discard
2. Greiner partial fill 3.2% Sodium citrate blue top
3. Lavender EDTA tube

**Amount to Collect:**

8 mL

**Sample Type:**

Citrated and EDTA anticoagulated whole blood

**Preferred Volume:**

8 mL

**Minimum Volume:**

6 mL

**Unacceptable Conditions:**

Clotted samples or if stability period exceeded.

Incorrect tube type and/or no discard tube received.

Patients with Hct's < 33% and/or Plt's < 119

**Specimen Preparation:**

Deliver immediately to Hematology

**Additional Processing Instructions:**

An ARU will be ordered in computer. If no CBC or CBCD is requested, Central Processing will order a hematocrit (HCT) and platelet count (PLT).

**Units:**

ARU

**Reference Interval:**

620 - 672

**Synonyms:**

- Aspirin Reaction

**Stability (from collection to initiation):**

4 hours

**Reported:**

4 hours

**Additional Information:**

The VerifyNow Aspirin Test is designed to measure aspirin's expected antiplatelet effect.

Plavix®, Ticlid®, and Effient® are commonly prescribed in conjunction with aspirin. While infrequent, these agents may cause a reduction of ARU in some patients.

Test performance was not affected by hematocrit values between 29-56%, platelet count values of  $\geq 92,000/\mu\text{L}$  or moderate to extensive blood hemolysis induced by physical manipulation. Based on an in-house study performed on 3/29/16, correlation showed that as platelet count increased, ARU results increased.

According to manufacturer:

$\geq 550$  ARU - Platelet dysfunction consistent with aspirin has not been detected

$< 550$  ARU - Platelet dysfunction consistent with aspirin has been detected

Results should be interpreted in conjunction with other laboratory and clinical data available to the clinician.

**CPT Codes:**

85576

**LOINC Codes:**

49011-0

# Autoimmune Encephalopathy Evaluation, CSF

LAB5670

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

IFA/RIA/CBA/WB

**Additional Information:**

This antibody panel may be useful for evaluating new onset encephalopathy (noninfectious or metabolic) comprising confusional states, psychosis, delirium, memory loss, hallucinations, movement disorders, sensory or motor complaints, seizures, dyssomnias, ataxias, nausea, vomiting, inappropriate antidiuresis, coma, dysautonomias, or hypoventilation.

[List of antibodies tested with reference ranges.](#)

**Reflex Testing:**

Additional tests, including the following, may be reflexively added and billed for based on screening results if appropriate:

Amphiphysin Western blot  
CRMP-5 Western blot confirmation  
Paraneoplastic autoantibody Western blot confirmation  
NMO/AQP4-IgG  
CBA  
AMPA-R Ab titer  
GABA-R Ab titer  
NMDA-R Ab titer

**Synonyms:**

- DPPX
- CRMP-5-IGG
- CASPR2-IGG
- ANTI-NEURONAL NUCLEAR ANTIBODY, TYPE 1
- ANTI-GLIAL NUCLEAR ANTIBODY, TYPE 1
- AMPHIPHYSIN ANTIBODY
- AMPA-R ANTIBODY CBA

## COLLECTION

**Sample Type:**

CSF

**Label Abbreviation:**

ENC2

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

4 mL

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated or frozen 4 weeks

**Unacceptable Conditions:**

Grossly blood samples

**Rejection Criteria:**

Grossly blood samples

## PROCESSING

**Test Code:**

ENCEC

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Aliquot and freeze sample. Send to CB frozen. Order Mayo test code ENCEC

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Unacceptable Conditions:**

Grossly blood samples

**Rejection Criteria:**

Grossly blood samples

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated or frozen 4 weeks

**RESULT INTERPRETATION****Additional Information:**

This antibody panel may be useful for evaluating new onset encephalopathy (noninfectious or metabolic) comprising confusional states, psychosis, delirium, memory loss, hallucinations, movement disorders, sensory or motor complaints, seizures, dyssomnias, ataxias, nausea, vomiting, inappropriate antidiuresis, coma, dysautonomias, or hypoventilation.

[List of antibodies tested with reference ranges.](#)

**ADMINISTRATIVE****CPT Codes:**

[See vendor website.](#)

**LOINC Codes:**

[See vendor website.](#)

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ENCEC

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

IFA/RIA/CBA/WB

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

4 mL

**Sample Type:**

CSF

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Rejection Criteria:**

Grossly blood samples

**Unacceptable Conditions:**

Grossly blood samples

**Specimen Preparation:**

Aliquot and freeze sample. Send to CB frozen. Order Mayo test code ENCEC

**Synonyms:**

- DPPX
- CRMP-5-IGG
- CASPR2-IGG
- ANTI-NEURONAL NUCLEAR ANTIBODY, TYPE 1
- ANTI-GLIAL NUCLEAR ANTIBODY, TYPE 1
- AMPHIPHYSIN ANTIBODY
- AMPA-R ANTIBODY CBA

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated or frozen 4 weeks

**Reflex Testing:**

Additional tests, including the following, may be reflexively added and billed for based on screening results if appropriate:

Amphiphysin Western blot  
CRMP-5 Western blot confirmation  
Paraneoplastic autoantibody Western blot confirmation  
NMO/AQP4-IgG  
CBA  
AMPA-R Ab titer  
GABA-R Ab titer  
NMDAR-Ab titer

**Additional Information:**

This antibody panel may be useful for evaluating new onset encephalopathy (noninfectious or metabolic) comprising confusional states, psychosis, delirium, memory loss, hallucinations, movement disorders, sensory or motor complaints, seizures, dyssomnias, ataxias, nausea, vomiting, inappropriate antidiuresis, coma, dysautonomias, or hypoventilation.

[List of antibodies tested with reference ranges.](#)

**CPT Codes:**

[See vendor website.](#)

**LOINC Codes:**

[See vendor website.](#)

# Autoimmune Encephalopathy Evaluation, Serum

LAB5671

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

IFA/RIA/CBA/WB

**Reported:**

4-10 days

**Additional Information:**

This test may be useful for evaluating new onset encephalopathy (noninfectious or metabolic) comprising confusional states, psychosis, delirium, memory loss, hallucinations, movement disorders, sensory or motor complaints, seizures, dyssomnias, ataxias, nausea, vomiting, inappropriate antidiuresis, coma, dysautonomias, or hypoventilation

[List of antibodies tested with reference ranges.](#)

**Reflex Testing:**

Additional tests, including the following, may be reflexively added and billed for based on screening results if appropriate:

Amphiphsin Western blot  
CRMP-5 Western blot confirmation  
Paraneoplastic autoantibody Western blot confirmation  
NMO/AQP4-IgG CBA  
AMPA-R Ab titer  
GABA-R Ab titer  
NMDA-R Ab titer

**Synonyms:**

- DECANT
- ENCES
- NMDA-R AB CBA
- ENCEPHALITIS
- CASPR2-IGG
- ANTI-NEURONAL NUCLEAR AB, TYPE 1
- AMPHIPHYSIN AB
- AMPA-R AB CBA

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ENS2

**Collect:**

Red top or Gold top

**Amount to Collect:**

8 mL blood

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

4 mL serum

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated or frozen 4 weeks.

**Unacceptable Conditions:**

Gross hemolysis

**Rejection Criteria:**

Gross hemolysis

## PROCESSING

**Test Code:**

ENCES



**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Aliquot and freeze serum. Ship to CB frozen. Order Mayo test code ENCES

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

4 mL serum

**Unacceptable Conditions:**

Gross hemolysis

**Rejection Criteria:**

Gross hemolysis

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated or frozen 4 weeks.

**RESULT INTERPRETATION****Additional Information:**

This test may be useful for evaluating new onset encephalopathy (noninfectious or metabolic) comprising confusional states, psychosis, delirium, memory loss, hallucinations, movement disorders, sensory or motor complaints, seizures, dyssomnias, ataxias, nausea, vomiting, inappropriate antidiuresis, coma, dysautonomias, or hypoventilation

[List of antibodies tested with reference ranges.](#)

**ADMINISTRATIVE****CPT Codes:**

[See vendor website.](#)

**LOINC Codes:**

See vendor website. <https://www.mayocliniclabs.com/test-catalog/Overview/92116>

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ENCES

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

IFA/RIA/CBA/WB

**Collect:**

Red top or Gold top

**Amount to Collect:**

8 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

4 mL serum

**Rejection Criteria:**

Gross hemolysis

**Unacceptable Conditions:**

Gross hemolysis

**Specimen Preparation:**

Aliquot and freeze serum. Ship to CB frozen. Order Mayo test code ENCES

**Synonyms:**

- DECANT
- ENCES
- NMDA-R AB CBA
- ENCEPHALITIS
- CASPR2-IGG
- ANTI-NEURONAL NUCLEAR AB, TYPE 1
- AMPHIPHYSIN AB
- AMPA-R AB CBA

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated or frozen 4 weeks.

**Reported:**

4-10 days

**Reflex Testing:**

Additional tests, including the following, may be reflexively added and billed for based on screening results if appropriate:

Amphiphysin Western blot  
CRMP-5 Western blot confirmation  
Paraneoplastic autoantibody Western blot confirmation  
NMO/AQP4-IgG CBA  
AMPA-R-Ab titer  
GABA-R-Ab titer  
NMDAR-Ab titer

**Additional Information:**

This test may be useful for evaluating new onset encephalopathy (noninfectious or metabolic) comprising confusional states, psychosis, delirium, memory loss, hallucinations, movement disorders, sensory or motor complaints, seizures, dyssomnias, ataxias, nausea, vomiting, inappropriate antidiuresis, coma, dysautonomias, or hypoventilation

[List of antibodies tested with reference ranges.](#)

**CPT Codes:**

[See vendor website.](#)

**LOINC Codes:**

See vendor website. <https://www.mayocliniclabs.com/test-catalog/Overview/92116>

# Avian Influenza A

LAB5088

## ORDERING

### Additional Information:

The test order form for avian H5N1 influenza has been removed from APeX/EPIC as of January 16, 2025.

For patients with influenza signs and symptoms:

- if inpatient, order respiratory viral panel (RVP)
- if outpatient/ED, order FABR (Flu A/B/RSV PCR)

Additionally: If there is a concern for avian H5N1 influenza, please review the [UCSF Avian Flu Tip Sheet](#) and contact [UCSF Health Epidemiology and Infection Prevention \(HEIP\)](#) and the San Francisco Department of Public Health (SFPDH) to determine if testing is indicated.

For additional UCSF Avian Influenza Guidance and Resources: <https://infectioncontrol.ucsfmedicalcenter.org/content/ucsf-avian-influenza-guidance-and-resources>

### Synonyms:

- H5N1

## RESULT INTERPRETATION

### Additional Information:

The test order form for avian H5N1 influenza has been removed from APeX/EPIC as of January 16, 2025.

For patients with influenza signs and symptoms:

- if inpatient, order respiratory viral panel (RVP)
- if outpatient/ED, order FABR (Flu A/B/RSV PCR)

Additionally: If there is a concern for avian H5N1 influenza, please review the [UCSF Avian Flu Tip Sheet](#) and contact [UCSF Health Epidemiology and Infection Prevention \(HEIP\)](#) and the San Francisco Department of Public Health (SFPDH) to determine if testing is indicated.

For additional UCSF Avian Influenza Guidance and Resources: <https://infectioncontrol.ucsfmedicalcenter.org/content/ucsf-avian-influenza-guidance-and-resources>

## COMPLETE VIEW

### Synonyms:

- H5N1

### Additional Information:

The test order form for avian H5N1 influenza has been removed from APeX/EPIC as of January 16, 2025.

For patients with influenza signs and symptoms:

- if inpatient, order respiratory viral panel (RVP)
- if outpatient/ED, order FABR (Flu A/B/RSV PCR)

Additionally: If there is a concern for avian H5N1 influenza, please review the [UCSF Avian Flu Tip Sheet](#) and contact [UCSF Health Epidemiology and Infection Prevention \(HEIP\)](#) and the San Francisco Department of Public Health (SFPDH) to determine if testing is indicated.

For additional UCSF Avian Influenza Guidance and Resources: <https://infectioncontrol.ucsfmedicalcenter.org/content/ucsf-avian-influenza-guidance-and-resources>

# B Cell Receptor IGH Gene Rearrangement, PCR

LAB999885

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Daily

**Methodology:**

Polymerase Chain Reaction (PCR) • Fragment Analysis

**Reported:**

5 days

## COLLECTION

**Sample Type:**

Blood, bone marrow or tissue

**Label Abbreviation:**

BCIGH

**Collect:**

Lavender-top or unstained slides

**Preferred Volume:**5 mL whole blood or 3 mL bone marrow aspirate collected in an EDTA (lavender-top) tube or  
8 unstained charged (+) slides**Minimum Volume:**

3 mL whole blood • 1 mL bone marrow aspirate • 4 unstained charged (+) slides

**Stability (from collection to initiation):**

Whole blood and bone marrow aspirate

Room temperature: 7 days

Refrigerated: 7 days

Frozen: Unacceptable

FFPE tissue/slides

Room temperature: 5 years

Refrigerated: 5 years

Frozen: Unacceptable

**Storage/Transport Temperature:**

Ambient

## PROCESSING

**Test Code:**

BCIGH

**Sendout:**

Yes

**Performing Lab:**

Quest

**Preferred Volume:**5 mL whole blood or 3 mL bone marrow aspirate collected in an EDTA (lavender-top) tube or  
8 unstained charged (+) slides**Minimum Volume:**

3 mL whole blood • 1 mL bone marrow aspirate • 4 unstained charged (+) slides

**Stability (from collection to initiation):**

Whole blood and bone marrow aspirate

Room temperature: 7 days

Refrigerated: 7 days

Frozen: Unacceptable

FFPE tissue/slides

Room temperature: 5 years

Refrigerated: 5 years

Frozen: Unacceptable

**Storage/Transport Temperature:**  
Ambient

## ADMINISTRATIVE

**CPT Codes:**  
81261

**LOINC Codes:**  
21747-1

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
BCIGH

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Performed:**  
Daily

**Methodology:**  
Polymerase Chain Reaction (PCR) • Fragment Analysis

**Collect:**  
Lavender-top or unstained slides

**Sample Type:**  
Blood, bone marrow or tissue

**Preferred Volume:**  
5 mL whole blood or 3 mL bone marrow aspirate collected in an EDTA (lavender-top) tube or  
8 unstained charged (+) slides

**Minimum Volume:**  
3 mL whole blood • 1 mL bone marrow aspirate • 4 unstained charged (+) slides

**Storage/Transport Temperature:**  
Ambient

**Stability (from collection to initiation):**  
Whole blood and bone marrow aspirate  
Room temperature: 7 days  
Refrigerated: 7 days  
Frozen: Unacceptable

FFPE tissue/slides  
Room temperature: 5 years  
Refrigerated: 5 years  
Frozen: Unacceptable

**Reported:**  
5 days

**CPT Codes:**  
81261

**LOINC Codes:**  
21747-1

# B Cell Receptor IGK Gene Rearrangement, PCR

LAB999886

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Daily

**Methodology:**

Polymerase Chain Reaction (PCR) • Fragment Analysis

**Reported:**

5 days

## COLLECTION

**Sample Type:**

Blood, bone marrow or tissue

**Label Abbreviation:**

BCIGK

**Collect:**

Lavender-top or unstained slides

**Preferred Volume:**5 mL whole blood or 3 mL bone marrow aspirate collected in an EDTA (lavender-top) tube or  
8 unstained charged (+) slides**Minimum Volume:**

3 mL whole blood • 1 mL bone marrow aspirate • 4 unstained charged (+) slides

**Stability (from collection to initiation):**

Whole blood and bone marrow aspirate

Room temperature: 7 days

Refrigerated: 7 days

Frozen: Unacceptable

FFPE tissue/slides

Room temperature: 5 years

Refrigerated: 5 years

Frozen: Unacceptable

**Storage/Transport Temperature:**

Ambient

## PROCESSING

**Test Code:**

BCIGK

**Sendout:**

Yes

**Performing Lab:**

Quest

**Preferred Volume:**5 mL whole blood or 3 mL bone marrow aspirate collected in an EDTA (lavender-top) tube or  
8 unstained charged (+) slides**Minimum Volume:**

3 mL whole blood • 1 mL bone marrow aspirate • 4 unstained charged (+) slides

**Stability (from collection to initiation):**

Whole blood and bone marrow aspirate

Room temperature: 7 days

Refrigerated: 7 days

Frozen: Unacceptable

FFPE tissue/slides

Room temperature: 5 years

Refrigerated: 5 years

Frozen: Unacceptable

**Storage/Transport Temperature:**  
Ambient

## ADMINISTRATIVE

**CPT Codes:**  
81264, 84999

**LOINC Codes:**  
21748-9

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
BCIGK

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Performed:**  
Daily

**Methodology:**  
Polymerase Chain Reaction (PCR) • Fragment Analysis

**Collect:**  
Lavender-top or unstained slides

**Sample Type:**  
Blood, bone marrow or tissue

**Preferred Volume:**  
5 mL whole blood or 3 mL bone marrow aspirate collected in an EDTA (lavender-top) tube or  
8 unstained charged (+) slides

**Minimum Volume:**  
3 mL whole blood • 1 mL bone marrow aspirate • 4 unstained charged (+) slides

**Storage/Transport Temperature:**  
Ambient

**Stability (from collection to initiation):**  
Whole blood and bone marrow aspirate  
Room temperature: 7 days  
Refrigerated: 7 days  
Frozen: Unacceptable

FFPE tissue/slides  
Room temperature: 5 years  
Refrigerated: 5 years  
Frozen: Unacceptable

**Reported:**  
5 days

**CPT Codes:**  
81264, 84999

**LOINC Codes:**  
21748-9

# Babesia microti Antibodies (IgG & IgM)

LAB3567

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

Immunofluorescence assay

**Reported:**

Set up 5x per week. Turnaround time 4-6 days

**Additional Information:**

Elevated antibody levels to B.microti indicate exposure to the organism. Human babesiosis infection is transmitted by the bite of an infected Ixodes tick or less frequently from transfusion with blood from an infected donor. Definitive diagnosis is made by identifying intraerythrocytic organisms in peripheral blood. In patients with low parasitemia, antibody detection by IFA is recommended. IgG levels greater than or equal to 1:1024 can be detected in acute phase patients with parasites in blood smears. The IFA assay can be used as a seroepidemiologic tool to study the frequency and distribution of B.microti in endemic areas especially in persons with mixed infections also involving Borrelia burgdorferi.

Human Babesia antibodies may persist for 6-12 months after acute illness, and may cross-react with malaria antibodies.

**Synonyms:**

- Babesiosis

## COLLECTION

**Sample Type:**

Serum

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room temperature 72 hours, refrigerated 1 week, frozen at -20C 1 month.

**Unacceptable Conditions:**

Sample collected in Gold top

## PROCESSING

**Test Code:**

BABES

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Refrigerate sample. Order Quest # 34300

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top

**Stability (from collection to initiation):**

Room temperature 72 hours, refrigerated 1 week, frozen at -20C 1 month.

## RESULT INTERPRETATION



**Units:**

titer

**Reference Interval:**

Babesia Ab IgG: &lt; 1:64 titer

Babesia Ab IgM: &lt; 1:20 titer

**Additional Information:**

Elevated antibody levels to *B. microti* indicate exposure to the organism. Human babesiosis infection is transmitted by the bite of an infected Ixodes tick or less frequently from transfusion with blood from an infected donor. Definitive diagnosis is made by identifying intraerythrocytic organisms in peripheral blood. In patients with low parasitemia, antibody detection by IFA is recommended. IgG levels greater than or equal to 1:1024 can be detected in acute phase patients with parasites in blood smears. The IFA assay can be used as a seroepidemiologic tool to study the frequency and distribution of *B. microti* in endemic areas especially in persons with mixed infections also involving *Borrelia burgdorferi*.

Human Babesia antibodies may persist for 6-12 months after acute illness, and may cross-react with malaria antibodies.

**ADMINISTRATIVE****CPT Codes:**

86753-90 x2

**LOINC Codes:**

16427-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BABES

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

Immunofluorescence assay

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top

**Specimen Preparation:**

Refrigerate sample. Order Quest # 34300

**Units:**

titer

**Reference Interval:**

Babesia Ab IgG: &lt; 1:64 titer

Babesia Ab IgM: &lt; 1:20 titer

**Synonyms:**

- Babesiosis

**Stability (from collection to initiation):**

Room temperature 72 hours, refrigerated 1 week, frozen at -20C 1 month.

**Reported:**

Set up 5x per week. Turnaround time 4-6 days

**Additional Information:**

Elevated antibody levels to *B. microti* indicate exposure to the organism. Human babesiosis infection is transmitted by the bite of an infected Ixodes tick or less frequently from transfusion with blood from an infected donor. Definitive diagnosis is made by identifying intraerythrocytic organisms in peripheral blood. In patients with low parasitemia, antibody detection by IFA is recommended. IgG levels greater than or equal to 1:1024 can be detected in acute phase patients with parasites in blood smears. The IFA assay can be used as a seroepidemiologic tool to study the frequency and distribution of *B. microti* in endemic areas especially in persons with mixed infections also involving *Borrelia burgdorferi*.

Human *Babesia* antibodies may persist for 6-12 months after acute illness, and may cross-react with malaria antibodies.

**CPT Codes:**

86753-90 x2

**LOINC Codes:**

16427-7

# Bacterial Culture and Gram Stain, CSF

LAB268

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Aerobic and Anaerobic culture

**Additional Information:**

Performed on tube #2. Includes Aerobic &amp; Anaerobic cultures w/ gram stain.

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed.

Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

**Synonyms:**

- CSF Cx

## COLLECTION

**Sample Type:**

CSF

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

5 mL CSF

**Preferred Volume:**

5 mL CSF

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Incubated at 35-37C, 24 hours

**Unacceptable Conditions:**

Refrigerated samples

## PROCESSING

**Test Code:**

P076

**Test Group:**

Bacterial Culture

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Maintain sample at room temperature

**Preferred Volume:**

5 mL CSF

**Unacceptable Conditions:**

Refrigerated samples

**Stability (from collection to initiation):**

Incubated at 35-37C, 24 hours

## RESULT INTERPRETATION

**Additional Information:**

Performed on tube #2. Includes Aerobic & Anaerobic cultures w/ gram stain.

**ADMINISTRATIVE****CPT Codes:**

87070; 87205; 87075

**LOINC Codes:**

606-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P076

**Test Group:**

Bacterial Culture

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Aerobic and Anaerobic culture

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

5 mL CSF

**Sample Type:**

CSF

**Preferred Volume:**

5 mL CSF

**Unacceptable Conditions:**

Refrigerated samples

**Specimen Preparation:**

Maintain sample at room temperature

**Synonyms:**

- CSF Cx

**Stability (from collection to initiation):**

Incubated at 35-37C, 24 hours

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed.

Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

**Additional Information:**

Performed on tube #2. Includes Aerobic & Anaerobic cultures w/ gram stain.

**CPT Codes:**

87070; 87205; 87075

**LOINC Codes:**

606-4

# Bacterial Culture and Gram Stain, Genital

LAB5045

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Additional Information:**

Aerobic culture only, Includes culture for Gonococcus.

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed.

Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

**Synonyms:**

- Genital Cx

## COLLECTION

**Sample Type:**

Swab x2

**Collect:**

E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

**Remarks:**

Submit two swabs.

**Stability (from collection to initiation):**

12 hours in appropriate transport medium

**Unacceptable Conditions:**

Swabs not received in transport media

## PROCESSING

**Test Code:**

P070

**Test Group:**

Bacterial Culture

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Maintain sample at room temperature

**Unacceptable Conditions:**

Swabs not received in transport media

**Stability (from collection to initiation):**

12 hours in appropriate transport medium

## RESULT INTERPRETATION

**Additional Information:**

Aerobic culture only, Includes culture for Gonococcus.

## ADMINISTRATIVE

**CPT Codes:**

87070; 87205

**LOINC Codes:**

10352-3

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P070

**Test Group:**

Bacterial Culture

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Remarks:**

Submit two swabs.

**Collect:**

E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

**Sample Type:**

Swab x2

**Unacceptable Conditions:**

Swabs not received in transport media

**Specimen Preparation:**

Maintain sample at room temperature

**Synonyms:**

- Genital Cx

**Stability (from collection to initiation):**

12 hours in appropriate transport medium

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed.

Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

**Additional Information:**

Aerobic culture only, Includes culture for Gonococcus.

**CPT Codes:**

87070; 87205

**LOINC Codes:**

10352-3

# Bacterial Culture and Gram Stain, Respiratory

LAB900

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Aerobic culture

**Additional Information:**

Includes gram stain.

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed.

Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

**Synonyms:**

- Sputum culture
- lung culture
- BAL culture
- Resp Cx

## COLLECTION

**Sample Type:**

BAL, lung biopsy, sputum, external eye, ear, or sinus drainage.

**Collect:**

Clean container, swabs in transport media

**Remarks:**

Submit expectorated sputum in cup with screw-on or snap-on lid. For tissue samples collected by a surgical procedure, see entry for Head and Neck

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Unacceptable Conditions:**

More than one sputum or ETA in 48 hours.

## PROCESSING

**Test Code:**

P063

**Test Group:**

Bacterial Culture

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Maintain sample at room temperature

**Unacceptable Conditions:**

More than one sputum or ETA in 48 hours.

**Stability (from collection to initiation):**

Refrigerated 24 hours

## RESULT INTERPRETATION

**Critical Values:**

First positive Burkholderia cepacia isolate from a CF patient.

**Additional Information:**

Includes gram stain.

## ADMINISTRATIVE

**CPT Codes:**

87205; 87070

**LOINC Codes:**

622-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P063

**Test Group:**

Bacterial Culture

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Aerobic culture

**Remarks:**

Submit expectorated sputum in cup with screw-on or snap-on lid. For tissue samples collected by a surgical procedure, see entry for Head and Neck

**Collect:**

Clean container, swabs in transport media

**Sample Type:**

BAL, lung biopsy, sputum, external eye, ear, or sinus drainage.

**Unacceptable Conditions:**

More than one sputum or ETA in 48 hours.

**Specimen Preparation:**

Maintain sample at room temperature

**Critical Values:**

First positive Burkholderia cepacia isolate from a CF patient.

**Synonyms:**

- Sputum culture
- lung culture
- BAL culture
- Resp Cx

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed.

Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

**Additional Information:**

Includes gram stain.

**CPT Codes:**

87205; 87070

**LOINC Codes:**

622-1



# Bacterial Culture and Gram Stain, Superficial Skin Wound Only

LAB5106

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily

**Reported:**

2-4 days

**Additional Information:**

Includes aerobic culture and gram stain. Incubated for 48 hours. For anaerobic culture, order P082 Bacterial Culture, Non-sterile Site

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora, they are automatically identified and susceptibility testing is performed if indicated.

**Synonyms:**

- Aer Wnd Cx

## COLLECTION

**Sample Type:**

Aspirate or swab

**Collect:**

Syringe without needle, E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

**Remarks:**

Submit pus in a syringe after removing needle. If there is insufficient pus to aspirate, submit sterile swab.

**Stability (from collection to initiation):**

Room temperature

**Unacceptable Conditions:**

Swabs not received in transport media.

## PROCESSING

**Test Code:**

P080

**Test Group:**

Bacterial Culture

**Performing Lab:**

Microbiology

**Unacceptable Conditions:**

Swabs not received in transport media.

**Stability (from collection to initiation):**

Room temperature

## RESULT INTERPRETATION

**Additional Information:**

Includes aerobic culture and gram stain. Incubated for 48 hours. For anaerobic culture, order P082 Bacterial Culture, Non-sterile Site

## ADMINISTRATIVE

**CPT Codes:**

87205; 87070

**LOINC Codes:**

6462-6

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P080

**Test Group:**

Bacterial Culture

**Performing Lab:**

Microbiology

**Performed:**

Daily

**Remarks:**

Submit pus in a syringe after removing needle. If there is insufficient pus to aspirate, submit sterile swab.

**Collect:**

Syringe without needle, E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

**Sample Type:**

Aspirate or swab

**Unacceptable Conditions:**

Swabs not received in transport media.

**Synonyms:**

- Aer Wnd Cx

**Stability (from collection to initiation):**

Room temperature

**Reported:**

2-4 days

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora, they are automatically identified and susceptibility testing is performed if indicated.

**Additional Information:**

Includes aerobic culture and gram stain. Incubated for 48 hours. For anaerobic culture, order P082 Bacterial Culture, Non-sterile Site

**CPT Codes:**

87205; 87070

**LOINC Codes:**

6462-6

# Bacterial Culture, Non Sterile Sites Excluding Superficial Skin, With Gram Stain

LAB5533

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Aerobic and anaerobic cultureGram stain

**Reported:**

Up to 4 days

**Additional Information:**

Includes aerobic and anaerobic cultures and Gram stain.

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed.

Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

**Synonyms:**

- Bact NS Cx

## COLLECTION

**Sample Type:**

Aspirate, unfixed tissue from normally non-sterile sites (e.g. skin biopsy, sinus), swab, drainage (e.g. bile, JP)

**Collect:**

Fluid: Sterile tube or container.

Swabs: E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

**Stability (from collection to initiation):**

Room temperature 12 hours

**Unacceptable Conditions:**

Swabs not received in transport medium.

Fluids received in Red Top Serum vacutainer.

## PROCESSING

**Test Code:**

P082

**Test Group:**

Bacterial culture

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Maintain specimen at room temperature.

**Unacceptable Conditions:**

Swabs not received in transport medium.

Fluids received in Red Top Serum vacutainer.

**Stability (from collection to initiation):**

Room temperature 12 hours

## RESULT INTERPRETATION

**Additional Information:**

Includes aerobic and anaerobic cultures and Gram stain.

## ADMINISTRATIVE

**CPT Codes:**  
87205, 87070, 87075

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P082

**Test Group:**

Bacterial culture

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Aerobic and anaerobic cultureGram stain

**Collect:**

Fluid: Sterile tube or container.

Swabs: E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart

Liquid Swab Transport Systems have also been validated for culture.

**Sample Type:**

Aspirate, unfixed tissue from normally non-sterile sites (e.g. skin biopsy, sinus), swab, drainage (e.g. bile, JP)

**Unacceptable Conditions:**

Swabs not received in transport medium.

Fluids received in Red Top Serum vacutainer.

**Specimen Preparation:**

Maintain specimen at room temperature.

**Synonyms:**

- Bact NS Cx

**Stability (from collection to initiation):**

Room temperature 12 hours

**Reported:**

Up to 4 days

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed.

Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

**Additional Information:**

Includes aerobic and anaerobic cultures and Gram stain.

**CPT Codes:**

87205, 87070, 87075

# Bacterial Culture, Normally Sterile Sites, With Gram Stain

LAB5544

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Aerobic and anaerobic cultureGram stain

**Reported:**

Up to 14 days

**Additional Information:**

Used for normally sterile fluids except blood, urine or CSF (e.g. joint, pericardial, peritoneal, pleural or vitreous). Includes aerobic and anaerobic cultures and Gram stain.

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed.

Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

**Synonyms:**

- Surgical tissue culture, bone marrow culture
- Bact S Cx

## COLLECTION

**Sample Type:**

Body fluid, unfixed tissue from normally sterile sites, bone marrow aspirate

**Collect:**

Peritoneal fluid: Aerobic and anaerobic blood culture bottles, and sterile tube

Non-peritoneal fluid: Sterile tube

Tissue: Anaerobic transport vial or sterile container

Bone marrow: SPS tube (available from Hematology Laboratory)

Swabs: E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart

Liquid Swab Transport Systems have also been validated for culture

**Amount to Collect:**

Peritoneal fluid: 50 mL

Non-peritoneal fluid: 25 mL

Tissue: 5 cu mm

Bone marrow aspirate: 0.5 mL

**Preferred Volume:**

Peritoneal fluid: 50 mL

Non-peritoneal fluid: 25 mL

Tissue: 5 cu mm

?Bone marrow aspirate: 0.5 mL

**Minimum Volume:**

Peritoneal fluid: 10 mL

Non-peritoneal fluid: 0.5 mL

Tissue: 1-2 cu mm

Bone marrow aspirate: 0.5 mL

**Remarks:**

**Submitting peritoneal fluid** (abdominal fluid, ascitic fluid, dialysis fluid) for bacterial culture:

1. inoculate 10 ml into each of aerobic and anaerobic blood culture bottles at the patient's bedside for optimal growth and recovery of organisms. Divide the fluid equally among the bottles if < 20 mL is obtained.
2. Submit additional fluid in a sterile tube, which allows for gram stain to be performed and faster identification of bacteria present at high concentrations.

**Submitting tissue**

For tissues not collected in the OR, obtain anaerobic transport medium from Microbiology L553 or from the Mount Zion OR

**Submitting bone marrow aspirate**

Schedule in advance at the time the bone marrow is requested.

**Stability (from collection to initiation):**

Room temperature 12 hours

**Unacceptable Conditions:**

Swabs not received in transport medium.

Fluids received in Red Top Serum vacutainer.

**PROCESSING****Test Code:**

P095

**Test Group:**

Bacterial culture

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Maintain specimen at room temperature.

**Preferred Volume:**

Peritoneal fluid: 50 mL

Non-peritoneal fluid: 25 mL

Tissue: 5 cu mm

?Bone marrow aspirate: 0.5 mL

**Minimum Volume:**

Peritoneal fluid: 10 mL

Non-peritoneal fluid: 0.5 mL

Tissue: 1-2 cu mm

Bone marrow aspirate: 0.5 mL

**Unacceptable Conditions:**

Swabs not received in transport medium.

Fluids received in Red Top Serum vacutainer.

**Stability (from collection to initiation):**

Room temperature 12 hours

**RESULT INTERPRETATION****Reference Interval:**

No growth

**Critical Values:**

Positive Gram stain

**Additional Information:**

Used for normally sterile fluids except blood, urine or CSF (e.g. joint, pericardial, peritoneal, pleural or vitreous). Includes aerobic and anaerobic cultures and Gram stain.

**ADMINISTRATIVE****CPT Codes:**

87205, 87070, 87075

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P095

**Test Group:**

Bacterial culture

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Aerobic and anaerobic culture Gram stain

**Remarks:**

**Submitting peritoneal fluid** (abdominal fluid, ascitic fluid, dialysis fluid) for bacterial culture:

1. inoculate 10 ml into each of aerobic and anaerobic blood culture bottles at the patient's bedside for optimal growth and recovery of organisms. Divide the fluid equally among the bottles if < 20 mL is obtained.

2. Submit additional fluid in a sterile tube, which allows for gram stain to be performed and faster identification of bacteria present at high concentrations.

**Submitting tissue**

For tissues not collected in the OR, obtain anaerobic transport medium from Microbiology L553 or from the Mount Zion OR

**Submitting bone marrow aspirate**

Schedule in advance at the time the bone marrow is requested.

**Collect:**

Peritoneal fluid: Aerobic and anaerobic blood culture bottles, and sterile tube

Non-peritoneal fluid: Sterile tube

Tissue: Anaerobic transport vial or sterile container

Bone marrow: SPS tube (available from Hematology Laboratory)

Swabs: E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart

Liquid Swab Transport Systems have also been validated for culture

**Amount to Collect:**

Peritoneal fluid: 50 mL

Non-peritoneal fluid: 25 mL

Tissue: 5 cu mm

Bone marrow aspirate: 0.5 mL

**Sample Type:**

Body fluid, unfixed tissue from normally sterile sites, bone marrow aspirate

**Preferred Volume:**

Peritoneal fluid: 50 mL

Non-peritoneal fluid: 25 mL

Tissue: 5 cu mm

?Bone marrow aspirate: 0.5 mL

**Minimum Volume:**

Peritoneal fluid: 10 mL

Non-peritoneal fluid: 0.5 mL

Tissue: 1-2 cu mm

Bone marrow aspirate: 0.5 mL

**Unacceptable Conditions:**

Swabs not received in transport medium.

Fluids received in Red Top Serum vacutainer.

**Specimen Preparation:**

Maintain specimen at room temperature.

**Reference Interval:**

No growth

**Critical Values:**

Positive Gram stain

**Synonyms:**

- Surgical tissue culture, bone marrow culture
- Bact S Cx

**Stability (from collection to initiation):**

Room temperature 12 hours

**Reported:**

Up to 14 days

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed.

Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

**Additional Information:**

Used for normally sterile fluids except blood, urine or CSF (e.g. joint, pericardial, peritoneal, pleural or vitreous). Includes aerobic and anaerobic cultures and Gram stain.

**CPT Codes:**

87205, 87070, 87075



# Bacterial Culture, Stool

LAB223

## ORDERING

**Ordering Recommendations:**

Patient testing for bacterial stool pathogens is included in Gastrointestinal Pathogen Panel PCR. Stool culture will be ordered and performed by the laboratory to recover an isolate for susceptibility testing as needed, for submission to public health laboratories for epidemiological investigation, or in conjunction with Infection Control as part of exposure workup.

**Approval Required:**

Yes, consultation required for samples submitted > 72 hours after inpatient admission. Contact Microbiology at x31268

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, all shifts

**Methodology:**

Culture

**Reported:**

3-5 days

**Additional Information:**

Unusual findings such as the absence of normal gram-negative enteric flora are reported.

If suspected *Yersinia* species [P158] and *Vibrio* species [P159] must be requested separately to ensure that selective media are inoculated.

*C. difficile* is not cultured. If *C. difficile* is suspected request the *C. difficile* antigen assay (P328).

*C. difficile* is not cultured. If *C. difficile* is suspected request the *C. difficile* antigen assay (P328).

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed if appropriate.

Susceptibility testing may be omitted upon request when sample is submitted for testing.

**Synonyms:**

- Salmonella
- Shigella
- Campylobacter
- Vibrio
- Stool Cx

## COLLECTION

**Sample Type:**

Stool

**Collect:**

Urine cup or C & S (Cary & Blair) transport medium.

Stool specimens received into the lab between the hours of 23:30-06:30 should be submitted to the lab in Cary & Blair transport medium.

**Amount to Collect:**

5 mL

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh stool : 0.5 mL or size of pea, Stool in C & S (Cary & Blair) transport medium: 5 mL

**Remarks:**

Submit unpreserved stool to laboratory within 3 hours of collection.

If specimen will be submitted to the laboratory more than 3 hours after collection, or after 11 pm when Microbiology is closed, submit stool in C & S (Cary & Blair) Medium. Add stool to red line on vial and mix well with spoon.

C & S (Cary & Blair) Medium is available from Material Services. Outpatients can obtain these from the laboratories' draw stations. For patient collect samples, order PMM 68902 C & S Medium Cary Blair 2805-05-WB (with bag and instructions). PMM 49206 C & S Medium 2805-05 (without bag or instructions) also available.

**Stability (from collection to initiation):**

Unpreserved 3 hours, preserved 1 week.

**Unacceptable Conditions:**

Unpreserved stool received > 3 hours after collection. More than two samples per day.

**PROCESSING****Test Code:**

P166

**Test Group:**

Bacterial Culture

**Performing Lab:**

Microbiology

**Specimen Preparation:**

If < 5mL stool received, add 3 parts Cary & Blair medium to 1 part stool.

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh stool : 0.5 mL or size of pea, Stool in C & S (Cary & Blair) transport medium: 5 mL

**Unacceptable Conditions:**

Unpreserved stool received > 3 hours after collection. More than two samples per day.

**Stability (from collection to initiation):**

Unpreserved 3 hours, preserved 1 week.

**RESULT INTERPRETATION****Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning.

Stools positive with *E. coli* O157:H7, *Vibrio cholerae*, *Salmonella typhi*, *Salmonella paratyphi* A, or *Salmonella choleraesuis*

**Additional Information:**

Unusual findings such as the absence of normal gram-negative enteric flora are reported.

If suspected *Yersinia* species [P158] and *Vibrio* species [P159] must be requested separately to ensure that selective media are inoculated.

*C. difficile* is not cultured. If *C. difficile* is suspected request the *C. difficile* antigen assay (P328).

*C. difficile* is not cultured. If *C. difficile* is suspected request the *C. difficile* antigen assay (P328).

**ADMINISTRATIVE****CPT Codes:**

87045, 87046

**LOINC Codes:**

625-4

**COMPLETE VIEW****Approval Required:**

Yes, consultation required for samples submitted > 72 hours after inpatient admission. Contact Microbiology at x31268

**Available Stat:**

No

**Ordering Recommendations:**

Patient testing for bacterial stool pathogens is included in Gastrointestinal Pathogen Panel PCR. Stool culture will be ordered and performed by the laboratory to recover an isolate for susceptibility testing as needed, for submission to public health laboratories for epidemiological investigation, or in conjunction with Infection Control as part of exposure workup.

**Test Code:**

P166

**Test Group:**

Bacterial Culture

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, all shifts

**Methodology:**

Culture

**Remarks:**

Submit unpreserved stool to laboratory within 3 hours of collection.

If specimen will be submitted to the laboratory more than 3 hours after collection, or after 11 pm when Microbiology is closed, submit stool in C & S (Cary & Blair) Medium. Add stool to red line on vial and mix well with spoon.

C & S (Cary & Blair) Medium is available from Material Services. Outpatients can obtain these from the laboratories' draw stations. For patient collect samples, order PMM 68902 C & S Medium Cary Blair 2805-05-WB (with bag and instructions). PMM 49206 C & S Medium 2805-05 (without bag or instructions) also available.

**Collect:**

Urine cup or C & S (Cary & Blair) transport medium.

Stool specimens received into the lab between the hours of 23:30-06:30 should be submitted to the lab in Cary & Blair transport medium.

**Amount to Collect:**

5 mL

**Sample Type:**

Stool

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh stool : 0.5 mL or size of pea, Stool in C & S (Cary & Blair) transport medium: 5 mL

**Unacceptable Conditions:**

Unpreserved stool received > 3 hours after collection. More than two samples per day.

**Specimen Preparation:**

If < 5mL stool received, add 3 parts Cary & Blair medium to 1 part stool.

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning.

Stools positive with *E. coli* O157:H7, *Vibrio cholerae*, *Salmonella typhi*, *Salmonella paratyphi* A, or *Salmonella choleraesuis*

**Synonyms:**

- Salmonella
- Shigella
- Campylobacter
- Vibrio
- Stool Cx

**Stability (from collection to initiation):**

Unpreserved 3 hours, preserved 1 week.

**Reported:**

3-5 days

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed if appropriate.

Susceptibility testing may be omitted upon request when sample is submitted for testing.

**Additional Information:**

Unusual findings such as the absence of normal gram-negative enteric flora are reported.

If suspected *Yersinia* species [P158] and *Vibrio* species [P159] must be requested separately to ensure that selective media are inoculated.

*C. difficile* is not cultured. If *C. difficile* is suspected request the *C. difficile* antigen assay (P328).

*C. difficile* is not cultured. If *C. difficile* is suspected request the *C. difficile* antigen assay (P328).

**CPT Codes:**

87045, 87046

**LOINC Codes:**

625-4

# Barbiturates Screen, Urine

LAB364

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Competitive homogeneous enzyme immunoassay method using G6PDH labeling.

**Reported:**

Stat 2 hours, routine 4 hours

**Additional Information:**

A concentration of < 200 µg/L is considered negative by this test. A positive result is ≥ 200 µg/L and indicates the presence of this class of drugs. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This assay detects a number of barbiturates at varying concentrations.

[Click here for a List of Cross Reactive Substances](#)

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing. Confirmatory test code BARQNT. False negative results are also possible.

Barbiturates can be detected in urine from 1 up to 14 days after use (especially for phenobarbital as it is long-acting).

**Synonyms:**

- Butisol
- Alurate
- Amobarbital
- Amytal
- Apobarbital
- Butabarbital
- Butalbital
- Fiorinal
- Gemonil
- Metharbital
- Secobarbital
- Seconal
- Tuinal
- BARB

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 2 weeks

## PROCESSING

**Test Code:**

BARB

**Test Group:**

Barbiturate

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 2 weeks

**RESULT INTERPRETATION****Reference Interval:**

Negative

Note: a negative result indicates that this class of drugs is not present, or they are present at a concentration below the cutoff concentration of 200 µg/L

**Additional Information:**

A concentration of < 200 µg/L is considered negative by this test. A positive result is  $\geq 200$  µg/L and indicates the presence of this class of drugs. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This assay detects a number of barbiturates at varying concentrations.

[Click here for a List of Cross Reactive Substances](#)

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing. Confirmatory test code BARQNT. False negative results are also possible.

Barbiturates can be detected in urine from 1 up to 14 days after use (especially for phenobarbital as it is long-acting).

**ADMINISTRATIVE****CPT Codes:**

80307

**LOINC Codes:**

20664-9

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

BARB

**Test Group:**

Barbiturate

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Competitive homogeneous enzyme immunoassay method using G6PDH labeling.

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Reference Interval:**

Negative

Note: a negative result indicates that this class of drugs is not present, or they are present at a concentration below the cutoff concentration of 200 µg/L

**Synonyms:**

- Butisol
- Alurate
- Amobarbital
- Amytal
- Apobarbital
- Butabarbital
- Butalbital
- Fiorinal
- Gemonil
- Metharbital
- Secobarbital
- Seconal
- Tuinal
- BARB

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 2 weeks

**Reported:**

Stat 2 hours, routine 4 hours

**Additional Information:**

A concentration of < 200 µg/L is considered negative by this test. A positive result is  $\geq$  200 µg/L and indicates the presence of this class of drugs. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This assay detects a number of barbiturates at varying concentrations.

[Click here for a List of Cross Reactive Substances](#)

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing. Confirmatory test code BARQNT. False negative results are also possible.

Barbiturates can be detected in urine from 1 up to 14 days after use (especially for phenobarbital as it is long-acting).

**CPT Codes:**

80307

**LOINC Codes:**

20664-9

# Barbiturates, Urine, Quantitative

LAB8999

## ORDERING

**Ordering Recommendations:**

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Barbiturates, Urine Screen with Reflex to Quantitation (2012211).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Tue, Thu, Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-7 days

**Synonyms:**

- Amobarbital
- Amobarbitone
- Amytal
- Axocet
- Butalbital
- Fioricet
- Fiorinal
- Luminal
- Nembutal
- Pain Management
- Pain Management, Barbiturates, Quantitative, with medMATCH, Urine
- Pain Management, Barbiturates, with Confirmation with medMATCH, Urine
- Pentobarbital
- Phenobarbital
- Phenobarbitone
- Quinalbarbitone
- Sandoptal
- Secobarbital
- Seconal
- Solfoton
- Tuinal
- BARQNT

## COLLECTION

**Label Abbreviation:**

BARQNT

**Collect:**

Random urine.

**Amount to Collect:**

3.5 mL

**Preferred Volume:**

3.5 mL

**Minimum Volume:**

1.5 mL

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Storage/Transport Temperature:**

Room temperature.

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

## PROCESSING

**Test Code:**

BARQNT



**ARUP Test Code:**

2012213

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 3.5 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 1.5 mL)

**Additional Processing Instructions:**

Aliquot and freeze. Transport to CB frozen. Order ARUP test code 2012213.

**Preferred Volume:**

3.5 mL

**Minimum Volume:**

1.5 mL

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Storage/Transport Temperature:**

Room temperature.

**RESULT INTERPRETATION****Reference Interval:**

| Drugs Covered | Cutoff Concentrations |
|---------------|-----------------------|
| Butalbital    | 50 ng/mL              |
| Pentobarbital | 50 ng/mL              |
| Phenobarbital | 50 ng/mL              |

**Interpretive Data:**

Methodology: Quantitative Gas Chromatography-Mass Spectrometry/Quantitative Liquid Chromatography-Tandem Mass Spectrometry.

Positive cutoff: 50 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

**ADMINISTRATIVE****CPT Codes:**

80345 (Alt code: G0480)

**LOINC:**

- 3926-3
- 3950-3
- 11071-8

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Barbiturates, Urine Screen with Reflex to Quantitation (2012211).

**Test Code:**

BARQNT

**ARUP Test Code:**

2012213

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Tue, Thu, Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Random urine.

**Amount to Collect:**

3.5 mL

**Preferred Volume:**

3.5 mL

**Minimum Volume:**

1.5 mL

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

**Specimen Preparation:**

Transfer 3.5 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 1.5 mL)

**Additional Processing Instructions:**

Aliquot and freeze. Transport to CB frozen. Order ARUP test code 2012213.

**Reference Interval:**

| Drugs Covered | Cutoff Concentrations |
|---------------|-----------------------|
| Butalbital    | 50 ng/mL              |
| Pentobarbital | 50 ng/mL              |
| Phenobarbital | 50 ng/mL              |

**Interpretive Data:**

Methodology: Quantitative Gas Chromatography-Mass Spectrometry/Quantitative Liquid Chromatography-Tandem Mass Spectrometry.

Positive cutoff: 50 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

**Synonyms:**

- Amobarbital
- Amobarbitone
- Amytal
- Axocet
- Butalbital
- Fioricet
- Fiorinal
- Luminal
- Nembutal
- Pain Management
- Pain Management, Barbiturates, Quantitative, with medMATCH, Urine
- Pain Management, Barbiturates, with Confirmation with medMATCH, Urine
- Pentobarbital
- Phenobarbital
- Phenobarbitone
- Quinalbarbitone
- Sandoptal
- Secobarbital
- Seconal
- Solfoton
- Tuinal
- BARQNT

**Storage/Transport Temperature:**

Room temperature.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Reported:**

1-7 days

**CPT Codes:**

80345 (Alt code: G0480)

**LOINC:**

- 3926-3
- 3950-3
- 11071-8

**Notes:**

Compare to; Pain Management, Barbiturates, Quantitative, with medMATCH, Urine; Pain Management, Barbiturates, with Confirmation with medMATCH, Urine.

# Basic Metabolic Panel

LAB6168

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)  
Peninsula Outpatient Center (Mon-Fri 0800-1630)  
Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Includes sodium, potassium, chloride, total carbon dioxide, BUN, creatinine, random glucose, and total calcium.

Individual tests may be ordered separately.

**Synonyms:**

- Chem 7
- Chem 8
- Chem 10
- BMP

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light Green top preferred, Gold top acceptable

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL plasma or serum

**Minimum Volume:**

0.5 mL plasma or serum

## PROCESSING

**Test Code:**

NBMP

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

2 mL plasma or serum

**Minimum Volume:**

0.5 mL plasma or serum

## RESULT INTERPRETATION

**Units:**

Various (see normal ranges)

**Reference Interval:**

See individual test entries

**Critical Values:**

|                            |                       |
|----------------------------|-----------------------|
| Sodium                     | < 125 or > 155 mmol/L |
| Potassium                  | < 3.0 or > 6.0 mmol/L |
| CO <sub>2</sub> , Total    | < 15 or > 40 mmol/L   |
| Glucose, neonate           | < 30 or > 170 mg/dL   |
| Glucose, children & adults | < 50 or > 500 mg/dL   |
| Calcium, Total             | < 6.5 or > 13.5 mg/dL |

**Additional Information:**

Includes sodium, potassium, chloride, total carbon dioxide, BUN, creatinine, random glucose, and total calcium.

Individual tests may be ordered separately.

**ADMINISTRATIVE****CPT Codes:**

80048

**LOINC Codes:**

24321-2

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

NBMP

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Collect:**

Light Green top preferred, Gold top acceptable

**Amount to Collect:**

4 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

2 mL plasma or serum

**Minimum Volume:**

0.5 mL plasma or serum

**Units:**

Various (see normal ranges)

**Reference Interval:**

See individual test entries

**Critical Values:**

|                            |                       |
|----------------------------|-----------------------|
| Sodium                     | < 125 or > 155 mmol/L |
| Potassium                  | < 3.0 or > 6.0 mmol/L |
| CO <sub>2</sub> , Total    | < 15 or > 40 mmol/L   |
| Glucose, neonate           | < 30 or > 170 mg/dL   |
| Glucose, children & adults | < 50 or > 500 mg/dL   |
| Calcium, Total             | < 6.5 or > 13.5 mg/dL |

**Synonyms:**

- Chem 7
- Chem 8
- Chem 10
- BMP

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Includes sodium, potassium, chloride, total carbon dioxide, BUN, creatinine, random glucose, and total calcium.

Individual tests may be ordered separately.

**CPT Codes:**

80048

**LOINC Codes:**

24321-2

# Basic Metabolic Panel, Fasting

LAB6167

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)  
Peninsula Outpatient Center (Mon-Fri 0800-1630)  
Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Includes sodium, potassium, chloride, total carbon dioxide, BUN, creatinine, fasting glucose, and total calcium.

Individual tests may be ordered separately.

**Synonyms:**

- Chem 7
- Chem 8
- Chem 10
- BMP
- FBMP

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light Green top preferred, Gold top acceptable

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL plasma or serum

**Minimum Volume:**

0.5 mL plasma or serum

## PROCESSING

**Test Code:**

FBMP

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

2 mL plasma or serum

**Minimum Volume:**

0.5 mL plasma or serum

## RESULT INTERPRETATION

**Units:**

Various (see normal ranges)

**Reference Interval:**

See individual test entries

**Critical Values:**

|                            |                       |
|----------------------------|-----------------------|
| Sodium                     | < 125 or > 155 mmol/L |
| Potassium                  | < 3.0 or > 6.0 mmol/L |
| CO <sub>2</sub> , Total    | < 15 or > 40 mmol/L   |
| Glucose, neonate           | < 30 or > 170 mg/dL   |
| Glucose, children & adults | < 50 or > 500 mg/dL   |
| Calcium, Total             | < 6.5 or > 13.5 mg/dL |

**Additional Information:**

Includes sodium, potassium, chloride, total carbon dioxide, BUN, creatinine, fasting glucose, and total calcium.

Individual tests may be ordered separately.

**ADMINISTRATIVE****CPT Codes:**

80048

**LOINC Codes:**

24321-2

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

FBMP

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Collect:**

Light Green top preferred, Gold top acceptable

**Amount to Collect:**

4 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

2 mL plasma or serum

**Minimum Volume:**

0.5 mL plasma or serum

**Units:**

Various (see normal ranges)

**Reference Interval:**

See individual test entries

**Critical Values:**

|                            |                       |
|----------------------------|-----------------------|
| Sodium                     | < 125 or > 155 mmol/L |
| Potassium                  | < 3.0 or > 6.0 mmol/L |
| CO <sub>2</sub> , Total    | < 15 or > 40 mmol/L   |
| Glucose, neonate           | < 30 or > 170 mg/dL   |
| Glucose, children & adults | < 50 or > 500 mg/dL   |
| Calcium, Total             | < 6.5 or > 13.5 mg/dL |



**Synonyms:**

- Chem 7
- Chem 8
- Chem 10
- BMP
- FBMP

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Includes sodium, potassium, chloride, total carbon dioxide, BUN, creatinine, fasting glucose, and total calcium.

Individual tests may be ordered separately.

**CPT Codes:**

80048

**LOINC Codes:**

24321-2

# B-Cell ImmunoCompetency Panel by Flow Cytometry

LAB3889

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday - Thursday, day shift

**Methodology:**

Flow Cytometry

**Reported:**

2-3 days

**Synonyms:**

- B-Cell ImmunoComp Panel, BCIP
- B-cell Phenotyping Profile

## COLLECTION

**Sample Type:**

Blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL

**Preferred Volume:**

3 mL

**Minimum Volume:**

2 mL

**Remarks:**

Do not draw samples for this test on Friday, weekends, UCSF observed holidays or long weekends. Samples drawn on the day before holidays must be received in the hospital lab by 11am (to get onto latest 11:45am courier) or they cannot be processed.

**Stability (from collection to initiation):**

Room temperature, within 24 hours

**Unacceptable Conditions:**

Refrigerated sample received. Sample &gt; 24 hours old when received.

## PROCESSING

**Test Code:**

BCIP

**Performing Lab:**

Immunology

**Specimen Preparation:**

DO NOT refrigerate, store at room temperature and ship to China Basin.

Samples received on Friday, weekends and UCSF holidays will not be processed or saved. Samples received on the day before holidays must be received in hospital lab by 11am (to get onto latest 11:45am courier) or it cannot be processed or saved.

**Preferred Volume:**

3 mL

**Minimum Volume:**

2 mL

**Unacceptable Conditions:**

Refrigerated sample received. Sample &gt; 24 hours old when received.

**Stability (from collection to initiation):**

Room temperature, within 24 hours

## RESULT INTERPRETATION

**Units:**  
%

**Reference Interval:**

|                                   |              |
|-----------------------------------|--------------|
| %CD19+ of total lymphs            | 5.3 - 23.3   |
| %CD20+ of total lymphs            | 4.8 - 22.0   |
| %CD27+ of CD19+ B-cells           | 10.7 - 46.2  |
| %CD27+/IgM+/IgD+ of CD19+ B-cells | 1.6 - 23.1   |
| %CD27+/IgM-/IgD- of CD19+ B-cells | 4.8 - 24.9   |
| %CD27+/IgM+/IgD- of CD19+ B-cells | 0.5 - 6.2    |
| %IgM+ of CD19+ B-cells            | 21.2 - 78.7  |
| %CD38+/IgM- of CD19+ B-cells      | 0.5 - 5.4    |
| %CD38+/IgM+ of CD19+ B-cells      | 1.0 - 8.1    |
| %CD21+ of CD19+ B-cells           | 93.7 - 100.0 |
| %CD21- of CD19+ B-cells           | 0.9 - 7.0    |
| %CD38+/CD24- of CD19+ B-cells     | 0.5 - 5.4    |
| %CD38+/CD24+ of CD19+ B-cells     | 1.0 - 8.1    |

Note: Reference values are for  $\geq 18$  year olds. For pediatric ranges please see:  
Piatosa, B, et al. 2010. B Cell Subsets in Healthy Children: Reference Values for Evaluation of B Cell Maturation Process in Peripheral Blood. Cytometry Part B (Clinical Cytometry) 788:372-381

**ADMINISTRATIVE****CPT Codes:**

88184; 88185 x 6

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BCIP

**Performing Lab:**

Immunology

**Performed:**

Monday - Thursday, day shift

**Methodology:**

Flow Cytometry

**Remarks:**

Do not draw samples for this test on Friday, weekends, UCSF observed holidays or long weekends. Samples drawn on the day before holidays must be received in the hospital lab by 11am (to get onto latest 11:45am courier) or they cannot be processed.

**Collect:**

Lavender top

**Amount to Collect:**

3 mL

**Sample Type:**

Blood

**Preferred Volume:**

3 mL

**Minimum Volume:**

2 mL

**Unacceptable Conditions:**

Refrigerated sample received. Sample > 24 hours old when received.

**Specimen Preparation:**

DO NOT refrigerate, store at room temperature and ship to China Basin.

Samples received on Friday, weekends and UCSF holidays will not be processed or saved. Samples received on the day before holidays must be received in hospital lab by 11am (to get onto latest 11:45am courier) or it cannot be processed or saved.

**Units:**

%

**Reference Interval:**

|                                   |              |
|-----------------------------------|--------------|
| %CD19+ of total lymphs            | 5.3 - 23.3   |
| %CD20+ of total lymphs            | 4.8 - 22.0   |
| %CD27+ of CD19+ B-cells           | 10.7 - 46.2  |
| %CD27+/IgM+/IgD+ of CD19+ B-cells | 1.6 - 23.1   |
| %CD27+/IgM-/IgD- of CD19+ B-cells | 4.8 - 24.9   |
| %CD27+/IgM+/IgD- of CD19+ B-cells | 0.5 - 6.2    |
| %IgM+ of CD19+ B-cells            | 21.2 - 78.7  |
| %CD38+/IgM- of CD19+ B-cells      | 0.5 - 5.4    |
| %CD38+/IgM+ of CD19+ B-cells      | 1.0 - 8.1    |
| %CD21+ of CD19+ B-cells           | 93.7 - 100.0 |
| %CD21- of CD19+ B-cells           | 0.9 - 7.0    |
| %CD38+/CD24- of CD19+ B-cells     | 0.5 - 5.4    |
| %CD38+/CD24+ of CD19+ B-cells     | 1.0 - 8.1    |

Note: Reference values are for >= 18 year olds. For pediatric ranges please see:

Piatosa, B, et al. 2010. B Cell Subsets in Healthy Children: Reference Values for Evaluation of B Cell Maturation Process in Peripheral Blood. Cytometry Part B (Clinical Cytometry) 788:372-381

**Synonyms:**

- B-Cell ImmunoComp Panel, BCIP
- B-cell Phenotyping Profile

**Stability (from collection to initiation):**

Room temperature, within 24 hours

**Reported:**

2-3 days

**CPT Codes:**

88184; 88185 x 6

**LDT or Modified FDA:**

Yes

# BCL2 18q21.3 Break Apart Rearrangement FISH

BBCL2, BCL2

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Daily weekdays

**Methodology:**

FISH

**Reported:**

7~14 days

**Synonyms:**

- BCL2 Dual Color Break Apart Rearrangement FISH, BCL2 18q21.3 Dual Color Break Apart Rearrangement FISH, blood

## COLLECTION

**Sample Type:**

Blood

**Collect:**

Dark Green top for bone marrow, sterile container with medium for bone core.

**Amount to Collect:**

2ml blood

**Preferred Volume:**

2ml blood

**Minimum Volume:**

1ml blood

**Remarks:**

Mix well, do not spin, keep at room temperature.

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Leaking, frozen and unlabeled samples.

## PROCESSING

**Test Code:**

BBCL2: Blood

BCL2: Non-blood

**Test Group:**

Cytogenetics

**Performing Lab:**

Cytogenetics

**Specimen Preparation:**

Do not refrigerate or freeze sample, call lab before sample rejection.

**Preferred Volume:**

2ml blood

**Minimum Volume:**

1ml blood

**Unacceptable Conditions:**

Leaking, frozen and unlabeled samples.

**Stability (from collection to initiation):**

48 hours

## ADMINISTRATIVE

**CPT Codes:**

88271x1, 88271x1, 88275x1

**LDT or Modified FDA:**  
Yes

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
BBCL2: Blood  
BCL2: Non-blood

**Test Group:**  
Cytogenetics

**Performing Lab:**  
Cytogenetics

**Performed:**  
Daily weekdays

**Methodology:**  
FISH

**Remarks:**  
Mix well, do not spin, keep at room temperature.

**Collect:**  
Dark Green top for bone marrow, sterile container with medium for bone core.

**Amount to Collect:**  
2ml blood

**Sample Type:**  
Blood

**Preferred Volume:**  
2ml blood

**Minimum Volume:**  
1ml blood

**Unacceptable Conditions:**  
Leaking, frozen and unlabeled samples.

**Specimen Preparation:**  
Do not refrigerate or freeze sample, call lab before sample rejection.

**Synonyms:**

- BCL2 Dual Color Break Apart Rearrangement FISH, BCL2 18q21.3 Dual Color Break Apart Rearrangement FISH, blood

**Stability (from collection to initiation):**  
48 hours

**Reported:**  
7~14 days

**CPT Codes:**  
88271x1, 88271x1, 88275x1

**LDT or Modified FDA:**  
Yes

# BCL6 Chromosome 3Q27 Rearrangement FISH

BCL6, BBCL6

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescence in situ Hybridization (break apart FISH)

**Reported:**

1-2 weeks

**Synonyms:**

- BCL6
- BBCL6

## COLLECTION

**Sample Type:**

Heparinized whole blood, Bone marrow aspirate, Bone marrow biopsy

**Collect:**

Dark green top vacutainer

**Amount to Collect:**

Whole blood: 2 ml

Bone marrow: 2 ml

Bone core: 2 cm

**Preferred Volume:**

Whole blood: 2 ml

Bone marrow: 2 ml

?Bone core: 2 cm

**Minimum Volume:**

Whole blood: 1 ml

Bone marrow: 1 ml

?Bone core: 1 cm

**Remarks:**

Make sure blood or marrow aspirate is well mixed in the Dark Green top. Keep sample at room temperature

**Stability (from collection to initiation):**

2 days

**Unacceptable Conditions:**

Frozen cracked, leaking or unlabeled samples

## PROCESSING

**Test Code:**

BBCL6: Blood

BCL6: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Preferred Volume:**

Whole blood: 2 ml

Bone marrow: 2 ml

?Bone core: 2 cm

**Minimum Volume:**

Whole blood: 1 ml

Bone marrow: 1 ml

?Bone core: 1 cm

**Unacceptable Conditions:**

Frozen cracked, leaking or unlabeled samples

**Stability (from collection to initiation):**

2 days

## ADMINISTRATIVE

**CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BBCL6: Blood

BCL6: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescence in situ Hybridization (break apart FISH)

**Remarks:**

Make sure blood or marrow aspirate is well mixed in the Dark Green top. Keep sample at room temperature

**Collect:**

Dark green top vacutainer

**Amount to Collect:**

Whole blood: 2 ml

Bone marrow: 2 ml

Bone core: 2 cm

**Sample Type:**

Heparinized whole blood, Bone marrow aspirate, Bone marrow biopsy

**Preferred Volume:**

Whole blood: 2 ml

Bone marrow: 2 ml

?Bone core: 2 cm

**Minimum Volume:**

Whole blood: 1 ml

Bone marrow: 1 ml

?Bone core: 1 cm

**Unacceptable Conditions:**

Frozen cracked, leaking or unlabeled samples

**Synonyms:**

- BCL6
- BBCL6

**Stability (from collection to initiation):**

2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes



# BCR/ABL Quantitative by PCR

LAB4224

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 2x per week, Monday &amp; Wednesday, day shift only

**Methodology:**

Realtime qPCR

**Reported:**

7-14 days

**Additional Information:**

A reciprocal translocation between chromosomes 9 and 22 results in the Philadelphia chromosome, which is commonly associated with chronic myelogenous leukemia (CML) and to a lesser extent with acute lymphocytic leukemia (ALL) or acute myeloid leukemia (AML). The oncogenic culprit of the Philadelphia chromosome stems from the fusion of two genes BCR and ABL1, located on chromosomes 22 and 9, respectively. The resulting BCR-ABL1 fusion gene produces an abnormal protein with increased tyrosine kinase activity that activates multiple intracellular signaling pathways, culminating in excessive growth of hematopoietic cells.

Three different variants of the BCR-ABL1 fusion gene correspond to the major, minor and micro breakpoints, which encode respectively for the p210, p190 and p230 proteins, all of which are detected by this assay. The majority of CML patients carry the p210 translocation, whereas the p190 translocation is present in approximately 20% of ALL patients and occasionally in AML. While the p230 translocation has also been detected in classic CML, it has also been found in a subset of patients with chronic neutrophilic leukemia (CNL).

Treatment of patients with CML and ALL is aimed at the eradication of BCR-ABL1 positive tumor cells with tyrosine kinase inhibitors and minimal residual disease monitoring of the therapy effectiveness is achieved by this assay with the quantitative monitoring of BCR-ABL1 mRNA expression.

This realtime qPCR test will detect and quantitate the p210, p190 and p230 BCR-ABL1 translocations. The assay sensitivity is about 1 in 100,000 BCR-ABL1 positive K562 cells and spans 4-5 logs. Results are reported as on the Internal Scale (IS) for p210 (b3a2, b2a2) and as percent ratios for p190 (e1a2) and p230 (e19a2) translocations. Results of minimal residual disease testing are best interpreted in light of previous results obtained from the same laboratory. Inter-laboratory comparison of IS ratios remains variable.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- CML
- Chronic myelogenous leukemia
- Philadelphia chromosome
- Breakpoint cluster region
- Translocation 9:22
- t(9:22)
- ALL
- Realtime-qPCR
- Ph+ Acute Lymphoblastic Leukemia
- p210
- p190
- p230

## COLLECTION

**Sample Type:**

EDTA whole blood, Marrow

**Collect:**

Lavender top

**Amount to Collect:**

Blood: 5 mL

Bone marrow aspirate: 2 mL

**Preferred Volume:**

Blood: 5 mL  
Bone marrow aspirate: 2 mL

**Minimum Volume:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL

**Remarks:**

Due to limited stability, samples for this test should not be collected the day before a holiday or 3-day weekend.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Stability (from collection to initiation):**

Refrigerated 3 days.

**Unacceptable Conditions:**

Heparinized samples  
Frozen samples

## PROCESSING

**Test Code:**

BCRABL

**Test Group:**

BCRABL

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Do not centrifuge. Refrigerate sample, DO NOT freeze.

**Preferred Volume:**

Blood: 5 mL  
Bone marrow aspirate: 2 mL

**Minimum Volume:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL

**Unacceptable Conditions:**

Heparinized samples  
Frozen samples

**Stability (from collection to initiation):**

Refrigerated 3 days.

## RESULT INTERPRETATION

**Units:**

% IS bcr:abl/abl ratio

**Reference Interval:**

No bcr:abl transcripts detected

**Additional Information:**

A reciprocal translocation between chromosomes 9 and 22 results in the Philadelphia chromosome, which is commonly associated with chronic myelogenous leukemia (CML) and to a lesser extent with acute lymphocytic leukemia (ALL) or acute myeloid leukemia (AML). The oncogenic culprit of the Philadelphia chromosome stems from the fusion of two genes BCR and ABL1, located on chromosomes 22 and 9, respectively. The resulting BCR-ABL1 fusion gene produces an abnormal protein with increased tyrosine kinase activity that activates multiple intracellular signaling pathways, culminating in excessive growth of hematopoietic cells.

Three different variants of the BCR-ABL1 fusion gene correspond to the major, minor and micro breakpoints, which encode respectively for the p210, p190 and p230 proteins, all of which are detected by this assay. The majority of CML patients carry the p210 translocation, whereas the p190 translocation is present in approximately 20% of ALL patients and occasionally in AML. While the p230 translocation has also been detected in classic CML, it has also been found in a subset of patients with chronic neutrophilic leukemia (CNL).

Treatment of patients with CML and ALL is aimed at the eradication of BCR-ABL1 positive tumor cells with tyrosine kinase inhibitors and minimal residual disease monitoring of the therapy effectiveness is achieved by this assay with the quantitative monitoring of BCR-ABL1 mRNA expression.

This realtime qPCR test will detect and quantitate the p210, p190 and p230 BCR-ABL1 translocations. The assay sensitivity is about 1 in 100,000 BCR-ABL1 positive K562 cells and spans 4-5 logs. Results are reported as on the Internal Scale (IS) for p210 (b3a2, b2a2) and as percent ratios for p190 (e1a2) and p230 (e19a2) translocations. Results of minimal residual disease testing are best interpreted in light of previous results obtained from the same laboratory. Inter-laboratory comparison of IS ratios remains variable.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

81206, 81207, 81208

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

46434-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BCRABL

**Test Group:**

BCRABL

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 2x per week, Monday & Wednesday, day shift only

**Methodology:**

Realtime qPCR

**Remarks:**

Due to limited stability, samples for this test should not be collected the day before a holiday or 3-day weekend.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top

**Amount to Collect:**

Blood: 5 mL

Bone marrow aspirate: 2 mL

**Sample Type:**

EDTA whole blood, Marrow

**Preferred Volume:**

Blood: 5 mL

Bone marrow aspirate: 2 mL

**Minimum Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

**Unacceptable Conditions:**

Heparinized samples  
Frozen samples

**Specimen Preparation:**

Do not centrifuge. Refrigerate sample, DO NOT freeze.

**Units:**

% IS bcr:abl/abl ratio

**Reference Interval:**

No bcr:abl transcripts detected

**Synonyms:**

- CML
- Chronic myelogenous leukemia
- Philadelphia chromosome
- Breakpoint cluster region
- Translocation 9:22
- t(9:22)
- ALL
- Realtime-qPCR
- Ph+ Acute Lymphoblastic Leukemia
- p210
- p190
- p230

**Stability (from collection to initiation):**

Refrigerated 3 days.

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

A reciprocal translocation between chromosomes 9 and 22 results in the Philadelphia chromosome, which is commonly associated with chronic myelogenous leukemia (CML) and to a lesser extent with acute lymphocytic leukemia (ALL) or acute myeloid leukemia (AML). The oncogenic culprit of the Philadelphia chromosome stems from the fusion of two genes BCR and ABL1, located on chromosomes 22 and 9, respectively. The resulting BCR-ABL1 fusion gene produces an abnormal protein with increased tyrosine kinase activity that activates multiple intracellular signaling pathways, culminating in excessive growth of hematopoietic cells.

Three different variants of the BCR-ABL1 fusion gene correspond to the major, minor and micro breakpoints, which encode respectively for the p210, p190 and p230 proteins, all of which are detected by this assay. The majority of CML patients carry the p210 translocation, whereas the p190 translocation is present in approximately 20% of ALL patients and occasionally in AML. While the p230 translocation has also been detected in classic CML, it has also been found in a subset of patients with chronic neutrophilic leukemia (CNL).

Treatment of patients with CML and ALL is aimed at the eradication of BCR-ABL1 positive tumor cells with tyrosine kinase inhibitors and minimal residual disease monitoring of the therapy effectiveness is achieved by this assay with the quantitative monitoring of BCR-ABL1 mRNA expression.

This realtime qPCR test will detect and quantitate the p210, p190 and p230 BCR-ABL1 translocations. The assay sensitivity is about 1 in 100,000 BCR-ABL1 positive K562 cells and spans 4-5 logs. Results are reported as on the Internal Scale (IS) for p210 (b3a2, b2a2) and as percent ratios for p190 (e1a2) and p230 (e19a2) translocations. Results of minimal residual disease testing are best interpreted in light of previous results obtained from the same laboratory. Inter-laboratory comparison of IS ratios remains variable.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

81206, 81207, 81208

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

46434-7

# BCR/ABL translocation FISH

TR922, BT922

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up Monday-Friday only.

**Methodology:**

Fluorescent in-situ hybridization

**Reported:**

2-5 days

**Synonyms:**

- PCR
- CML
- Chronic myelogenous leukemia
- Philadelphia chromosome
- PH1 chromosome
- Breakpoint cluster region
- Tyrosine kinase
- Translocation 9:22
- t(9:22)
- Ph' chromosome
- ALL
- Cytogenetic analysis
- Karyotype
- Karyotyping
- TR922
- BT922

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Collect:**

Blood & bone marrow aspirate: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics, 415-353-4844. Dark Green top also acceptable

Bone marrow core: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics, 415-353-4844.

**Amount to Collect:**

Bone marrow: 2 mL  
Blood: 2 mL  
Bone core: 2 cm

**Preferred Volume:**

Bone marrow: 2 mL  
Blood: 2 mL  
?Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL  
Blood: 1 mL  
?Bone core: 1 cm

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## PROCESSING

**Test Code:**

BT922: Blood  
TR922: Bone marrow

**Test Group:**

BCRABL

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

?Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

?Bone core: 1 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Stability (from collection to initiation):**

48 hours

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**ADMINISTRATIVE****CPT Codes:**

88271ZS, 88275ZS

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

51867-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BT922: Blood

TR922: Bone marrow

**Test Group:**

BCRABL

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up Monday-Friday only.

**Methodology:**

Fluorescent in-situ hybridization

**Collect:**

Blood &amp; bone marrow aspirate: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics, 415-353-4844. Dark Green top also acceptable

Bone marrow core: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics, 415-353-4844.

**Amount to Collect:**

Bone marrow: 2 mL

Blood: 2 mL

Bone core: 2 cm

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

?Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

?Bone core: 1 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Reference Interval:**

Not detected

**Synonyms:**

- PCR
- CML
- Chronic myelogenous leukemia
- Philadelphia chromosome
- PH1 chromosome
- Breakpoint cluster region
- Tyrosine kinase
- Translocation 9:22
- t(9:22)
- Ph' chromosome
- ALL
- Cytogenetic analysis
- Karyotype
- Karyotyping
- TR922
- BT922

**Stability (from collection to initiation):**

48 hours

**Reported:**

2-5 days

**CPT Codes:**

88271ZS, 88275ZS

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

51867-0

# Beckwith-Wiedemann Syndrome

MOLT

## ORDERING

**Approval Required:**

Yes

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Methylation-sensitive multiple ligation-dependent probe amplification is utilized to test for the presence of large deletions, duplications, and methylation defects in the imprinting center 1 (IC1) (H19) and IC2 (LIT1) critical regions on chromosome 11p15.

**Reported:**

2 weeks



**Additional Information:**

Beckwith-Wiedemann syndrome (BWS) is a disorder characterized by prenatal and/or postnatal overgrowth, neonatal hypoglycemia, congenital malformations, and an increased risk for embryonal tumors. Physical findings are variable and can include abdominal wall defects, macroglossia, and hemihyperplasia. The predisposition for tumor development is associated with specific tumor types such as adrenal carcinoma, nephroblastoma (Wilms tumor), hepatoblastoma, and rhabdomyosarcoma. In infancy, BWS has a mortality rate of approximately 20%.

Current data suggest that the etiology of BWS is due to dysregulation of imprinted genes in the 11p15 region of chromosome 11, including H19 (maternally expressed), LIT1 (official symbol KCNQ1OT1; paternally expressed), IGF2 (paternally expressed), and CDKN1C (aliases p57 and KIP2; maternally expressed). Expression of these genes is controlled by 2 imprinting centers (IC).

Approximately 85% of BWS cases appear to be sporadic, while 15% of cases are associated with an autosomal dominant inheritance pattern. When a family history is present, the etiology is often due to inherited point mutations in CDKN1C or an unknown cause. The etiology of sporadic cases includes:

- Hypomethylation of imprinting center 2 (IC2) (LIT1): approximately 50% to 60%
- Paternal uniparental disomy of chromosome 11: approximately 10% to 20%
- Hypermethylation of imprinting center 1 (IC1) (H19): approximately 2% to 7%
- Unknown: approximately 10% to 20% -Point mutation in CDKN1C: approximately 5% to 10%
- Cytogenetic abnormality: approximately 1% to 2%
- Differentially methylated region 1 (DMR1) or DMR2 microdeletion: rare

The clinical presentation of BWS is dependent on which gene in the 11p15 region is involved. The risk for cancer has been shown to be significantly higher in patients with abnormal methylation of IC1 (H19) versus IC2 (LIT1). In patients with abnormal methylation of IC2 (LIT1), abdominal wall defects and overgrowth are seen at a higher frequency. Russell-Silver syndrome (RSS) is a rare genetic condition with an incidence of approximately 1 in 100,000. RSS is characterized by pre- and postnatal growth retardation with normal head circumference, characteristic facies, fifth finger clinodactyly, and asymmetry of the face, body, and/or limbs. Less commonly observed clinical features include café au lait spots, genitourinary anomalies, motor, speech, cognitive delays, and hypoglycemia. Although clinical diagnostic criteria have been developed, it has been demonstrated that many patients with molecularly confirmed RSS do not meet strict clinical diagnostic criteria for RSS. Therefore, most groups recommend a relatively low threshold for considering molecular testing in suspected cases of RSS.

RSS is a genetically heterogeneous condition that is associated with genetic and epigenetic alterations at chromosome 7 and the chromosome 11p15.5 region. The majority of cases of RSS are sporadic, although familial cases have been reported. The etiology of sporadic cases of RSS includes:

- Hypomethylation of IC1 (H19): approximately 30% to 50%
- Maternal uniparental disomy (UPD) of chromosome 7: approximately 5% to 10%\*
- 11p15.5 duplications: rare
- Chromosome 7 duplications: rare\*

\*Note that this test does not detect chromosome 7 UPD. However, testing is available; order UNIPD / Uniparental Disomy.

The clinical phenotype of RSS has been associated with the specific underlying molecular etiology. Patients with hypomethylation of IC1 (H19) are more likely to exhibit "classic" RSS phenotype (ie, severe intrauterine growth retardation, postnatal growth retardation, and asymmetry), while patients with maternal UPD7 often show a milder clinical phenotype. Despite these general genotype-phenotype correlations, many exceptions have been reported.

Methylation abnormalities of IC1 (H19) and IC2 (LIT1) can be detected by methylation-sensitive multiple ligation-dependent probe amplification. While testing can determine methylation status, it does not identify the mechanism responsible for the methylation defect (such as paternal uniparental disomy or cytogenetic abnormalities). Hypomethylation of IC2 (LIT1) is hypothesized to silence the expression of a number of maternally expressed genes, including CDKN1C. Hypermethylation of IC1 is hypothesized to silence the expression of H19, while also resulting in overexpression of IGF2. Absence of CDKN1C and H19 expression, in addition to overexpression of IGF2, is postulated to contribute to the clinical phenotype of BWS. Hypomethylation of IC1 is hypothesized to result in overexpression of H19 and underexpression of the IGF2, which is thought to contribute to the clinical phenotype of RSS.

**Synonyms:**

- BWS
- Overgrowth Disorder
- Imprinted disorder
- macroglossia
- LIT1

**COLLECTION****Sample Type:**

EDTA Whole blood, Cultured amniocytes, cultured chorionic villi

**Collect:**

Lavender top

**Amount to Collect:**

5 mL blood

**Preferred Volume:**

Blood: 5 mL

Cultured amniocytes: 2x T25 flasks, 80% confluent

Cultured chorionic villi: 2x T25 flasks, 80% confluent

**Minimum Volume:**

Blood: 3 mL

Cultured amniocytes: 2x T25 flasks, 80% confluent

?Cultured chorionic villi: 2x T25 flasks, 80% confluent

**Unacceptable Conditions:**

Blood collected in heparin. Deficient confluency in cultured cell flasks.

**PROCESSING**

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Do not centrifuge. Do not freeze. Refrigerate sample

**Preferred Volume:**

Blood: 5 mL

Cultured amniocytes: 2x T25 flasks, 80% confluent

Cultured chorionic villi: 2x T25 flasks, 80% confluent

**Minimum Volume:**

Blood: 3 mL

Cultured amniocytes: 2x T25 flasks, 80% confluent

?Cultured chorionic villi: 2x T25 flasks, 80% confluent

**Unacceptable Conditions:**

Blood collected in heparin. Deficient confluency in cultured cell flasks.

**RESULT INTERPRETATION**

**Additional Information:**

Beckwith-Wiedemann syndrome (BWS) is a disorder characterized by prenatal and/or postnatal overgrowth, neonatal hypoglycemia, congenital malformations, and an increased risk for embryonal tumors. Physical findings are variable and can include abdominal wall defects, macroglossia, and hemihyperplasia. The predisposition for tumor development is associated with specific tumor types such as adrenal carcinoma, nephroblastoma (Wilms tumor), hepatoblastoma, and rhabdomyosarcoma. In infancy, BWS has a mortality rate of approximately 20%.

Current data suggest that the etiology of BWS is due to dysregulation of imprinted genes in the 11p15 region of chromosome 11, including H19 (maternally expressed), LIT1 (official symbol KCNQ1OT1; paternally expressed), IGF2 (paternally expressed), and CDKN1C (aliases p57 and KIP2; maternally expressed). Expression of these genes is controlled by 2 imprinting centers (IC).

Approximately 85% of BWS cases appear to be sporadic, while 15% of cases are associated with an autosomal dominant inheritance pattern. When a family history is present, the etiology is often due to inherited point mutations in CDKN1C or an unknown cause. The etiology of sporadic cases includes:

- Hypomethylation of imprinting center 2 (IC2) (LIT1): approximately 50% to 60%
- Paternal uniparental disomy of chromosome 11: approximately 10% to 20%
- Hypermethylation of imprinting center 1 (IC1) (H19): approximately 2% to 7%
- Unknown: approximately 10% to 20% -Point mutation in CDKN1C: approximately 5% to 10%
- Cytogenetic abnormality: approximately 1% to 2%
- Differentially methylated region 1 (DMR1) or DMR2 microdeletion: rare

The clinical presentation of BWS is dependent on which gene in the 11p15 region is involved. The risk for cancer has been shown to be significantly higher in patients with abnormal methylation of IC1 (H19) versus IC2 (LIT1). In patients with abnormal methylation of IC2 (LIT1), abdominal wall defects and overgrowth are seen at a higher frequency. Russell-Silver syndrome (RSS) is a rare genetic condition with an incidence of approximately 1 in 100,000. RSS is characterized by pre- and postnatal growth retardation with normal head circumference, characteristic facies, fifth finger clinodactyly, and asymmetry of the face, body, and/or limbs. Less commonly observed clinical features include café au lait spots, genitourinary anomalies, motor, speech, cognitive delays, and hypoglycemia. Although clinical diagnostic criteria have been developed, it has been demonstrated that many patients with molecularly confirmed RSS do not meet strict clinical diagnostic criteria for RSS. Therefore, most groups recommend a relatively low threshold for considering molecular testing in suspected cases of RSS.

RSS is a genetically heterogeneous condition that is associated with genetic and epigenetic alterations at chromosome 7 and the chromosome 11p15.5 region. The majority of cases of RSS are sporadic, although familial cases have been reported. The etiology of sporadic cases of RSS includes:

- Hypomethylation of IC1 (H19): approximately 30% to 50%
- Maternal uniparental disomy (UPD) of chromosome 7: approximately 5% to 10%\*
- 11p15.5 duplications: rare
- Chromosome 7 duplications: rare\*

\*Note that this test does not detect chromosome 7 UPD. However, testing is available; order UNIPD / Uniparental Disomy.

The clinical phenotype of RSS has been associated with the specific underlying molecular etiology. Patients with hypomethylation of IC1 (H19) are more likely to exhibit "classic" RSS phenotype (ie, severe intrauterine growth retardation, postnatal growth retardation, and asymmetry), while patients with maternal UPD7 often show a milder clinical phenotype. Despite these general genotype-phenotype correlations, many exceptions have been reported.

Methylation abnormalities of IC1 (H19) and IC2 (LIT1) can be detected by methylation-sensitive multiple ligation-dependent probe amplification. While testing can determine methylation status, it does not identify the mechanism responsible for the methylation defect (such as paternal uniparental disomy or cytogenetic abnormalities). Hypomethylation of IC2 (LIT1) is hypothesized to silence the expression of a number of maternally expressed genes, including CDKN1C. Hypermethylation of IC1 is hypothesized to silence the expression of H19, while also resulting in overexpression of IGF2. Absence of CDKN1C and H19 expression, in addition to overexpression of IGF2, is postulated to contribute to the clinical phenotype of BWS. Hypomethylation of IC1 is hypothesized to result in overexpression of H19 and underexpression of the IGF2, which is thought to contribute to the clinical phenotype of RSS.

**COMPLETE VIEW****Approval Required:**

Yes

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Methylation-sensitive multiple ligation-dependent probe amplification is utilized to test for the presence of large deletions, duplications, and methylation defects in the imprinting center 1 (IC1) (H19) and IC2 (LIT1) critical regions on chromosome 11p15.

**Collect:**

Lavender top

**Amount to Collect:**

5 mL blood

**Sample Type:**

EDTA Whole blood, Cultured amniocytes, cultured chorionic villi

**Preferred Volume:**

Blood: 5 mL

Cultured amniocytes: 2x T25 flasks, 80% confluent

Cultured chorionic villi: 2x T25 flasks, 80% confluent

**Minimum Volume:**

Blood: 3 mL

Cultured amniocytes: 2x T25 flasks, 80% confluent

?Cultured chorionic villi: 2x T25 flasks, 80% confluent

**Unacceptable Conditions:**

Blood collected in heparin. Deficient confluency in cultured cell flasks.

**Specimen Preparation:**

Do not centrifuge. Do not freeze. Refrigerate sample

**Synonyms:**

- BWS
- Overgrowth Disorder
- Imprinted disorder
- macroglossia
- LIT1

**Reported:**

2 weeks

**Additional Information:**

Beckwith-Wiedemann syndrome (BWS) is a disorder characterized by prenatal and/or postnatal overgrowth, neonatal hypoglycemia, congenital malformations, and an increased risk for embryonal tumors. Physical findings are variable and can include abdominal wall defects, macroglossia, and hemihyperplasia. The predisposition for tumor development is associated with specific tumor types such as adrenal carcinoma, nephroblastoma (Wilms tumor), hepatoblastoma, and rhabdomyosarcoma. In infancy, BWS has a mortality rate of approximately 20%.

Current data suggest that the etiology of BWS is due to dysregulation of imprinted genes in the 11p15 region of chromosome 11, including H19 (maternally expressed), LIT1 (official symbol KCNQ1OT1; paternally expressed), IGF2 (paternally expressed), and CDKN1C (aliases p57 and KIP2; maternally expressed). Expression of these genes is controlled by 2 imprinting centers (IC).

Approximately 85% of BWS cases appear to be sporadic, while 15% of cases are associated with an autosomal dominant inheritance pattern. When a family history is present, the etiology is often due to inherited point mutations in CDKN1C or an unknown cause. The etiology of sporadic cases includes:

- Hypomethylation of imprinting center 2 (IC2) (LIT1): approximately 50% to 60%
- Paternal uniparental disomy of chromosome 11: approximately 10% to 20%
- Hypermethylation of imprinting center 1 (IC1) (H19): approximately 2% to 7%
- Unknown: approximately 10% to 20% -Point mutation in CDKN1C: approximately 5% to 10%
- Cytogenetic abnormality: approximately 1% to 2%
- Differentially methylated region 1 (DMR1) or DMR2 microdeletion: rare

The clinical presentation of BWS is dependent on which gene in the 11p15 region is involved. The risk for cancer has been shown to be significantly higher in patients with abnormal methylation of IC1 (H19) versus IC2 (LIT1). In patients with abnormal methylation of IC2 (LIT1), abdominal wall defects and overgrowth are seen at a higher frequency. Russell-Silver syndrome (RSS) is a rare genetic condition with an incidence of approximately 1 in 100,000. RSS is characterized by pre- and postnatal growth retardation with normal head circumference, characteristic facies, fifth finger clinodactyly, and asymmetry of the face, body, and/or limbs. Less commonly observed clinical features include café au lait spots, genitourinary anomalies, motor, speech, cognitive delays, and hypoglycemia. Although clinical diagnostic criteria have been developed, it has been demonstrated that many patients with molecularly confirmed RSS do not meet strict clinical diagnostic criteria for RSS. Therefore, most groups recommend a relatively low threshold for considering molecular testing in suspected cases of RSS.

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- Hypomethylation of IC1 (H19): approximately 30% to 50%
- Maternal uniparental disomy (UPD) of chromosome 7: approximately 5% to 10%\*
- 11p15.5 duplications: rare
- Chromosome 7 duplications: rare\*

\*Note that this test does not detect chromosome 7 UPD. However, testing is available; order UNIPD / Uniparental Disomy.

The clinical phenotype of RSS has been associated with the specific underlying molecular etiology. Patients with hypomethylation of IC1 (H19) are more likely to exhibit "classic" RSS phenotype (ie, severe intrauterine growth retardation, postnatal growth retardation, and asymmetry), while patients with maternal UPD7 often show a milder clinical phenotype. Despite these general genotype-phenotype correlations, many exceptions have been reported.

Methylation abnormalities of IC1 (H19) and IC2 (LIT1) can be detected by methylation-sensitive multiple ligation-dependent probe amplification. While testing can determine methylation status, it does not identify the mechanism responsible for the methylation defect (such as paternal uniparental disomy or cytogenetic abnormalities). Hypomethylation of IC2 (LIT1) is hypothesized to silence the expression of a number of maternally expressed genes, including CDKN1C. Hypermethylation of IC1 is hypothesized to silence the expression of H19, while also resulting in overexpression of IGF2. Absence of CDKN1C and H19 expression, in addition to overexpression of IGF2, is postulated to contribute to the clinical phenotype of BWS. Hypomethylation of IC1 is hypothesized to result in overexpression of H19 and underexpression of the IGF2, which is thought to contribute to the clinical phenotype of RSS.

# Benzodiazepines Screen, Urine

LAB367

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Homogeneous competitive enzyme immunoassay method (does not use beta-glucuronidase pretreatment)

**Reported:**

Stat 2 hours, routine 4 hours

**Additional Information:**

A level < 200 µg/L is considered negative by this test. A positive result is  $\geq 200$  µg/L and indicates the presence of this class of drugs. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This assay detects a number of benzodiazepines at varying concentrations.

[Click here for a List of Cross Reactive Substances](#)

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing. Confirmatory test code BNZQNT. False negative results are also possible.

Benzodiazepines can be detected from 6 hours up to 14 days after a single use (Negrusz A et al, Elimination of 7-aminoclonazepam in urine after a single dose of clonazepam. Anal Bioanal Chem, 2003, 376:123-130) and for longer in chronic users (French D et al, Choosing the right benzodiazepine assay: impact on clinical decision making. Lab Medicine, 2010, 41(4):2-6)

**Synonyms:**

- BENZ

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 2 weeks

## PROCESSING

**Test Code:**

BENZ

**Test Group:**

Benzodiazepine

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 2 weeks

**RESULT INTERPRETATION****Reference Interval:**

Negative Note: a negative result indicates that this class of drugs is not present, or they are present at a concentration below the cutoff concentration of 200 µg/L

**Additional Information:**

A level < 200 µg/L is considered negative by this test. A positive result is  $\geq$  200 µg/L and indicates the presence of this class of drugs. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

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**ADMINISTRATIVE****CPT Codes:**

80307

**LOINC Codes:**

14316-4

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

BENZ

**Test Group:**

Benzodiazepine

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Homogeneous competitive enzyme immunoassay method (does not use beta-glucuronidase pretreatment)

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Reference Interval:**

Negative Note: a negative result indicates that this class of drugs is not present, or they are present at a concentration below the cutoff concentration of 200 µg/L

**Synonyms:**

- BENZ

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 2 weeks

**Reported:**

Stat 2 hours, routine 4 hours

**Additional Information:**

A level < 200 µg/L is considered negative by this test. A positive result is  $\geq 200$  µg/L and indicates the presence of this class of drugs. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This assay detects a number of benzodiazepines at varying concentrations.

[Click here for a List of Cross Reactive Substances](#)

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing. Confirmatory test code BNZQNT. False negative results are also possible.

Benzodiazepines can be detected from 6 hours up to 14 days after a single use (Negrusz A et al, Elimination of 7-aminoclonazepam in urine after a single dose of clonazepam. Anal Bioanal Chem, 2003, 376:123-130) and for longer in chronic users (French D et al, Choosing the right benzodiazepine assay: impact on clinical decision making. Lab Medicine, 2010, 41(4):2-6)

**CPT Codes:**

80307

**LOINC Codes:**

14316-4



# Benzodiazepines, Urine, Quantitative

LAB9007

## ORDERING

**Ordering Recommendations:**

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Benzodiazepines Urine Screen with Reflex to Quantitation (2012225).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-5 days

**Synonyms:**

- Pain Management, Benzodiazepines, Quantitative, w/ medMATCH, Urine (Drugs of Abuse Confirmation/Quan
- Pain Management, Benzodiazepines, w/Confirmation w/med MATAch, Urine (Drugs of Abuse Confirmation/Qu
- BNZQNT

## COLLECTION

**Label Abbreviation:**

BNZQNT

**Collect:**

Random urine.

**Amount to Collect:**

0.5 mL

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.3 mL

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Storage/Transport Temperature:**

Room temperature.

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

## PROCESSING

**Test Code:**

BNZQNT

**ARUP Test Code:**

2008291

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 0.5 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.3 mL)

**Additional Processing Instructions:**

Aliquot and freeze sample. Transport to CB frozen. Order ARUP test code 2008291.

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.3 mL

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Storage/Transport Temperature:**

Room temperature.

**RESULT INTERPRETATION****Reference Interval:**

| Drugs Covered           | Cutoff Concentrations |
|-------------------------|-----------------------|
| Alprazolam              | 5 ng/mL               |
| Alpha-hydroxyalprazolam | 5 ng/mL               |
| Chlordiazepoxide        | 20 ng/mL              |
| Clonazepam              | 5 ng/mL               |
| 7-aminoclonazepam       | 5 ng/mL               |
| Diazepam                | 20 ng/mL              |
| Lorazepam               | 20 ng/mL              |
| Midazolam               | 20 ng/mL              |
| Alpha-hydroxymidazolam  | 20 ng/mL              |
| Nordiazepam             | 20 ng/mL              |
| Oxazepam                | 20 ng/mL              |
| Temazepam               | 20 ng/mL              |

**Interpretive Data:**

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Drugs covered: alprazolam, alpha-hydroxyalprazolam, chlordiazepoxide, clonazepam, 7-aminoclonazepam, diazepam, lorazepam, midazolam, alpha-hydroxymidazolam, nordiazepam, oxazepam and temazepam..

Positive cutoff: 20 ng/mL unless specified below:

Alprazolam: 5 ng/mL

Alpha-hydroxyalprazolam: 5 ng/mL

Clonazepam: 5 ng/mL

7-aminoclonazepam: 5 ng/mL

For medical purposes only; not valid for forensic use.

Identification of specific drug(s) taken by specimen donor is problematic due to common metabolites, some of which are prescription drugs themselves. The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

**ADMINISTRATIVE****CPT Codes:**

80346 (Alt code: G0480)

**LOINC:**

- 16233-9
- 16229-7
- 20559-1
- 51776-3
- 20522-9
- 59615-5
- 59590-0
- 16227-1
- 17088-6
- 16201-6
- 16228-9
- 16348-5

**COMPLETE VIEW**

**Available Stat:**

No

**Ordering Recommendations:**

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Benzodiazepines Urine Screen with Reflex to Quantitation (2012225).

**Test Code:**

BNZQNT

**ARUP Test Code:**

2008291

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Random urine.

**Amount to Collect:**

0.5 mL

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.3 mL

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

**Specimen Preparation:**

Transfer 0.5 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.3 mL)

**Additional Processing Instructions:**

Aliquot and freeze sample. Transport to CB frozen. Order ARUP test code 2008291.

**Reference Interval:**

| Drugs Covered           | Cutoff Concentrations |
|-------------------------|-----------------------|
| Alprazolam              | 5 ng/mL               |
| Alpha-hydroxyalprazolam | 5 ng/mL               |
| Chlordiazepoxide        | 20 ng/mL              |
| Clonazepam              | 5 ng/mL               |
| 7-aminoclonazepam       | 5 ng/mL               |
| Diazepam                | 20 ng/mL              |
| Lorazepam               | 20 ng/mL              |
| Midazolam               | 20 ng/mL              |
| Alpha-hydroxymidazolam  | 20 ng/mL              |
| Nordiazepam             | 20 ng/mL              |
| Oxazepam                | 20 ng/mL              |
| Temazepam               | 20 ng/mL              |

**Interpretive Data:**

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Drugs covered: alprazolam, alpha-hydroxyalprazolam, chlordiazepoxide, clonazepam, 7-aminoclonazepam, diazepam, lorazepam, midazolam, alpha-hydroxymidazolam, nordiazepam, oxazepam and temazepam..

Positive cutoff: 20 ng/mL unless specified below:

Alprazolam: 5 ng/mL

Alpha-hydroxyalprazolam: 5 ng/mL

Clonazepam: 5 ng/mL

7-aminoclonazepam: 5 ng/mL

For medical purposes only; not valid for forensic use.

Identification of specific drug(s) taken by specimen donor is problematic due to common metabolites, some of which are prescription drugs themselves. The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

**Synonyms:**

- Pain Management, Benzodiazepines, Quantitative, w/ medMATCH, Urine (Drugs of Abuse Confirmation/Quantitation - Benzodiazepines - Urine)
- Pain Management, Benzodiazepines, w/Confirmation w/med MATAch, Urine (Drugs of Abuse Confirmation/Quantitation - Benzodiazepines - Urine)
- BNZQNT

**Storage/Transport Temperature:**

Room temperature.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Reported:**

1-5 days

**CPT Codes:**

80346 (Alt code: G0480)

**LOINC:**

- 16233-9
- 16229-7
- 20559-1
- 51776-3
- 20522-9
- 59615-5
- 59590-0
- 16227-1
- 17088-6
- 16201-6
- 16228-9
- 16348-5

**Notes:**

Compare to Pain Management, Benzodiazepines, Quantitative, w/ medMATCH, Urine (Drugs of Abuse Confirmation/Quantitation - Benzodiazepines - Urine); Pain Management, Benzodiazepines, w/Confirmation w/med MATAch, Urine (Drugs of Abuse Confirmation/Quantitation - Benzodiazepines - Urine).

# Beta Amyloid 42/Tau Protein Analysis, CSF

LAB5538

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Performed:**

Tuesday and Thursday

**Methodology:**

Electrochemiluminescent Immunoassay

**Reported:**

8 days

**Synonyms:**

- AB42
- Alzheimer's
- Amyloid beta
- PHOSPHORYLATED TAU
- TOTAL TAU
- BETA-AMYLOID 42
- AMYLOID BETA 42

## COLLECTION

**Patient Preparation:**

For 12 hours before specimen collection do not take multivitamins or dietary supplements containing biotin (vitamin B7), which is commonly found in hair, skin, and nail supplements and multivitamins.

**Sample Type:**

CSF

**Label Abbreviation:**

ABTAU

**Collect:**

Alzheimer's Disease Evaluation (ADEVL) Collection Kit (SUPPLIED BY CLINIC)

**Amount to Collect:**

2 mL

**Preferred Volume:**

2 mL

**Minimum Volume:**

2 mL

**Remarks:**

1. Perform lumbar puncture and discard the first 1 to 2 mL of cerebrospinal fluid (CSF).
2. Collect 2 mL of CSF directly into CSF AD Biomarker Tube. Do not aliquot. Analysis needs to be performed using collection tube.

**Stability (from collection to initiation):**

Frozen (preferred) 30 days  
Refrigerated 14 days  
Ambient 12 hours

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Gross hemolysis  
Gross icterus  
Any tube other than CSF AD Biomarker Tube

## PROCESSING

**Test Code:**

ABTAU

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Mayo order ADEVL

**Preferred Volume:**

2 mL

**Minimum Volume:**

2 mL

**Unacceptable Conditions:**

Gross hemolysis

Gross icterus

Any tube other than CSF AD Biomarker Tube

**Stability (from collection to initiation):**

Frozen (preferred) 30 days

Refrigerated 14 days

Ambient 12 hours

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Interpretive Data:**

Assessment of adults with cognitive impairment being evaluated for Alzheimer disease (AD) and other causes of cognitive impairment.

**ADMINISTRATIVE****CPT Codes:**

83520 x 3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ABTAU

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Performed:**

Tuesday and Thursday

**Methodology:**

Electrochemiluminescent Immunoassay

**Patient Preparation:**

For 12 hours before specimen collection do not take multivitamins or dietary supplements containing biotin (vitamin B7), which is commonly found in hair, skin, and nail supplements and multivitamins.

**Remarks:**

1. Perform lumbar puncture and discard the first 1 to 2 mL of cerebrospinal fluid (CSF).
2. Collect 2 mL of CSF directly into CSF AD Biomarker Tube. Do not aliquot. Analysis needs to be performed using collection tube.

**Collect:**

Alzheimer's Disease Evaluation (ADEVL) Collection Kit (SUPPLIED BY CLINIC)

**Amount to Collect:**

2 mL

**Sample Type:**

CSF

**Preferred Volume:**

2 mL

**Minimum Volume:**

2 mL

**Unacceptable Conditions:**

Gross hemolysis  
Gross icterus  
Any tube other than CSF AD Biomarker Tube

**Specimen Preparation:**

Mayo order ADEVL

**Interpretive Data:**

Assessment of adults with cognitive impairment being evaluated for Alzheimer disease (AD) and other causes of cognitive impairment.

**Synonyms:**

- AB42
- Alzheimer's
- Amyloid beta
- PHOSPHORYLATED TAU
- TOTAL TAU
- BETA-AMYLOID 42
- AMYLOID BETA 42

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Frozen (preferred) 30 days  
Refrigerated 14 days  
Ambient 12 hours

**Reported:**

8 days

**CPT Codes:**

83520 x 3

# Beta Globin Gene Sequencing

LAB12426

## ORDERING

**Available Stat:**

No

**Performing Lab:**

UCSF Benioff Children's Hospital Oakland

**Performed:**

Mon - Fri: 8 - 5 pm

**Methodology:**

PCR and Cycle Sequencing

**Reported:**

2-3 weeks

## COLLECTION

**Sample Type:**

EDTA Whole Blood

**Collect:**

Lavender top - 2.0 mL EDTA or DNA specimens

**Amount to Collect:**

2.0 mL Blood

**Preferred Volume:**

2.0 mL Blood

**Minimum Volume:**

1.0 mL Blood

**Remarks:**

Fresh blood

**Stability (from collection to initiation):**

Whole blood or DNA specimens collected need to be shipped on ice and sent via Fedex's next day delivery service.

**Storage/Transport Temperature:**

2-8°C until ready for PCR -20 to -70°C for long term

**Rejection Criteria:**

Unlabeled or mislabeled specimens

## PROCESSING

**Test Code:**

LAB12426

**Sendout:**

Yes

**Performing Lab:**

UCSF Benioff Children's Hospital Oakland

**Preferred Volume:**

2.0 mL Blood

**Minimum Volume:**

1.0 mL Blood

**Rejection Criteria:**

Unlabeled or mislabeled specimens

**Stability (from collection to initiation):**

Whole blood or DNA specimens collected need to be shipped on ice and sent via Fedex's next day delivery service.

**Storage/Transport Temperature:**

2-8°C until ready for PCR -20 to -70°C for long term

## ADMINISTRATIVE

**CPT Codes:**

81364

**LOINC:**

- 21689-5



**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LAB12426

**Performing Lab:**

UCSF Benioff Children's Hospital Oakland

**Sendout:**

Yes

**Performed:**

Mon - Fri: 8 - 5 pm

**Methodology:**

PCR and Cycle Sequencing

**Remarks:**

Fresh blood

**Collect:**

Lavender top - 2.0 mL EDTA or DNA specimens

**Amount to Collect:**

2.0 mL Blood

**Sample Type:**

EDTA Whole Blood

**Preferred Volume:**

2.0 mL Blood

**Minimum Volume:**

1.0 mL Blood

**Rejection Criteria:**

Unlabeled or mislabeled specimens

**Storage/Transport Temperature:**

2-8°C until ready for PCR -20 to -70°C for long term

**Stability (from collection to initiation):**

Whole blood or DNA specimens collected need to be shipped on ice and sent via Fedex's next day delivery service.

**Reported:**

2-3 weeks

**CPT Codes:**

81364

**LOINC:**

- 21689-5

Beta MLPA (Test for Big Deletion)

LAB12437

ORDERING

**Available Stat:**  
No

**Performing Lab:**  
UCSF Benioff Children's Hospital Oakland

**Performed:**  
Mon - Fri: 8 - 5 pm

**Methodology:**  
Multiplex PCR

**Reported:**  
1-2 weeks

COLLECTION

**Sample Type:**  
EDTA Whole Blood

**Collect:**  
Lavender top - 2.0 mL EDTA

**Amount to Collect:**  
2.0 mL Blood

**Preferred Volume:**  
2.0 mL Blood

**Minimum Volume:**  
1.0 mL Blood

**Remarks:**  
Fresh blood

**Stability (from collection to initiation):**  
Whole blood should be shipped overnight on ice

**Storage/Transport Temperature:**  
Store at 2-8°C until ready for PCR

**Rejection Criteria:**  
Unlabeled or mislabeled specimens

PROCESSING

**Test Code:**  
LAB12437

**Sendout:**  
Yes

**Performing Lab:**  
UCSF Benioff Children's Hospital Oakland

**Preferred Volume:**  
2.0 mL Blood

**Minimum Volume:**  
1.0 mL Blood

**Rejection Criteria:**  
Unlabeled or mislabeled specimens

**Stability (from collection to initiation):**  
Whole blood should be shipped overnight on ice

**Storage/Transport Temperature:**  
Store at 2-8°C until ready for PCR

COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
LAB12437

**Performing Lab:**

UCSF Benioff Children's Hospital Oakland

**Sendout:**

Yes

**Performed:**

Mon - Fri: 8 - 5 pm

**Methodology:**

Multiplex PCR

**Remarks:**

Fresh blood

**Collect:**

Lavender top - 2.0 mL EDTA

**Amount to Collect:**

2.0 mL Blood

**Sample Type:**

EDTA Whole Blood

**Preferred Volume:**

2.0 mL Blood

**Minimum Volume:**

1.0 mL Blood

**Rejection Criteria:**

Unlabeled or mislabeled specimens

**Storage/Transport Temperature:**

Store at 2-8°C until ready for PCR

**Stability (from collection to initiation):**

Whole blood should be shipped overnight on ice

**Reported:**

1-2 weeks

# Beta Thalassemia mutations (incl. HbS, HbC, HbE)

LAB544

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 2x per week, Tuesday &amp; Thursday, day shift only

**Methodology:**

PCR followed by reverse dot blot hybridization with allele-specific probes

**Reported:**

7-10 days

**Additional Information:**

DNA testing for beta thalassemia mutations is valuable for confirming hematological suspicion of beta-thalassemia (e.g. anemia, low MCV, elevated Hgb A2), for co-existence with iron deficiency and when prenatal diagnosis is contemplated. Iron studies, may also be of value. Include results of these tests with the thalassemia request or indicate if they were ordered at UCSF.

If a mutation is detected it is recommended that the patient seek genetic counseling.

Click [here](#) for a list of the tested mutations.

These tests were developed and their performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. They have not been cleared or approved by the U.S. FDA

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

If hemoglobin electrophoresis reveals an elevated Hb A2 and the results of the BTHL test are negative, then further testing by DNA sequencing of the beta globin gene can be performed at an additional charge.

**Synonyms:**

- Cooley's anemia
- Hemoglobin S
- HbS, Hgb S
- Hemoglobin C
- HbC
- Hgb C
- Hemoglobin E
- HbE
- Hgb E

## COLLECTION

**Sample Type:**

EDTA whole blood, Amniocentesis, CVS

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

Blood: 3 mL

Amniotic fluid: 5 mL

CVS: 10 mg

**Minimum Volume:**

0.5 mL blood

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

## PROCESSING

**Test Code:**

BTHL

**Test Group:**

Thalassemia

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable.

**Preferred Volume:**

Blood: 3 mL

Amniotic fluid: 5 mL

CVS: 10 mg

**Minimum Volume:**

0.5 mL blood

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

DNA testing for beta thalassemia mutations is valuable for confirming hematological suspicion of beta-thalassemia (e.g. anemia, low MCV, elevated Hgb A2), for co-existence with iron deficiency and when prenatal diagnosis is contemplated. Iron studies, may also be of value. Include results of these tests with the thalassemia request or indicate if they were ordered at UCSF.

If a mutation is detected it is recommended that the patient seek genetic counseling.

Click [here](#) for a list of the tested mutations.

These tests were developed and their performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. They have not been cleared or approved by the U.S. FDA

**ADMINISTRATIVE****CPT Codes:**

81361, 81362

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21691-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BTHL

**Test Group:**

Thalassemia

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 2x per week, Tuesday &amp; Thursday, day shift only

**Methodology:**

PCR followed by reverse dot blot hybridization with allele-specific probes

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood, Amniocentesis, CVS

**Preferred Volume:**

Blood: 3 mL

Amniotic fluid: 5 mL

CVS: 10 mg

**Minimum Volume:**

0.5 mL blood

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable.

**Reference Interval:**

Negative

**Synonyms:**

- Cooley's anemia
- Hemoglobin S
- HbS, Hgb S
- Hemoglobin C
- HbC
- Hgb C
- Hemoglobin E
- HbE
- Hgb E

**Reported:**

7-10 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

If hemoglobin electrophoresis reveals an elevated Hb A2 and the results of the BTHL test are negative, then further testing by DNA sequencing of the beta globin gene can be performed at an additional charge.

**Additional Information:**

DNA testing for beta thalassemia mutations is valuable for confirming hematological suspicion of beta-thalassemia (e.g. anemia, low MCV, elevated Hgb A2), for co-existence with iron deficiency and when prenatal diagnosis is contemplated. Iron studies, may also be of value. Include results of these tests with the thalassemia request or indicate if they were ordered at UCSF.

If a mutation is detected it is recommended that the patient seek genetic counseling.

Click [here](#) for a list of the tested mutations.

These tests were developed and their performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. They have not been cleared or approved by the U.S. FDA

**CPT Codes:**

81361, 81362

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21691-1

# Beta-2 Microglobulin

LAB5303

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Wednesday (day shift)

**Methodology:**

Turbidimetry

**Reported:**

2-8 days

**Additional Information:**

Patients with lymphomas, multiple myeloma, and other medical conditions may have an increased serum concentration of Beta-2-Microglobulin due to increased production.

Performed by turbidimetry using the Binding Site Optilite platform. Results determined by assay methods from other manufacturers may not be comparable.

**Synonyms:**

- Beta-microglobulin
- Microglobulin, beta-2

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred.

**Sample Type:**

Serum

**Collect:**

Gold top or Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Remarks:**

Avoid hemolysis.

**Unacceptable Conditions:**

Hemolyzed or lipemic samples

## PROCESSING

**Test Code:**

B2MI

**Test Group:**

Beta-2-Microglobulin

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze sample at -20C.

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Hemolyzed or lipemic samples

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

&lt; 2.35 mg/L

**Additional Information:**

Patients with lymphomas, multiple myeloma, and other medical conditions may have an increased serum concentration of Beta-2-Microglobulin due to increased production.

Performed by turbidimetry using the Binding Site Optilite platform. Results determined by assay methods from other manufacturers may not be comparable.

**ADMINISTRATIVE****CPT Codes:**

82232

**LOINC Codes:**

1952-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

B2MI

**Test Group:**

Beta-2-Microglobulin

**Performing Lab:**

Immunology

**Performed:**

Wednesday (day shift)

**Methodology:**

Turbidimetry

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred.

**Remarks:**

Avoid hemolysis.

**Collect:**

Gold top or Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Hemolyzed or lipemic samples

**Specimen Preparation:**

Freeze sample at -20C.

**Units:**

mg/L

**Reference Interval:**

&lt; 2.35 mg/L

**Synonyms:**

- Beta-microglobulin
- Microglobulin, beta-2

**Reported:**

2-8 days



**Additional Information:**

Patients with lymphomas, multiple myeloma, and other medical conditions may have an increased serum concentration of Beta-2-Microglobulin due to increased production.

Performed by turbidimetry using the Binding Site Optilite platform. Results determined by assay methods from other manufacturers may not be comparable.

**CPT Codes:**

82232

**LOINC Codes:**

1952-1

# Beta-2 Microglobulin, Urine

LAB3476

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Fixed rate time nephelometry

**Reported:**

Set up 6x per week. Turnaround 4-5 days

**Additional Information:**

Beta-2-microglobulin is unstable in acid urine. Samples should be alkalinized by laboratory staff within 2 hours of collection to prevent inaccurately low results.

**Synonyms:**

- Beta-microglobulin
- Microglobulin, beta-2

## COLLECTION

**Patient Preparation:**

Patient should void bladder, then drink at least 500 mL of water. A urine sample should be collected within 1 hour.

**Sample Type:**

Random urine

**Label Abbreviation:**

B2MU

**Collect:**

Urine cup

**Amount to Collect:**

10-20 mL

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

10 mL urine

**Remarks:**

Deliver asap to laboratory as Beta-2-microglobulin is unstable in acidic urine.

Results may be inaccurate if the sample is > 2 hours old when received

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 1 week, frozen at -20C 2 months.

**Unacceptable Conditions:**

Delivered to lab > 30 min after collection

## PROCESSING

**Test Code:**

B2MU

**Test Group:**

Beta-2-Microglobulin

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Adjust urine to pH 6-8 with 1M NaOH. Freeze aliquot. Order Quest # 4150N

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

10 mL urine

**Unacceptable Conditions:**

Delivered to lab &gt; 30 min after collection

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 1 week, frozen at -20C 2 months.

**RESULT INTERPRETATION****Units:**

µg/g Creatinine (mcg/g Creatinine)

**Reference Interval:**

Normal: ≤ 132 µg/g creatinine

OSHA Industrial Reference range: 300 µg/g creatinine

**Additional Information:**

Beta-2-microglobulin is unstable in acid urine. Samples should be alkalinized by laboratory staff within 2 hours of collection to prevent inaccurately low results.

**ADMINISTRATIVE****CPT Codes:**

82232-90, 82570-90

**LOINC Codes:**

13485-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

B2MU

**Test Group:**

Beta-2-Microglobulin

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Fixed rate time nephelometry

**Patient Preparation:**

Patient should void bladder, then drink at least 500 mL of water. A urine sample should be collected within 1 hour.

**Remarks:**

Deliver asap to laboratory as Beta-2-microglobulin is unstable in acidic urine.

Results may be inaccurate if the sample is &gt; 2 hours old when received

**Collect:**

Urine cup

**Amount to Collect:**

10-20 mL

**Sample Type:**

Random urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

10 mL urine

**Unacceptable Conditions:**

Delivered to lab &gt; 30 min after collection

**Specimen Preparation:**

Adjust urine to pH 6-8 with 1M NaOH. Freeze aliquot. Order Quest # 4150N

**Units:**

µg/g Creatinine (mcg/g Creatinine)

**Reference Interval:**

Normal: ≤ 132 µg/g creatinine

OSHA Industrial Reference range: 300 µg/g creatinine

**Synonyms:**

- Beta-microglobulin
- Microglobulin, beta-2

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 1 week, frozen at -20C 2 months.

**Reported:**

Set up 6x per week. Turnaround 4-5 days

**Additional Information:**

Beta-2-microglobulin is unstable in acid urine. Samples should be alkalized by laboratory staff within 2 hours of collection to prevent inaccurately low results.

**CPT Codes:**

82232-90, 82570-90

**LOINC Codes:**

13485-8

# Beta-2 Transferrin

LAB2169

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Performed:**

Monday through Sunday

**Methodology:**

Nephelometry

**Reported:**

1 to 3 days

**Synonyms:**

- Tau-protein
- CSF leak
- Transferrin, B2
- B2 transferrin
- cerebrospinal fluid leakage
- Otorrhea, CSF
- Rhinorrhea, CSF
- OTORRHEA
- SPINAL FLUID
- TAU PROTEIN

## COLLECTION

**Sample Type:**

Body fluid

**Label Abbreviation:**

B2TAU

**Collect:**

Sterile container, syringe (with needle removed), test tube

**Amount to Collect:**

1 mL

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Remarks:**

1. If submitting a syringe, remove needle. Add cap to end of syringe.
2. If preferred collection is not feasible, specimen may be collected using a plain cotton swab, pledget, or gauze.
  - For gauze: circle area on the gauze where specimen was collected.
  - Swab, pledget, or gauze: place in a small container (plain test tube or sterile container).
3. Do not collect specimen with a culture swab.
4. Do not add any additional liquid other than source to the swab or gauze.
5. Do not collect or send swab or gauze specimens in containers with additional liquids or additives.

**Stability (from collection to initiation):**

Refrigerated (preferred) 14 days

Frozen 30 days

Ambient 14 days

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Gross hemolysis, Additives

## PROCESSING

**Test Code:**

B2TAU

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Mayo Order BETA2

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Gross hemolysis, Additives

**Stability (from collection to initiation):**

Refrigerated (preferred) 14 days

Frozen 30 days

Ambient 14 days

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Units:**

mg/L

**Reference Interval:**

Beta-trace protein &lt;5 mg/L are negative for cerebrospinal fluid

Beta-trace protein concentrations of 5-7 mg/L are indeterminate for presence of cerebrospinal fluid

Beta-trace protein &gt;7 mg/L are consistent with the presence of cerebrospinal fluid

**Interpretive Data:**

Beta-trace protein is produced within the cerebrospinal fluid (CSF) and typically has a greater than 10-fold higher concentration in the CSF versus blood plasma.

Beta-trace protein concentrations above 7 mg/L are 84% sensitive and 97% specific for the presence of CSF.

**ADMINISTRATIVE****CPT Codes:**

83883

**LOINC Codes:**

57733-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

B2TAU

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Performed:**

Monday through Sunday

**Methodology:**

Nephelometry

**Remarks:**

1. If submitting a syringe, remove needle. Add cap to end of syringe.
2. If preferred collection is not feasible, specimen may be collected using a plain cotton swab, pledget, or gauze.
  - For gauze: circle area on the gauze where specimen was collected.
  - Swab, pledget, or gauze: place in a small container (plain test tube or sterile container).
3. Do not collect specimen with a culture swab.
4. Do not add any additional liquid other than source to the swab or gauze.
5. Do not collect or send swab or gauze specimens in containers with additional liquids or additives.

**Collect:**

Sterile container, syringe (with needle removed), test tube

**Amount to Collect:**

1 mL

**Sample Type:**

Body fluid

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Gross hemolysis, Additives

**Specimen Preparation:**

Mayo Order BETA2

**Units:**

mg/L

**Reference Interval:**

Beta-trace protein <5 mg/L are negative for cerebrospinal fluid

Beta-trace protein concentrations of 5-7 mg/L are indeterminate for presence of cerebrospinal fluid

Beta-trace protein >7 mg/L are consistent with the presence of cerebrospinal fluid

**Interpretive Data:**

Beta-trace protein is produced within the cerebrospinal fluid (CSF) and typically has a greater than 10-fold higher concentration in the CSF versus blood plasma.

Beta-trace protein concentrations above 7 mg/L are 84% sensitive and 97% specific for the presence of CSF.

**Synonyms:**

- Tau-protein
- CSF leak
- Transferrin, B2
- B2 transferrin
- cerebrospinal fluid leakage
- Otorrhea, CSF
- Rhinorrhea, CSF
- OTORRHEA
- SPINAL FLUID
- TAU PROTEIN

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated (preferred) 14 days

Frozen 30 days

Ambient 14 days

**Reported:**

1 to 3 days

**CPT Codes:**

83883

**LOINC Codes:**

57733-8

# Beta-2-Glycoprotein Antibody, IgA

LAB3445

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest (Labcorp for B&amp;T patients)

**Methodology:**

EIA

**Reported:**

Run Monday and Wednesday mornings. Results available Tuesday or Thursday afternoon.

**Additional Information:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, only Beta -2-Glycoprotein Antibodies IgG and IgM (B2GPG and B2GPM) will be done. These two tests are performed in house.

Antiphospholipid antibodies (APA) are associated with an increased risk of venous and arterial thrombosis and recurrent fetal loss. These antibodies can be IgG, IgM, or IgA.

Antiphospholipid antibodies require several different tests for detection. Lupus anticoagulants are detected by clotting methods. APA such as anticardiolipin antibody and anti-beta 2 glycoprotein 1 antibodies are detected by immunologic assays. Anti-Beta 2 Glycoprotein Antibodies are a more specific marker for increased risk of thrombosis than anticardiolipin assays. APA associated with thrombotic risk are persistent, and should be confirmed by a repeat positive test after 2-3 months. APA results aid in diagnosis and are helpful in determining the intensity and duration of anticoagulant treatment for patients with Antiphospholipid Syndrome and thrombosis. The clinical significance of IgA Beta-2-glycoprotein antibodies is not definitively established.

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light blue or red top

**Amount to Collect:**

3 mL (Note this is sufficient to perform IgA, IgG, and IgM antibody testing)

**Minimum Volume:**

1.5 mL

**Stability (from collection to initiation):**

Frozen 1 month.

**Unacceptable Conditions:**

Gross hemolysis or lipemia

**Rejection Criteria:**

Received thawed. Gross hemolysis or lipemia

## PROCESSING

**Test Code:**

B2GA

**Test Group:**

Beta-2-glycoprotein

**Sendout:**

Yes

**Performing Lab:**

Quest (Labcorp for B&amp;T patients)

**Specimen Preparation:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, order Beta -2-Glycoprotein Antibodies IgG and IgM (B2GPG and B2GPM).

Centrifuge red top tube within 60 minutes of collection. Immediately freeze serum at -20C and ship frozen on dry ice. Order Quest test #36552.

For B&T patients order labCorp test # 1639000 and send serum at room temperature.

**Minimum Volume:**

1.5 mL



**Unacceptable Conditions:**

Gross hemolysis or lipemia

**Rejection Criteria:**

Received thawed. Gross hemolysis or lipemia

**Stability (from collection to initiation):**

Frozen 1 month.

**RESULT INTERPRETATION****Units:**

SAU

**Reference Interval:**

&lt;= 20 SAU

**Additional Information:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, only Beta -2-Glycoprotein Antibodies IgG and IgM (B2GPG and B2GPM) will be done. These two tests are performed in house.

Antiphospholipid antibodies (APA) are associated with an increased risk of venous and arterial thrombosis and recurrent fetal loss. These antibodies can be IgG, IgM, or IgA.

Antiphospholipid antibodies require several different tests for detection. Lupus anticoagulants are detected by clotting methods. APA such as anticardiolipin antibody and anti-beta 2 glycoprotein 1 antibodies are detected by immunologic assays. Anti-Beta 2 Glycoprotein Antibodies are a more specific marker for increased risk of thrombosis than anticardiolipin assays. APA associated with thrombotic risk are persistent, and should be confirmed by a repeat positive test after 2-3 months. APA results aid in diagnosis and are helpful in determining the intensity and duration of anticoagulant treatment for patients with Antiphospholipid Syndrome and thrombosis. The clinical significance of IgA Beta-2-glycoprotein antibodies is not definitively established.

**ADMINISTRATIVE****CPT Codes:**

86146-90

**LOINC Codes:**

21108-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

B2GA

**Test Group:**

Beta-2-glycoprotein

**Performing Lab:**

Quest (Labcorp for B&amp;T patients)

**Sendout:**

Yes

**Methodology:**

EIA

**Collect:**

Light blue or red top

**Amount to Collect:**

3 mL (Note this is sufficient to perform IgA, IgG, and IgM antibody testing)

**Sample Type:**

Plasma or serum

**Minimum Volume:**

1.5 mL

**Rejection Criteria:**

Received thawed. Gross hemolysis or lipemia

**Unacceptable Conditions:**

Gross hemolysis or lipemia

**Specimen Preparation:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, order Beta -2-Glycoprotein Antibodies IgG and IgM (B2GPG and B2GPM).

Centrifuge red top tube within 60 minutes of collection. Immediately freeze serum at -20C and ship frozen on dry ice. Order Quest test #36552.

For B&T patients order labCorp test # 1639000 and send serum at room temperature.

**Units:**

SAU

**Reference Interval:**

<= 20 SAU

**Stability (from collection to initiation):**

Frozen 1 month.

**Reported:**

Run Monday and Wednesday mornings. Results available Tuesday or Thursday afternoon.

**Additional Information:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, only Beta -2-Glycoprotein Antibodies IgG and IgM (B2GPG and B2GPM) will be done. These two tests are performed in house.

Antiphospholipid antibodies (APA) are associated with an increased risk of venous and arterial thrombosis and recurrent fetal loss. These antibodies can be IgG, IgM, or IgA.

Antiphospholipid antibodies require several different tests for detection. Lupus anticoagulants are detected by clotting methods. APA such as anticardiolipin antibody and anti-beta 2 glycoprotein 1 antibodies are detected by immunologic assays. Anti-Beta 2 Glycoprotein Antibodies are a more specific marker for increased risk of thrombosis than anticardiolipin assays. APA associated with thrombotic risk are persistent, and should be confirmed by a repeat positive test after 2-3 months. APA results aid in diagnosis and are helpful in determining the intensity and duration of anticoagulant treatment for patients with Antiphospholipid Syndrome and thrombosis. The clinical significance of IgA Beta-2-glycoprotein antibodies is not definitively established.

**CPT Codes:**

86146-90

**LOINC Codes:**

21108-6

# Beta-2-Glycoprotein Antibody, IgG

LAB3224

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Thursday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

Turn around time 2-8 days

**Additional Information:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, only Beta -2-Glycoprotein Antibodies IgG and IgM (B2GG and B2GM) will be done.

Antiphospholipid antibodies (APA) are associated with an increased risk of venous and arterial thrombosis and recurrent fetal loss. These antibodies can be IgG, IgM, or IgA.

Antiphospholipid antibodies require several different tests for detection. Lupus anticoagulants are detected by clotting methods. APA such as anticardiolipin antibody and anti-beta 2 glycoprotein 1 antibodies are detected by immunologic assays. Anti-Beta 2 Glycoprotein Antibodies are a more specific marker for increased risk of thrombosis than anticardiolipin assays. APA associated with thrombotic risk are persistent, and should be confirmed by a repeat positive test after 2-3 months. APA results aid in diagnosis and are helpful in determining the intensity and duration of anticoagulant treatment for patients with Antiphospholipid Syndrome and thrombosis.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top preferred, Red top acceptable

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Lipemia or gross hemolysis.

## PROCESSING

**Test Code:**

B2GPG

**Test Group:**

Beta-2-glycoprotein

**Performing Lab:**

Immunology

**Specimen Preparation:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, order both Beta -2-Glycoprotein Antibodies IgG and IgM (B2GPG and B2GPM).

Freeze serum at -20C.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Lipemia or gross hemolysis.

**RESULT INTERPRETATION****Units:**

CU

**Reference Interval:**

&lt; 20.1 CU

**Additional Information:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, only Beta -2-Glycoprotein Antibodies IgG and IgM (B2GG and B2GM) will be done.

Antiphospholipid antibodies (APA) are associated with an increased risk of venous and arterial thrombosis and recurrent fetal loss. These antibodies can be IgG, IgM, or IgA.

Antiphospholipid antibodies require several different tests for detection. Lupus anticoagulants are detected by clotting methods. APA such as anticardiolipin antibody and anti-beta 2 glycoprotein 1 antibodies are detected by immunologic assays. Anti-Beta 2 Glycoprotein Antibodies are a more specific marker for increased risk of thrombosis than anticardiolipin assays. APA associated with thrombotic risk are persistent, and should be confirmed by a repeat positive test after 2-3 months. APA results aid in diagnosis and are helpful in determining the intensity and duration of anticoagulant treatment for patients with Antiphospholipid Syndrome and thrombosis.

**ADMINISTRATIVE****CPT Codes:**

86146

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

B2GPG

**Test Group:**

Beta-2-glycoprotein

**Performing Lab:**

Immunology

**Performed:**

Thursday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Collect:**

Gold top preferred, Red top acceptable

**Amount to Collect:**

3 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Lipemia or gross hemolysis.

**Specimen Preparation:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, order both Beta -2-Glycoprotein Antibodies IgG and IgM (B2GPG and B2GPM).

Freeze serum at -20C.

**Units:**

CU

**Reference Interval:**

&lt; 20.1 CU

**Reported:**

Turn around time 2-8 days

**Additional Information:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, only Beta -2-Glycoprotein Antibodies IgG and IgM (B2GG and B2GM) will be done.

Antiphospholipid antibodies (APA) are associated with an increased risk of venous and arterial thrombosis and recurrent fetal loss. These antibodies can be IgG, IgM, or IgA.

Antiphospholipid antibodies require several different tests for detection. Lupus anticoagulants are detected by clotting methods. APA such as anticardiolipin antibody and anti-beta 2 glycoprotein 1 antibodies are detected by immunologic assays. Anti-Beta 2 Glycoprotein Antibodies are a more specific marker for increased risk of thrombosis than anticardiolipin assays. APA associated with thrombotic risk are persistent, and should be confirmed by a repeat positive test after 2-3 months. APA results aid in diagnosis and are helpful in determining the intensity and duration of anticoagulant treatment for patients with Antiphospholipid Syndrome and thrombosis.

**CPT Codes:**

86146

# Beta-2-Glycoprotein Antibody, IgM

LAB3225

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Thursday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

Turn around time 2-8 days

**Additional Information:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, both Beta -2-Glycoprotein Antibodies IgG and IgM (B2GPG and B2GPM) will be done.

Antiphospholipid antibodies (APA) are associated with an increased risk of venous and arterial thrombosis and recurrent fetal loss. These antibodies can be IgG, IgM, or IgA.

Antiphospholipid antibodies require several different tests for detection. Lupus anticoagulants are detected by clotting methods. APA such as anticardiolipin antibody and anti-beta 2 glycoprotein 1 antibodies are detected by immunologic assays. Anti-Beta 2 Glycoprotein Antibodies are a more specific marker for increased risk of thrombosis than anticardiolipin assays. APA associated with thrombotic risk are persistent, and should be confirmed by a repeat positive test after 2-3 months. APA results aid in diagnosis and are helpful in determining the intensity and duration of anticoagulant treatment for patients with Antiphospholipid Syndrome and thrombosis.

**Synonyms:**

- Beta-2 Glycoprotein Ab, IgM

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top preferred, Red top acceptable

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Lipemia or gross hemolysis.

## PROCESSING

**Test Code:**

B2GPM

**Test Group:**

Beta-2-glycoprotein

**Performing Lab:**

Immunology

**Specimen Preparation:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, order both Beta -2-Glycoprotein Antibodies IgG and IgM (B2GPG and B2GPM).

Freeze serum at -20C.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**  
Lipemia or gross hemolysis.

## RESULT INTERPRETATION

**Units:**  
CU

**Reference Interval:**  
< 20.1 CU

**Additional Information:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, both Beta -2-Glycoprotein Antibodies IgG and IgM (B2GPG and B2GPM) will be done.

Antiphospholipid antibodies (APA) are associated with an increased risk of venous and arterial thrombosis and recurrent fetal loss. These antibodies can be IgG, IgM, or IgA.

Antiphospholipid antibodies require several different tests for detection. Lupus anticoagulants are detected by clotting methods. APA such as anticardiolipin antibody and anti-beta 2 glycoprotein 1 antibodies are detected by immunologic assays. Anti-Beta 2 Glycoprotein Antibodies are a more specific marker for increased risk of thrombosis than anticardiolipin assays. APA associated with thrombotic risk are persistent, and should be confirmed by a repeat positive test after 2-3 months. APA results aid in diagnosis and are helpful in determining the intensity and duration of anticoagulant treatment for patients with Antiphospholipid Syndrome and thrombosis.

## ADMINISTRATIVE

**CPT Codes:**  
86146

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
B2GPM

**Test Group:**  
Beta-2-glycoprotein

**Performing Lab:**  
Immunology

**Performed:**  
Thursday (day shift)

**Methodology:**  
Chemiluminescent Immunoassay

**Collect:**  
Gold top preferred, Red top acceptable

**Amount to Collect:**  
3 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

**Unacceptable Conditions:**  
Lipemia or gross hemolysis.

**Specimen Preparation:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, order both Beta -2-Glycoprotein Antibodies IgG and IgM (B2GPG and B2GPM).

Freeze serum at -20C.

**Units:**  
CU

**Reference Interval:**  
< 20.1 CU

**Synonyms:**

- Beta-2 Glycoprotein Ab, IgM

**Reported:**

Turn around time 2-8 days

**Additional Information:**

If Beta-2-Glycoprotein Antibodies are ordered without further specification, both Beta -2-Glycoprotein Antibodies IgG and IgM (B2GPG and B2GPM) will be done.

Antiphospholipid antibodies (APA) are associated with an increased risk of venous and arterial thrombosis and recurrent fetal loss. These antibodies can be IgG, IgM, or IgA.

Antiphospholipid antibodies require several different tests for detection. Lupus anticoagulants are detected by clotting methods. APA such as anticardiolipin antibody and anti-beta 2 glycoprotein 1 antibodies are detected by immunologic assays. Anti-Beta 2 Glycoprotein Antibodies are a more specific marker for increased risk of thrombosis than anticardiolipin assays. APA associated with thrombotic risk are persistent, and should be confirmed by a repeat positive test after 2-3 months. APA results aid in diagnosis and are helpful in determining the intensity and duration of anticoagulant treatment for patients with Antiphospholipid Syndrome and thrombosis.

**CPT Codes:**

86146



# Beta-D-Glucan, Serum

LAB3471

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Viracor

**Methodology:**

Limulus Amoebocyte Lysate

**Reported:**

3-4 days

**Additional Information:**

This assay does not detect certain fungal species such as *Cryptococcus* (Tanaka et al, 1991) or the yeast phase of *Blastomyces* (Girouard et al 2007) that produce very low levels of Beta-D-Glucan. The assay also does not detect fungal species that do not produce Beta-D-Glucan such as *Absidia*, *Mucor* and *Rhizopus* (Mitsuya et al 1994).

Due to the potential for contamination by oral *Candida* Sp. the results from samples collected through the mouth must be evaluated with caution.

**Synonyms:**

- Beta D glucan

## COLLECTION

**Sample Type:**

Serum, CSF and BAL samples are acceptable for this test

**Collect:**

Gold top, Red top, CSF tube, Sterile collection tube

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

Infants/pediatrics: 0.2 mL serum

Adults: 0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated 4 days.

**Unacceptable Conditions:**

Lipemic, icteric or hemolyzed specimens.

**Rejection Criteria:**

Lipemic, icteric or hemolyzed specimens.

Specimens that have been stored at ambient temperature.

Specimens that have been stored at 2-8C for >5 days. If storage longer than 5 days is needed, samples should be frozen at -20C or colder. Unless indicated as stored frozen, the specimen will be rejected if the draw date is >5 days from receipt at ViraCor.

## PROCESSING

**Test Code:**

BDGLU

**Sendout:**

Yes

**Performing Lab:**

Viracor

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

Infants/pediatrics: 0.2 mL serum

Adults: 0.5 mL serum

**Unacceptable Conditions:**

Lipemic, icteric or hemolyzed specimens.

**Rejection Criteria:**

Lipemic, icteric or hemolyzed specimens.

Specimens that have been stored at ambient temperature.

Specimens that have been stored at 2-8C for >5 days. If storage longer than 5 days is needed, samples should be frozen at -20c or colder. Unless indicated as stored frozen, the specimen will be rejected if the draw date is >5 days from receipt at ViraCor.

**Stability (from collection to initiation):**

Refrigerated 4 days.

**RESULT INTERPRETATION****Units:**

pg/mL

**Reference Interval:**

< 60 pg/mL

**Additional Information:**

This assay does not detect certain fungal species such as Cryptococcus (Tanaka et al, 1991) or the yeast phase of Blastomyces (Girouard et al 2007) that produce very low levels of Beta-D-Glucan, The assay also does not detect fungal species that do not produce Beta-D-Glucan such as Absidia, Mucor and Rhizopus (Mitsuya et al 1994).

Due to the potential for contamination by oral Candida Sp. the results from samples collected through the mouth must be evaluated with caution.

**ADMINISTRATIVE****CPT Codes:**

87449-90

**LOINC Codes:**

42176-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BDGLU

**Performing Lab:**

Viracor

**Sendout:**

Yes

**Methodology:**

Limulus Amoebocyte Lysate

**Collect:**

Gold top, Red top, CSF tube, Sterile collection tube

**Amount to Collect:**

3 mL blood

**Sample Type:**

Serum, CSF and BAL samples are acceptable for this test

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

Infants/pediatrics: 0.2 mL serum

Adults: 0.5 mL serum

**Rejection Criteria:**

Lipemic, icteric or hemolyzed specimens.

Specimens that have been stored at ambient temperature.

Specimens that have been stored at 2-8C for >5 days. If storage longer than 5 days is needed, samples should be frozen at -20c or colder. Unless indicated as stored frozen, the specimen will be rejected if the draw date is >5 days from receipt at ViraCor.

**Unacceptable Conditions:**

Lipemic, icteric or hemolyzed specimens.

**Units:**

pg/mL

**Reference Interval:**

< 60 pg/mL

**Synonyms:**

- Beta D glucan

**Stability (from collection to initiation):**

Refrigerated 4 days.

**Reported:**

3-4 days

**Additional Information:**

This assay does not detect certain fungal species such as *Cryptococcus* (Tanaka et al, 1991) or the yeast phase of *Blastomyces* (Girouard et al 2007) that produce very low levels of Beta-D-Glucan, The assay also does not detect fungal species that do not produce Beta-D-Glucan such as *Absidia*, *Mucor* and *Rhizopus* (Mitsuya et al 1994).

Due to the potential for contamination by oral *Candida* Sp. the results from samples collected through the mouth must be evaluated with caution.

**CPT Codes:**

87449-90

**LOINC Codes:**

42176-8

# Beta-hCG, Quantitative (Tumor Marker)

LAB752

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Electrochemiluminescent Immunoassay (ECLIA)

**Reported:**

Within 24 hours

**Synonyms:**

- Beta-HCG levels
- Beta-HCG serum concentration
- Beta-HCG, serum
- human chorionic gonadotropin, serum
- HCGT2

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

HCGT2

**Collect:**

Serum separator tube. Also acceptable: Lavender (K2EDTA or K3EDTA), pink (K2EDTA), or green (lithium heparin).

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.4 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

CSF (refer to Beta-hCG, Quantitative (Tumor Marker) CSF, ARUP test code 0020730). Specimens left to clot at 2-8 degrees C or specimens subjected to repeated freeze/thaw cycles.

## PROCESSING

**Test Code:**

HCGT2

**ARUP Test Code:**

0070029

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.4 mL serum

**Unacceptable Conditions:**

CSF (refer to Beta-hCG, Quantitative (Tumor Marker) CSF, ARUP test code 0020730). Specimens left to clot at 2-8 degrees C or specimens subjected to repeated freeze/thaw cycles.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Interpretive Data:**

Interpretive Data: Human chorionic gonadotropin (hCG) is a valuable aid in the management of patients with trophoblastic tumors, nonseminomatous testicular tumors, and seminomas when used in conjunction with information available from the clinical evaluation and other diagnostic procedures. Increased serum hCG concentrations have also been observed in melanoma, carcinomas of the breast, gastrointestinal tract, lung, and ovaries, and in benign conditions, including cirrhosis, duodenal ulcer, and inflammatory bowel disease. This result cannot be interpreted as absolute evidence of the presence or absence of malignant disease. This result is not interpretable as a tumor marker in pregnant females.

The combination of the specific monoclonal antibodies used in the Roche Beta HCG electrochemiluminescent immunoassay recognize the holo-hormone, "nicked" forms of hCG, the beta-core fragment, and the free beta-subunit. Results obtained with different test methods or kits cannot be used interchangeably. Although this assay is FDA cleared for use in the detection of pregnancy, it is not labeled for use as a tumor marker.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

84702

**LOINC:**

- 21198-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HCGT2

**ARUP Test Code:**

0070029

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Electrochemiluminescent Immunoassay (ECLIA)

**Collect:**

Serum separator tube. Also acceptable: Lavender (K2EDTA or K3EDTA), pink (K2EDTA), or green (lithium heparin).

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.4 mL serum

**Unacceptable Conditions:**

CSF (refer to Beta-hCG, Quantitative (Tumor Marker) CSF, ARUP test code 0020730). Specimens left to clot at 2-8 degrees C or specimens subjected to repeated freeze/thaw cycles.

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)

**Interpretive Data:**

Interpretive Data: Human chorionic gonadotropin (hCG) is a valuable aid in the management of patients with trophoblastic tumors, nonseminomatous testicular tumors, and seminomas when used in conjunction with information available from the clinical evaluation and other diagnostic procedures. Increased serum hCG concentrations have also been observed in melanoma, carcinomas of the breast, gastrointestinal tract, lung, and ovaries, and in benign conditions, including cirrhosis, duodenal ulcer, and inflammatory bowel disease. This result cannot be interpreted as absolute evidence of the presence or absence of malignant disease. This result is not interpretable as a tumor marker in pregnant females.

The combination of the specific monoclonal antibodies used in the Roche Beta HCG electrochemiluminescent immunoassay recognize the holo-hormone, "nicked" forms of hCG, the beta-core fragment, and the free beta-subunit. Results obtained with different test methods or kits cannot be used interchangeably. Although this assay is FDA cleared for use in the detection of pregnancy, it is not labeled for use as a tumor marker.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Beta-HCG levels
- Beta-HCG serum concentration
- Beta-HCG, serum
- human chorionic gonadotropin, serum
- HCGT2

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 1 year

**Reported:**

Within 24 hours

**CPT Codes:**

84702

**LOINC:**

- 21198-7

**Beta-HCG, Quantitative, Serum/Plasma**

LAB4541

**ORDERING****Available Stat:**

Yes, for ectopic R/O only

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Saint Francis  
 Saint Marys

**Performed:**

Parnassus and Mission Bay: 24 hrs per day, 7 days a week  
 Mt. Zion: 0700-2300, 5 days a week  
 Saint Francis: 24 hrs per day, 7 days a week  
 Saint Marys: 24 hrs per day, 7 days a week

**Methodology:**

Chemiluminescent Microparticle Immunoassay (CMIA) - Abbott Architect

**Reported:**

STAT 1 hour, Routine same or next day.

**Additional Information:**

Assay Information:

This hCG assay is calibrated against the 4<sup>th</sup> International Standard and provides good detection of hCG, hyperglycosylated hCG, and hCG beta; marginal detection of nicked hCG, nicked hyperglycosylated hCG, asialo hCG, and nicked hCG beta; poor detection of nicked hCG missing CTP and of beta-core fragment. This assay is reported to be resistant to producing falsely low results caused by the hook effect.

While normal pregnancy is the main cause of increased serum hCG levels, increases in serum hCG may also occur in this hCG for pregnancy assay caused by immunoassay interferences, neoplastic processes including gestational trophoblastic disease and non-trophoblastic malignancies, and production of hCG by the pituitary gland. Non-trophoblastic tumors where increased hCG may occur include seminiferous and nonseminiferous testicular tumors and benign or malignant non-testicular teratomas. Increased hCG in modest amounts may occasionally occur in hepatic, neuroendocrine, breast, ovarian, pancreatic, cervical, and gastric cancers.

In cases where increases in hCG due to conditions other than pregnancy are suspected, an hCG for tumor assay can be ordered which detects additional forms of hCG not always detected in the hCG for pregnancy assay. While this pregnancy assay may be useful for monitoring some patients with trophoblastic disease producing forms of hCG detected in the pregnancy test, the hCG for tumor assay provides a more sensitive assay for this purpose.

Diagnosing pregnancy:

This assay is suitable for pregnancy testing at or slightly before the time of the first missed menstrual period. During the first six weeks of normal pregnancy, serum levels of hCG can be expected to double every 1.5-2.5 days. To confirm pregnancy, it may be helpful to repeat the test after 3-5 days. hCG levels vary widely between individuals, and "normal" ranges during different stages of gestation are difficult to define.

Levels in an ectopic pregnancy are often lower than in normal intrauterine pregnancy.

**WARNING:** Causes of increased hCG levels other than pregnancy:

1. Increased hCG levels can also occur in non-pregnant peri-menopausal or post-menopausal women, in patients with gestational trophoblastic disease or other tumors, following previous injection of hCG, and in patients with heterophile antibodies or other substances that cause false positive elevations in hCG immunoassays.
2. Non-pregnant peri-menopausal women 41 - 55 years of age may have hCG levels up to 8 IU/L and post-menopausal women > 54 years of age can have hCG levels up to at least 14 IU/L and these women also generally have FSH levels > 20 IU/L. In patients between 41 and 55 years of age with hCG levels of 5 - 14 IU/L, an FSH level  $\geq$  45 IU/L indicates that pregnancy is unlikely. Increased hCG levels due to pituitary hCG in peri-menopausal and post-menopausal women can be suppressed by treatment for 3 weeks with a high-progesterone oral contraceptive pill.
3. If gestational trophoblastic disease or non-trophoblastic tumor is suspected, an elevated serum hCG should be confirmed by urine hCG testing.

**WARNING:** False positives:

An elevated serum hCG with a negative urine hCG suggests the possibility of a false-positive result in the serum assay and should not be relied upon for diagnosis of gestational trophoblastic disease or tumor.

Increased serum hCG with negative urine hCG can also occur in very early pregnancy or abnormal pregnancy such as ectopic pregnancy, blighted ovum, or miscarriage.

In addition to a negative urine hCG test, characteristics of false-positive serum measurements may include low-level positive results (generally < 1000 IU/L and usually < 150 IU/L) that fail to show substantial changes in time with serial testing.

A negative serum result obtained by a different testing methodology should also increase suspicion for a false-positive initial test.

Therefore, when a false-positive serum hCG result is suspected, the following options should be considered:

1. Check of urine hCG (see HCG for Pregnancy, Urine). Urine hCG should be elevated in trophoblastic disease.
2. Measure serum hCG levels over several days or weeks and check for a trend in values. False positive results may show little variation over time. In contrast, hCG levels will increase during uncomplicated gestation or decrease after evacuation of trophoblastic tissue.
3. To investigate the possibility of heterophile antibody interference in the hCG assay, place an order for a chemistry special study" (orderable from the Apex test menu) in addition to an order for a regular hCG assay. This will alert the Chemistry section of the laboratory to investigate for possible interferences in the hCG assay. The investigation will include performance of heterophile antibody blocking studies and dilution studies and testing of the sample in several different hCG assays

References: Patel KK et al. Establishing reference intervals for hCG in postmenopausal women. Clin Biochem. 2017 Mar;50(4-5):234-237. Snyder JA. Clin Chem 2005; 51:1830-1835. Cole LA, et al. Total hCG tests. Clinica Chimica Acta 412 (2011) 2216-2222. Cole LA, et al. Selecting an appropriate hCG test for managing gestational trophoblastic disease and cancer. J Reprod Med 2004; 49:545-553. Stenman U-H, et al. The classification, functions and clinical use of different isoforms of HCG. Hum Rep Update 2006; 12:769-784. Braunstein GD. False-positive serum human chorionic gonadotropin results: Causes, characteristics, and recognition. AJOG Reviews 2002; 187:217-224. Cole LA. "Background" hCG in healthy, non-pregnant women. Clin Chem 2005; 51:1765-1766. Nerenz RD, Song H, Gronowski AM. Screening method to evaluate point-of-care human chorionic gonadotropin (hCG) devices for susceptibility to the hook effect by hCG core fragment: evaluation of 11 devices. Clin Chem. 2014 Apr;60(4):667-74.

#### Synonyms:

- HCG
- Beta-HCG
- b-HCG
- gonadotropin tests
- choriogonadotropin
- UCG
- pregnancy test
- ectopic pregnancy test
- HCGPP

## COLLECTION

#### Sample Type:

Serum or plasma

#### Collect:

Lt Green top preferred  
Gold top acceptable

#### Amount to Collect:

1 mL blood

#### Preferred Volume:

0.5 mL serum or plasma

#### Minimum Volume:

0.3 mL serum or plasma

#### Stability (from collection to initiation):

Room temperature 8 hours, refrigerated 7 days, frozen at -20C 12 months

## PROCESSING

#### Test Code:

HCGPP

#### Test Group:

HCG

#### Performing Lab:

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis  
Saint Marys



**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 7 days, frozen at -20C 12 months

**RESULT INTERPRETATION****Units:**

IU/L

**Reference Interval:**

Negative &lt; 5 IU/L

Results of 5 IU/L or greater are flagged

According to the assay manufacturer, results of 5 - 24 are inconclusive and results of 25 or more are considered positive.

Separate from pregnancy testing, studies in older age groups suggest the following reference range cutoffs

|                                     |           |
|-------------------------------------|-----------|
| Premenopausal (<41 years of age)    | < 5 IU/L  |
| Perimenopausal (41-55 years of age) | < 8 IU/L  |
| Postmenopausal (>54 years of age)   | < 14 IU/L |

8% of postmenopausal women have hCG concentrations in the range of 5-14 IU/L

**Reference intervals in pregnancy**

| Weeks post last menstrual period | 2.5th percentile | 97.5th percentile |
|----------------------------------|------------------|-------------------|
| 1-10                             | 202              | 231,000           |
| 11-15                            | 22,536           | 234,990           |
| 16-22                            | 8,007            | 50,064            |
| 23-40                            | 1,600            | 49,413            |

Reference intervals adopted from assay manufacturer, Patel KK et al. Clin Biochem. 2017 Mar;50(4-5):234-237 and Snyder JA. Clin Chem 2005; 51:1830-1835. and Grenache CG JALM Sept 2020

**Additional Information:****Assay Information:**

This hCG assay is calibrated against the 4<sup>th</sup> International Standard and provides good detection of hCG, hyperglycosylated hCG, and hCG beta; marginal detection of nicked hCG, nicked hyperglycosylated hCG, asialo hCG, and nicked hCG beta; poor detection of nicked hCG missing CTP and of beta-core fragment. This assay is reported to be resistant to producing falsely low results caused by the hook effect.

While normal pregnancy is the main cause of increased serum hCG levels, increases in serum hCG may also occur in this hCG for pregnancy assay caused by immunoassay interferences, neoplastic processes including gestational trophoblastic disease and non-trophoblastic malignancies, and production of hCG by the pituitary gland. Non-trophoblastic tumors where increased hCG may occur include seminiferous and nonseminiferous testicular tumors and benign or malignant non-testicular teratomas. Increased hCG in modest amounts may occasionally occur in hepatic, neuroendocrine, breast, ovarian, pancreatic, cervical, and gastric cancers.

In cases where increases in hCG due to conditions other than pregnancy are suspected, an hCG for tumor assay can be ordered which detects additional forms of hCG not always detected in the hCG for pregnancy assay. While this pregnancy assay may be useful for monitoring some patients with trophoblastic disease producing forms of hCG detected in the pregnancy test, the hCG for tumor assay provides a more sensitive assay for this purpose.

**Diagnosing pregnancy:**

This assay is suitable for pregnancy testing at or slightly before the time of the first missed menstrual period. During the first six weeks of normal pregnancy, serum levels of hCG can be expected to double every 1.5-2.5 days. To confirm pregnancy, it may be helpful to repeat the test after 3-5 days. hCG levels vary widely between individuals, and "normal" ranges during different stages of gestation are difficult to define.

Levels in an ectopic pregnancy are often lower than in normal intrauterine pregnancy.

**WARNING: Causes of increased hCG levels other than pregnancy:**

1. Increased hCG levels can also occur in non-pregnant peri-menopausal or post-menopausal women, in patients with gestational trophoblastic disease or other tumors, following previous injection of hCG, and in patients with heterophile antibodies or other substances that cause false positive elevations in hCG immunoassays.

2. Non-pregnant peri-menopausal women 41 - 55 years of age may have hCG levels up to 8 IU/L and post-menopausal women > 54 years of age can have hCG levels up to at least 14 IU/L and these women also generally have FSH levels > 20 IU/L. In patients between 41 and 55 years of age with hCG levels of 5 - 14 IU/L, an FSH level  $\geq$  45 IU/L indicates that pregnancy is unlikely. Increased hCG levels due to pituitary hCG in peri-menopausal and post-menopausal women can be suppressed by treatment for 3 weeks with a high-progesterone oral contraceptive pill.

3. If gestational trophoblastic disease or non-trophoblastic tumor is suspected, an elevated serum hCG should be confirmed by urine hCG testing.

**WARNING:** False positives:

An elevated serum hCG with a negative urine hCG suggests the possibility of a false-positive result in the serum assay and should not be relied upon for diagnosis of gestational trophoblastic disease or tumor.

Increased serum hCG with negative urine hCG can also occur in very early pregnancy or abnormal pregnancy such as ectopic pregnancy, blighted ovum, or miscarriage.

In addition to a negative urine hCG test, characteristics of false-positive serum measurements may include low-level positive results (generally < 1000 IU/L and usually < 150 IU/L) that fail to show substantial changes in time with serial testing.

A negative serum result obtained by a different testing methodology should also increase suspicion for a false-positive initial test.

Therefore, when a false-positive serum hCG result is suspected, the following options should be considered:

1. Check of urine hCG (see HCG for Pregnancy, Urine). Urine hCG should be elevated in trophoblastic disease.
2. Measure serum hCG levels over several days or weeks and check for a trend in values. False positive results may show little variation over time. In contrast, hCG levels will increase during uncomplicated gestation or decrease after evacuation of trophoblastic tissue.
3. To investigate the possibility of heterophile antibody interference in the hCG assay, place an order for a chemistry special study" (orderable from the Apex test menu) in addition to an order for a regular hCG assay. This will alert the Chemistry section of the laboratory to investigate for possible interferences in the hCG assay. The investigation will include performance of heterophile antibody blocking studies and dilution studies and testing of the sample in several different hCG assays

References: Patel KK et al. Establishing reference intervals for hCG in postmenopausal women. Clin Biochem. 2017 Mar;50(4-5):234-237. Snyder JA. Clin Chem 2005; 51:1830-1835. Cole LA, et al. Total hCG tests. Clinica Chimica Acta 412 (2011) 2216-2222. Cole LA, et al. Selecting an appropriate hCG test for managing gestational trophoblastic disease and cancer. J Reprod Med 2004; 49:545-553. Stenman U-H, et al. The classification, functions and clinical use of different isoforms of HCG. Hum Rep Update 2006; 12:769-784. Braunstein GD. False-positive serum human chorionic gonadotropin results: Causes, characteristics, and recognition. AJOG Reviews 2002; 187:217-224. Cole LA. "Background" hCG in healthy, non-pregnant women. Clin Chem 2005; 51:1765-1766. Nerenz RD, Song H, Gronowski AM. Screening method to evaluate point-of-care human chorionic gonadotropin (hCG) devices for susceptibility to the hook effect by hCG core fragment: evaluation of 11 devices. Clin Chem. 2014 Apr;60(4):667-74.

## ADMINISTRATIVE

### CPT Codes:

84702

### LOINC Codes:

19080-1

## COMPLETE VIEW

### Available Stat:

Yes, for ectopic R/O only

### Test Code:

HCGPP

### Test Group:

HCG

### Performing Lab:

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis  
Saint Marys

**Performed:**

Parnassus and Mission Bay: 24 hrs per day, 7 days a week  
 Mt. Zion: 0700-2300, 5 days a week  
 Saint Francis: 24 hrs per day, 7 days a week  
 Saint Marys: 24 hrs per day, 7 days a week

**Methodology:**

Chemiluminescent Microparticle Immunoassay (CMIA) - Abbott Architect

**Collect:**

Lt Green top preferred  
 Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Units:**

IU/L

**Reference Interval:**

Negative < 5 IU/L

Results of 5 IU/L or greater are flagged

According to the assay manufacturer, results of 5 - 24 are inconclusive and results of 25 or more are considered positive.

Separate from pregnancy testing, studies in older age groups suggest the following reference range cutoffs

|                                     |           |
|-------------------------------------|-----------|
| Premenopausal (<41 years of age)    | < 5 IU/L  |
| Perimenopausal (41-55 years of age) | < 8 IU/L  |
| Postmenopausal (>54 years of age)   | < 14 IU/L |

8% of postmenopausal women have hCG concentrations in the range of 5-14 IU/L

**Reference intervals in pregnancy**

| Weeks post last menstrual period | 2.5th percentile | 97.5th percentile |
|----------------------------------|------------------|-------------------|
| 1-10                             | 202              | 231,000           |
| 11-15                            | 22,536           | 234,990           |
| 16-22                            | 8,007            | 50,064            |
| 23-40                            | 1,600            | 49,413            |

Reference intervals adopted from assay manufacturer, Patel KK et al. Clin Biochem. 2017 Mar;50(4-5):234-237 and Snyder JA. Clin Chem 2005; 51:1830-1835. and Grenache CG JALM Sept 2020

**Synonyms:**

- HCG
- Beta-HCG
- b-HCG
- gonadotropin tests
- choriogonadotropin
- UCG
- pregnancy test
- ectopic pregnancy test
- HCGPP

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 7 days, frozen at -20C 12 months

**Reported:**

STAT 1 hour, Routine same or next day.

**Additional Information:**

Assay Information:

This hCG assay is calibrated against the 4<sup>th</sup> International Standard and provides good detection of hCG, hyperglycosylated hCG, and hCG beta; marginal detection of nicked hCG, nicked hyperglycosylated hCG, asialo hCG, and nicked hCG beta; poor detection of nicked hCG missing CTP and of beta-core fragment. This assay is reported to be resistant to producing falsely low results caused by the hook effect.

While normal pregnancy is the main cause of increased serum hCG levels, increases in serum hCG may also occur in this hCG for pregnancy assay caused by immunoassay interferences, neoplastic processes including gestational trophoblastic disease and non-trophoblastic malignancies, and production of hCG by the pituitary gland. Non-trophoblastic tumors where increased hCG may occur include seminiferous and nonseminiferous testicular tumors and benign or malignant non-testicular teratomas. Increased hCG in modest amounts may occasionally occur in hepatic, neuroendocrine, breast, ovarian, pancreatic, cervical, and gastric cancers.

In cases where increases in hCG due to conditions other than pregnancy are suspected, an hCG for tumor assay can be ordered which detects additional forms of hCG not always detected in the hCG for pregnancy assay. While this pregnancy assay may be useful for monitoring some patients with trophoblastic disease producing forms of hCG detected in the pregnancy test, the hCG for tumor assay provides a more sensitive assay for this purpose.

#### Diagnosing pregnancy:

This assay is suitable for pregnancy testing at or slightly before the time of the first missed menstrual period. During the first six weeks of normal pregnancy, serum levels of hCG can be expected to double every 1.5-2.5 days. To confirm pregnancy, it may be helpful to repeat the test after 3-5 days. hCG levels vary widely between individuals, and "normal" ranges during different stages of gestation are difficult to define.

Levels in an ectopic pregnancy are often lower than in normal intrauterine pregnancy.

#### WARNING: Causes of increased hCG levels other than pregnancy:

1. Increased hCG levels can also occur in non-pregnant peri-menopausal or post-menopausal women, in patients with gestational trophoblastic disease or other tumors, following previous injection of hCG, and in patients with heterophile antibodies or other substances that cause false positive elevations in hCG immunoassays.
2. Non-pregnant peri-menopausal women 41 - 55 years of age may have hCG levels up to 8 IU/L and post-menopausal women > 54 years of age can have hCG levels up to at least 14 IU/L and these women also generally have FSH levels > 20 IU/L. In patients between 41 and 55 years of age with hCG levels of 5 - 14 IU/L, an FSH level  $\geq 45$  IU/L indicates that pregnancy is unlikely. Increased hCG levels due to pituitary hCG in peri-menopausal and post-menopausal women can be suppressed by treatment for 3 weeks with a high-progesterone oral contraceptive pill.
3. If gestational trophoblastic disease or non-trophoblastic tumor is suspected, an elevated serum hCG should be confirmed by urine hCG testing.

#### WARNING: False positives:

An elevated serum hCG with a negative urine hCG suggests the possibility of a false-positive result in the serum assay and should not be relied upon for diagnosis of gestational trophoblastic disease or tumor.

Increased serum hCG with negative urine hCG can also occur in very early pregnancy or abnormal pregnancy such as ectopic pregnancy, blighted ovum, or miscarriage.

In addition to a negative urine hCG test, characteristics of false-positive serum measurements may include low-level positive results (generally < 1000 IU/L and usually < 150 IU/L) that fail to show substantial changes in time with serial testing.

A negative serum result obtained by a different testing methodology should also increase suspicion for a false-positive initial test.

Therefore, when a false-positive serum hCG result is suspected, the following options should be considered:

1. Check of urine hCG (see HCG for Pregnancy, Urine). Urine hCG should be elevated in trophoblastic disease.
2. Measure serum hCG levels over several days or weeks and check for a trend in values. False positive results may show little variation over time. In contrast, hCG levels will increase during uncomplicated gestation or decrease after evacuation of trophoblastic tissue.
3. To investigate the possibility of heterophile antibody interference in the hCG assay, place an order for a chemistry special study" (orderable from the Apex test menu) in addition to an order for a regular hCG assay. This will alert the Chemistry section of the laboratory to investigate for possible interferences in the hCG assay. The investigation will include performance of heterophile antibody blocking studies and dilution studies and testing of the sample in several different hCG assays

References: Patel KK et al. Establishing reference intervals for hCG in postmenopausal women. Clin Biochem. 2017 Mar;50(4-5):234-237. Snyder JA. Clin Chem 2005; 51:1830-1835. Cole LA, et al. Total hCG tests. Clinica Chimica Acta 412 (2011) 2216-2222. Cole LA, et al. Selecting an appropriate hCG test for managing gestational trophoblastic disease and cancer. J Reprod Med 2004; 49:545-553. Stenman U-H, et al. The classification, functions and clinical use of different isoforms of HCG. Hum Rep Update 2006; 12:769-784. Braunstein GD. False-positive serum human chorionic gonadotropin results: Causes, characteristics, and recognition. AJOG Reviews 2002; 187:217-224. Cole LA. "Background" hCG in healthy, non-pregnant women. Clin Chem 2005; 51:1765-1766. Nerenz RD, Song H, Gronowski AM. Screening method to evaluate point-of-care human chorionic gonadotropin (hCG) devices for susceptibility to the hook effect by hCG core

fragment: evaluation of 11 devices. Clin Chem. 2014 Apr;60(4):667-74.

**CPT Codes:**

84702

**LOINC Codes:**

19080-1

# Beta-Hydroxybutyrate (Ketones)

LAB5315

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Stanbio enzymatic (D-3-hydroxybutyrate dehydrogenase)

**Additional Information:**

Beta-hydroxybutyrate (b-OHB) is produced from beta-fatty acid metabolism in patients suffering starvation, acute alcohol use, or in diabetic ketoacidosis. Beta-hydroxybutyrate normally accounts for 50 - 75% of the ketone bodies released into blood, with acetoacetic acid and acetone accounting for the remainder.

During extended fasting or diabetic ketoacidosis, the ratio of beta-hydroxybutyrate to acetoacetic acid is usually around 2 or 3 but can vary between 1 and 6 depending on redox state (Porter et al., Am J Clin Path 1997; 107:353-358).

Under usual circumstances, b-OHB concentrations do not exceed 1 mmol/l in type 1 diabetic subjects. In patients presenting with DKA, the mean b-OHB typically ranges between 4 and 12 mmol/l (Wallace and Matthews, Q J Med 2004; 97:773-780).

This test may be more specific for diabetic ketoacidosis than the Acetest tablet testing for acetoacetic acid/acetone or the Ketostix dipstick test on urinalysis which primarily reacts with acetoacetic acid. In hyperglycemic patients in the emergency department, urine dipsticks may have similar sensitivity as measurements of b-OHB in blood for detecting diabetic ketoacidosis (DKA) (Arora et al, Diabetes Care 2011, 34:852-4).

Measurement of b-OHB in blood samples is important in the diagnosis and management of DKA. According to 2024 consensus guidelines, the diagnostic criteria for DKA are:

- 1) Diabetes/hyperglycemia defined by glucose  $\geq 200$  mg/dL (11.1 mmol/L) OR prior history of diabetes
- 2) Ketosis defined by b-OHB concentration  $\geq 3.0$  mmol/L OR urine ketone strip 2+ or greater
- 3) Metabolic Acidosis pH  $< 7.3$  and/or bicarbonate concentration  $< 18$  mmol/L

Management recommendations include blood sampling every 4 hours for measurement of electrolytes, phosphate, creatinine, b-OHB, and venous pH until resolution of DKA (Hyperglycemic Crises in Adults With Diabetes: A Consensus Report. Diabetes Care 2024; dci240032. <https://doi.org/10.2337/dci24-0032>).

Reference range adapted from studies by the assay manufacturer in healthy adults fasted for 12 hours before blood collection and verified by in house testing of 22 samples from normal volunteers.

**Synonyms:**

- Ketones
- BHOB

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Stability (from collection to initiation):**

Refrigerated 1 week

## PROCESSING

**Test Code:**

BHOB

**Test Group:**

Ketones

**Performing Lab:**

Parnassus & Mission Bay Chemistry  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Stability (from collection to initiation):**

Refrigerated 1 week

**RESULT INTERPRETATION****Units:**

mmol/L

**Reference Interval:**

0.02 - 0.27 mmol/L

**Additional Information:**

Beta-hydroxybutyrate (b-OHB) is produced from beta-fatty acid metabolism in patients suffering starvation, acute alcohol use, or in diabetic ketoacidosis. Beta-hydroxybutyrate normally accounts for 50 - 75% of the ketone bodies released into blood, with acetoacetic acid and acetone accounting for the remainder.

During extended fasting or diabetic ketoacidosis, the ratio of beta-hydroxybutyrate to acetoacetic acid is usually around 2 or 3 but can vary between 1 and 6 depending on redox state (Porter et al., Am J Clin Path 1997; 107:353-358).

Under usual circumstances, b-OHB concentrations do not exceed 1 mmol/l in type 1 diabetic subjects. In patients presenting with DKA, the mean b-OHB typically ranges between 4 and 12 mmol/l (Wallace and Matthews, Q J Med 2004; 97:773-780).

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- 2) Ketosis defined by b-OHB concentration  $\geq 3.0$  mmol/L OR urine ketone strip 2+ or greater
- 3) Metabolic Acidosis pH  $< 7.3$  and/or bicarbonate concentration  $< 18$  mmol/L

Management recommendations include blood sampling every 4 hours for measurement of electrolytes, phosphate, creatinine, b-OHB, and venous pH until resolution of DKA (Hyperglycemic Crises in Adults With Diabetes: A Consensus Report. Diabetes Care 2024; dci240032. <https://doi.org/10.2337/dci24-0032>).

Reference range adapted from studies by the assay manufacturer in healthy adults fasted for 12 hours before blood collection and verified by in house testing of 22 samples from normal volunteers.

**ADMINISTRATIVE****CPT Codes:**

82010

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

BHOB

**Test Group:**

Ketones

**Performing Lab:**

Parnassus & Mission Bay Chemistry  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Stanbio enzymatic (D-3-hydroxybutyrate dehydrogenase)

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Units:**

mmol/L

**Reference Interval:**

0.02 - 0.27 mmol/L

**Synonyms:**

- Ketones
- BHOB

**Stability (from collection to initiation):**

Refrigerated 1 week

**Additional Information:**

Beta-hydroxybutyrate (b-OHB) is produced from beta-fatty acid metabolism in patients suffering starvation, acute alcohol use, or in diabetic ketoacidosis. Beta-hydroxybutyrate normally accounts for 50 - 75% of the ketone bodies released into blood, with acetoacetic acid and acetone accounting for the remainder.

During extended fasting or diabetic ketoacidosis, the ratio of beta-hydroxybutyrate to acetoacetic acid is usually around 2 or 3 but can vary between 1 and 6 depending on redox state (Porter et al., Am J Clin Path 1997; 107:353-358).

Under usual circumstances, b-OHB concentrations do not exceed 1 mmol/l in type 1 diabetic subjects. In patients presenting with DKA, the mean b-OHB typically ranges between 4 and 12 mmol/l (Wallace and Matthews, Q J Med 2004; 97:773-780).

This test may be more specific for diabetic ketoacidosis than the Acetest tablet testing for acetoacetic acid/acetone or the Ketostix dipstick test on urinalysis which primarily reacts with acetoacetic acid. In hyperglycemic patients in the emergency department, urine dipsticks may have similar sensitivity as measurements of b-OHB in blood for detecting diabetic ketoacidosis (DKA) (Arora et al, Diabetes Care 2011, 34:852-4).

Measurement of b-OHB in blood samples is important in the diagnosis and management of DKA. According to 2024 consensus guidelines, the diagnostic criteria for DKA are:

- 1) Diabetes/hyperglycemia defined by glucose  $\geq 200$  mg/dL (11.1 mmol/L) OR prior history of diabetes
- 2) Ketosis defined by b-OHB concentration  $\geq 3.0$  mmol/L OR urine ketone strip 2+ or greater
- 3) Metabolic Acidosis pH  $< 7.3$  and/or bicarbonate concentration  $< 18$  mmol/L

Management recommendations include blood sampling every 4 hours for measurement of electrolytes, phosphate, creatinine, b-OHB, and venous pH until resolution of DKA (Hyperglycemic Crises in Adults With Diabetes: A Consensus Report. Diabetes Care 2024; dci240032. <https://doi.org/10.2337/dci24-0032>).

Reference range adapted from studies by the assay manufacturer in healthy adults fasted for 12 hours before blood collection and verified by in house testing of 22 samples from normal volunteers.

**CPT Codes:**

82010



# Bile Acids, Total

LAB5385

## ORDERING

**Ordering Recommendations:**

Use to detect hepatobiliary dysfunction. Do not order to detect inborn errors of bile acid metabolism. May aid in diagnosis of intrahepatic cholestasis of pregnancy.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Enzymatic Assay

**Reported:**

Within 24 hours

**Synonyms:**

- Bile Acids, Total
- Bile Salts, Total
- Cholylglycine
- BILAT

## COLLECTION

**Patient Preparation:**

Patient should fast for 8 hours prior to collection.

**Collect:**

Serum separator tube or plasma separator tube. Also acceptable : Lavender (EDTA), green (lithium heparin)

**Amount to Collect:**

BILAT

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 3 months

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Body fluids. Hemolyzed specimens.

## PROCESSING

**Test Code:**

BILAT

**ARUP Test Code:**

0070189

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Allow specimen to clot completely at room temperature before centrifugation. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)

**Unacceptable Conditions:**

Body fluids. Hemolyzed specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 3 months

**Storage/Transport Temperature:**

Refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**

0-10  $\mu\text{mol/L}$

**Interpretive Data:**

Reference interval applies to fasting specimens.

**ADMINISTRATIVE****CPT Codes:**

82239

**LOINC:**

- 14628-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to detect hepatobiliary dysfunction. Do not order to detect inborn errors of bile acid metabolism. May aid in diagnosis of intrahepatic cholestasis of pregnancy.

**Test Code:**

BILAT

**ARUP Test Code:**

0070189

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Enzymatic Assay

**Patient Preparation:**

Patient should fast for 8 hours prior to collection.

**Collect:**

Serum separator tube or plasma separator tube. Also acceptable : Lavender (EDTA), green (lithium heparin)

**Amount to Collect:**

BILAT

**Unacceptable Conditions:**

Body fluids. Hemolyzed specimens.

**Specimen Preparation:**

Allow specimen to clot completely at room temperature before centrifugation. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)

**Reference Interval:**

0-10 µmol/L

**Interpretive Data:**

Reference interval applies to fasting specimens.

**Synonyms:**

- Bile Acids, Total
- Bile Salts, Total
- Cholyglycine
- BILAT

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 3 months

**Reported:**

Within 24 hours

**CPT Codes:**

82239

**LOINC:**

- 14628-2

# Bilirubin, Direct

LAB52

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (diazot)

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 17.1. Moderate hemolysis may artifactually decrease the result, whereas severe hemolysis may increase the result.

**Synonyms:**

- D bili
- Conjugated bilirubin
- DBIL
- Bile

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

## PROCESSING

**Test Code:**

BILD

**Test Group:**

Bilirubin

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

| Age                | mg/dL   |
|--------------------|---------|
| 0 to <15 days      | 0.3-0.7 |
| 15 days to <1 year | 0.1-0.3 |
| 1 to <9 years      | 0.1-0.2 |
| 9 to <13 years     | 0.1-0.3 |
| 13 to 18 years     | 0.1-0.4 |
| >18 years          | <0.6    |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database Caliper study.

<https://caliper.research.sickkids.ca/#/>

UCSF Clinical Labs verified the adult reference range stated in the Abbott Bilirubin, Direct package insert February 2017 by running 20 male and 20 female lab volunteers.

**Additional Information:**

To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 17.1. Moderate hemolysis may artifactually decrease the result, whereas severe hemolysis may increase the result.

**ADMINISTRATIVE****CPT Codes:**

82248

**LOINC Codes:**

34543-9

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

BILD

**Test Group:**

Bilirubin

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (diaz)

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

mg/dL

**Reference Interval:**

| Age                | mg/dL   |
|--------------------|---------|
| 0 to <15 days      | 0.3-0.7 |
| 15 days to <1 year | 0.1-0.3 |
| 1 to <9 years      | 0.1-0.2 |
| 9 to <13 years     | 0.1-0.3 |
| 13 to 18 years     | 0.1-0.4 |
| >18 years          | <0.6    |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database Caliper study.

<https://caliper.research.sickkids.ca/#/>

UCSF Clinical Labs verified the adult reference range stated in the Abbott Bilirubin, Direct package insert February 2017 by running 20 male and 20 female lab volunteers.

**Synonyms:**

- D bili
- Conjugated bilirubin
- DBIL
- Bile

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 17.1. Moderate hemolysis may artifactually decrease the result, whereas severe hemolysis may increase the result.

**CPT Codes:**

82248

**LOINC Codes:**

34543-9

# Bilirubin, Total

LAB50

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center

Peninsula Outpatient Center  
Saint Francis Chemistry  
St. Mary's Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)

Peninsula Outpatient Center (Mon-Fri 0800-1630)

Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry:  
Spectrophotometric (diazonium salt) on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Spectrophotometric (diazonium salt) on Roche cobas c311

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Eltrombopag up to 200 mcg/mL had negligible effects on total bilirubin concentrations when measured using the Abbott or Roche diazo methods. Ref: Adams DF and Sellers TS, Arch Pathol Lab Med, 2016, 140(5): 391-392

These pediatric critical cutoffs were recommended by Dr. Tom Newman in the Department of Pediatrics based in part on the nomogram of Bhutani et al for well newborns (gestational age of 36 weeks or more with birth weight of at least 2000 g, or a gestational age of 35 weeks or more with birth weight of at least 2500 g). Reference: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation, Pediatrics 114:297-316, 2004.

The cutoffs take into consideration uncertainty about the exact age of the infant as reported by the hospital computer; the dating of age by the hospital computer system is not entirely accurate and cannot provide patient age in hours. Detailed information on hourly bilirubin levels at specific time points after birth to 6 days of age which predict risk of developing severe hyperbilirubinemia are available at [www.bilitool.org](http://www.bilitool.org).

**Synonyms:**

- T bili
- TBIL
- Conjugated and unconjugated bilirubin
- Bile

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, and St. Mary's Chemistry:  
Room temperature 2.5 months, refrigerated 5 months, frozen at -20C 3 months

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Room temperature 1 day, refrigerated 7 days, frozen at -20C 6 months

**PROCESSING****Test Code:**

BILT

**Test Group:**

Bilirubin

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center

Peninsula Outpatient Center  
Saint Francis Chemistry  
St. Mary's Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, and St. Mary's Chemistry:  
Room temperature 2.5 months, refrigerated 5 months, frozen at -20C 3 months

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Room temperature 1 day, refrigerated 7 days, frozen at -20C 6 months

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry

| Age                | mg/dL                                                      |
|--------------------|------------------------------------------------------------|
| 0 to 6 days        | See <a href="http://www.bilitool.org">www.bilitool.org</a> |
| >6 to <15 days     | 0.2-16.6                                                   |
| 15 days to <1 year | 0.1-0.7                                                    |
| 1 to <9 years      | 0.1-0.4                                                    |
| 9 to <12 years     | 0.1-0.6                                                    |
| 12 to <15 years    | 0.1-0.7                                                    |
| 15 to <19 years    | 0.1-0.8                                                    |
| >=19 years         | 0.2-1.2                                                    |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database Caliper study.

<https://caliper.research.sickkids.ca/#/>

UCSF Clinical Labs verified the adult reference range stated in the Abbott Total Bilirubin package insert November 2016 by running 20 male and 20 female lab volunteers.

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | mg/dL   |
|-------------|---------|
| >= 19 years | 0.2-1.2 |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>=19 years) stated in the Abbott Architect Total Bilirubin package insert by running samples from 20 male and 20 female lab volunteers.

**Critical Values:**

Only applicable for infants &lt; 30 days old:

| AGE IN DAYS | CRITICAL VALUE (mg/dL) |
|-------------|------------------------|
| 0           | > 6                    |
| 1           | > 9                    |
| 2           | > 12                   |
| 3           | > 15                   |
| 4           | > 18                   |
| 5-30        | > 21                   |

**Additional Information:**

Eltrombopag up to 200 mcg/mL had negligible effects on total bilirubin concentrations when measured using the Abbott or Roche diazo methods. Ref: Adams DF and Sellers TS, Arch Pathol Lab Med, 2016, 140(5): 391-392

These pediatric critical cutoffs were recommended by Dr. Tom Newman in the Department of Pediatrics based in part on the nomogram of Bhutani et al for well newborns (gestational age of 36 weeks or more with birth weight of at least 2000 g, or a gestational age of 35 weeks or more with birth weight of at least 2500 g). Reference: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation, Pediatrics 114:297-316, 2004.

The cutoffs take into consideration uncertainty about the exact age of the infant as reported by the hospital computer; the dating of age by the hospital computer system is not entirely accurate and cannot provide patient age in hours. Detailed information on hourly bilirubin levels at specific time points after birth to 6 days of age which predict risk of developing severe hyperbilirubinemia are available at [www.bilitool.org](http://www.bilitool.org).

**ADMINISTRATIVE****CPT Codes:**

82247

**LOINC Codes:**

34543-9

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

BILT

**Test Group:**

Bilirubin

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center

Peninsula Outpatient Center  
Saint Francis Chemistry  
St. Mary's Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)

Peninsula Outpatient Center (Mon-Fri 0800-1630)

Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry:  
Spectrophotometric (diazonium salt) on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Spectrophotometric (diazonium salt) on Roche cobas c311

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood



**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

mg/dL

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; Saint Marys Chemistry

| Age                | mg/dL                                                      |
|--------------------|------------------------------------------------------------|
| 0 to 6 days        | See <a href="http://www.bilitool.org">www.bilitool.org</a> |
| >6 to <15 days     | 0.2-16.6                                                   |
| 15 days to <1 year | 0.1-0.7                                                    |
| 1 to <9 years      | 0.1-0.4                                                    |
| 9 to <12 years     | 0.1-0.6                                                    |
| 12 to <15 years    | 0.1-0.7                                                    |
| 15 to <19 years    | 0.1-0.8                                                    |
| >=19 years         | 0.2-1.2                                                    |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database Caliper study.

<https://caliper.research.sickkids.ca/#/>

UCSF Clinical Labs verified the adult reference range stated in the Abbott Total Bilirubin package insert November 2016 by running 20 male and 20 female lab volunteers.

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | mg/dL   |
|-------------|---------|
| >= 19 years | 0.2-1.2 |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (&gt;=19 years) stated in the Abbott Architect Total Bilirubin package insert by running samples from 20 male and 20 female lab volunteers.

**Critical Values:**

Only applicable for infants &lt; 30 days old:

| AGE IN DAYS | CRITICAL VALUE (mg/dL) |
|-------------|------------------------|
| 0           | > 6                    |
| 1           | > 9                    |
| 2           | > 12                   |
| 3           | > 15                   |
| 4           | >18                    |
| 5-30        | > 21                   |

**Synonyms:**

- T bili
- TBIL
- Conjugated and unconjugated bilirubin
- Bile

**Stability (from collection to initiation):**Parnassus, Mission Bay, Mt. Zion, Saint Francis, and St. Mary's Chemistry:  
Room temperature 2.5 months, refrigerated 5 months, frozen at -20C 3 monthsBerkeley Outpatient Center and Peninsula Outpatient Center:  
Room temperature 1 day, refrigerated 7 days, frozen at -20C 6 months**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Eltrombopag up to 200 mcg/mL had negligible effects on total bilirubin concentrations when measured using the Abbott or Roche diazo methods. Ref: Adams DF and Sellers TS, Arch Pathol Lab Med, 2016, 140(5): 391-392

These pediatric critical cutoffs were recommended by Dr. Tom Newman in the Department of Pediatrics based in part on the nomogram of Bhutani et al for well newborns (gestational age of 36 weeks or more with birth weight of at least 2000 g, or a gestational age of 35 weeks or more with birth weight of at least 2500 g). Reference: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation, Pediatrics 114:297-316, 2004.

The cutoffs take into consideration uncertainty about the exact age of the infant as reported by the hospital computer; the dating of age by the hospital computer system is not entirely accurate and cannot provide patient age in hours. Detailed information on hourly bilirubin levels at specific time points after birth to 6 days of age which predict risk of developing severe hyperbilirubinemia are available at [www.bilitool.org](http://www.bilitool.org).

**CPT Codes:**

82247

**LOINC Codes:**

34543-9

# Bilirubin, Total, Body Fluid

LAB182

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Continuous daily.

**Methodology:**

Spectrophotometric (diazonium salt)

**Reported:**

Stat: 1 hour, Routine: 4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 17.1.

Hemolysis may artifactually increase the result; lipemia may decrease the result.

Body fluid bilirubin levels are sometimes used to investigate the possibility of bile leaks or bile peritonitis. Although there are no reference ranges available, one recent study suggests that a ratio of the bilirubin concentration in Jackson Pratt drain fluid to the bilirubin concentration in serum of greater than 5.0 is indicative of a bile leak. Darwin, PE, Goldberg, EM, and Uradomo, LT. (2008). Jackson Pratt Drain Fluid to Serum Bilirubin Concentration Ratio for the Diagnosis of Bile Leaks. Gastrointestinal Endoscopy 67(5): AB159.

Ascitic fluid bilirubin levels have also been examined in patients with various forms of ascites. An ascitic fluid bilirubin concentration greater than 6 mg/dL and an ascitic fluid to serum bilirubin ratio of greater than 1.0 appears to be consistent with bile peritonitis. Runyon, BA. (1987). Ascitic fluid bilirubin concentration as a key to choleperitoneum. J Clin Gastroenterol 9(5): 543-545.

## COLLECTION

**Sample Type:**

Body fluid

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 ml fluid

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Stability (from collection to initiation):**

Room Temperature: 1 day

Refrigerated (2-8 C): 7 days

Frozen (-20 C or colder): 6 months

## PROCESSING

**Test Code:**

BILTBF

**Test Group:**

Bilirubin

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Stability (from collection to initiation):**

Room Temperature: 1 day  
Refrigerated (2-8 C): 7 days  
Frozen (-20 C or colder): 6 months

**RESULT INTERPRETATION****Units:**

mg/dL

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 17.1.

Hemolysis may artifactually increase the result; lipemia may decrease the result.

Body fluid bilirubin levels are sometimes used to investigate the possibility of bile leaks or bile peritonitis. Although there are no reference ranges available, one recent study suggests that a ratio of the bilirubin concentration in Jackson Pratt drain fluid to the bilirubin concentration in serum of greater than 5.0 is indicative of a bile leak. Darwin, PE, Goldberg, EM, and Uradomo, LT. (2008). Jackson Pratt Drain Fluid to Serum Bilirubin Concentration Ratio for the Diagnosis of Bile Leaks. Gastrointestinal Endoscopy 67(5): AB159.

Ascitic fluid bilirubin levels have also been examined in patients with various forms of ascites. An ascitic fluid bilirubin concentration greater than 6 mg/dL and an ascitic fluid to serum bilirubin ratio of greater than 1.0 appears to be consistent with bile peritonitis. Runyon, BA. (1987). Ascitic fluid bilirubin concentration as a key to choleperitoneum. J Clin Gastroenterol 9(5): 543-545.

**ADMINISTRATIVE****CPT Codes:**

82247

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

BILTBF

**Test Group:**

Bilirubin

**Performing Lab:**

Parnassus & Mission Bay Chemistry

**Performed:**

Continuous daily.

**Methodology:**

Spectrophotometric (diazonium salt)

**Collect:**

Clean, empty container OR red top (no additives)  
Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 ml fluid

**Sample Type:**

Body fluid

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Units:**

mg/dL

**Stability (from collection to initiation):**

Room Temperature: 1 day  
Refrigerated (2-8 C): 7 days  
Frozen (-20 C or colder): 6 months

**Reported:**

Stat: 1 hour, Routine: 4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 17.1.

Hemolysis may artifactually increase the result; lipemia may decrease the result.

Body fluid bilirubin levels are sometimes used to investigate the possibility of bile leaks or bile peritonitis. Although there are no reference ranges available, one recent study suggests that a ratio of the bilirubin concentration in Jackson Pratt drain fluid to the bilirubin concentration in serum of greater than 5.0 is indicative of a bile leak. Darwin, PE, Goldberg, EM, and Uradomo, LT. (2008). Jackson Pratt Drain Fluid to Serum Bilirubin Concentration Ratio for the Diagnosis of Bile Leaks. *Gastrointestinal Endoscopy* 67(5): AB159.

Ascitic fluid bilirubin levels have also been examined in patients with various forms of ascites. An ascitic fluid bilirubin concentration greater than 6 mg/dL and an ascitic fluid to serum bilirubin ratio of greater than 1.0 appears to be consistent with bile peritonitis. Runyon, BA. (1987). Ascitic fluid bilirubin concentration as a key to choleperitoneum. *J Clin Gastroenterol* 9(5): 543-545.

**CPT Codes:**

82247

## Biopterin (Newborn Screening follow-up only)

### ORDERING

**Available Stat:**

No

**Performing Lab:**

Calif. Dept. of Public Health

**Supplemental Test Request Form Required:**

Yes

### COLLECTION

**Sample Type:**

Whole blood &amp; urine

**Collect:**

Newborn Screening Specimen Collection Card

Urine container

**Amount to Collect:**

4 blood spot circles &amp; 10 mL urine

**Preferred Volume:**

4 paper filter blood spots

10 mL urine

**Minimum Volume:**

4 paper filter blood spots

10 mL urine

**Remarks:**

**Blood:** Fill a minimum of 4 circles on the Newborn Screening Specimen Collection Card and allow to air dry for 3 hours. keep sample away from direct sunlight and heat. Peel off one barcode label from the Newborn Screening Specimen Collection Card and apply to the Biopterin Specimen Collection form.

**Urine:** Collect 10 mL urine. Protect collection container from light by wrapping in aluminum foil. Provide pink copy of Biopterin Specimen Collection form to parents. Send the Biopterin Specimen Collection form, Newborn Screening Specimen Collection Card, and urine sample to laboratory for shipment.

[Collection Instructions](#)

### PROCESSING

**Sendout:**

Yes

**Performing Lab:**

Calif. Dept. of Public Health

**Specimen Preparation:**

Freeze the Newborn Screening Specimen Collection Card in a plastic bag at -20C.

Transfer urine into light protected container. Apply the second bar code label from the Newborn Screening Specimen Collection Card to the urine container. Wrap the urine sample with aluminum foil and freeze at -20C.

Samples can only be shipped Monday-Thursday. Ship urine, Newborn Screening Specimen Collection Card, along with 2 white copies of the Biopterin Specimen Collection form, on dry ice to:

California Department of Public Health Genetic Disease Laboratory Branch  
850 Marina Bay Parkway, C222 for Biopterin  
Richmond, CA 94804

For questions contact Ram Mathur at (510) 231-1790 or (510) 231-1793.

**Preferred Volume:**

4 paper filter blood spots

10 mL urine

**Minimum Volume:**

4 paper filter blood spots

10 mL urine

### COMPLETE VIEW

**Available Stat:**

No

**Performing Lab:**

Calif. Dept. of Public Health

**Sendout:**

Yes

**Remarks:**

**Blood:** Fill a minimum of 4 circles on the Newborn Screening Specimen Collection Card and allow to air dry for 3 hours. keep sample away from direct sunlight and heat. Peel off one barcode label from the Newborn Screening Specimen Collection Card and apply to the Biopterin Specimen Collection form.

**Urine:** Collect 10 mL urine. Protect collection container from light by wrapping in aluminum foil. Provide pink copy of Biopterin Specimen Collection form to parents. Send the Biopterin Specimen Collection form, Newborn Screening Specimen Collection Card, and urine sample to laboratory for shipment.

[Collection Instructions](#)

**Collect:**

Newborn Screening Specimen Collection Card  
Urine container

**Amount to Collect:**

4 blood spot circles & 10 mL urine

**Sample Type:**

Whole blood & urine

**Preferred Volume:**

4 paper filter blood spots  
10 mL urine

**Minimum Volume:**

4 paper filter blood spots  
10 mL urine

**Specimen Preparation:**

Freeze the Newborn Screening Specimen Collection Card in a plastic bag at -20C.

Transfer urine into light protected container. Apply the second bar code label from the Newborn Screening Specimen Collection Card to the urine container. Wrap the urine sample with aluminum foil and freeze at -20C.

Samples can only be shipped Monday-Thursday. Ship urine, Newborn Screening Specimen Collection Card, along with 2 white copies of the Biopterin Specimen Collection form, on dry ice to:

California Department of Public Health Genetic Disease Laboratory Branch  
850 Marina Bay Parkway, C222 for Biopterin  
Richmond, CA 94804

For questions contact Ram Mathur at (510) 231-1790 or (510) 231-1793.

**Supplemental Test Request Form Required:**

Yes

# Biotinidase

LAB958

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Lucille-Packard Childrens Hospital

**Reported:**

Test batched weekly. Turnaround time: 1 week.

**Additional Information:**

This quantitative, spectrophotometric assay identifies patients with biotinidase deficiency, or late-onset multiple carboxylase deficiency.

## COLLECTION

**Sample Type:**

Heparinized plasma or serum

**Collect:**

Dark Green top, Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

## PROCESSING

**Test Code:**

BIOTI

**Sendout:**

Yes

**Performing Lab:**

Lucille-Packard Childrens Hospital

**Specimen Preparation:**

Serum/Plasma must be frozen and stored frozen at -20C. Specimen pickup by Stanford Courier Services Monday-Friday. Maintain specimen in frozen condition to Stanford Hospital Clinical Laboratories for testing at Lucille Packard Children's Hospital.

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

## RESULT INTERPRETATION

**Units:**

nmol/min/mL

**Reference Interval:**

3.3-8.7 nmol/min/mL

**Additional Information:**

This quantitative, spectrophotometric assay identifies patients with biotinidase deficiency, or late-onset multiple carboxylase deficiency.

## ADMINISTRATIVE

**CPT Codes:**

82261-90

**LOINC Codes:**

32619-9

## COMPLETE VIEW



**Available Stat:**

No

**Test Code:**

BIOTI

**Performing Lab:**

Lucille-Packard Childrens Hospital

**Sendout:**

Yes

**Collect:**

Dark Green top, Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Heparinized plasma or serum

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Specimen Preparation:**

Serum/Plasma must be frozen and stored frozen at -20C. Specimen pickup by Stanford Courier Services Monday-Friday. Maintain specimen in frozen condition to Stanford Hospital Clinical Laboratories for testing at Lucille Packard Children's Hospital.

**Units:**

nmol/min/mL

**Reference Interval:**

3.3-8.7 nmol/min/mL

**Reported:**

Test batched weekly. Turnaround time: 1 week.

**Additional Information:**

This quantitative, spectrophotometric assay identifies patients with biotinidase deficiency, or late-onset multiple carboxylase deficiency.

**CPT Codes:**

82261-90

**LOINC Codes:**

32619-9

# BK virus DNA, Quantitative, Urine

LAB5260

## ORDERING

**Approval Required:**

Approval by microbiology section chief is required for testing >1 sample submitted within 5 days. Call 415-353-1268.

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Test performed 3x per week

**Methodology:**

Real-Time PCR

**Reported:**

1-4 days

**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- BKV
- Polyoma virus
- BK Virus
- BKVU

## COLLECTION

**Sample Type:**

Urine

**Collect:**

Urine in a sterile screw top tube

**Amount to Collect:**

1.2 mL

**Preferred Volume:**

1.2 mL

**Minimum Volume:**

0.6 mL

**Storage/Transport Temperature:**

Freeze at -80 degrees Celsius

**Unacceptable Conditions:**

Grossly bloody specimens will be rejected. Duplicate samples submitted within 5 days will be rejected.

## PROCESSING

**Test Code:**

BKVU

**Performing Lab:**

Microbiology

**Preferred Volume:**

1.2 mL

**Minimum Volume:**

0.6 mL

**Unacceptable Conditions:**

Grossly bloody specimens will be rejected. Duplicate samples submitted within 5 days will be rejected.

**Storage/Transport Temperature:**

Freeze at -80 degrees Celsius

## RESULT INTERPRETATION

**Units:**

International Units per Milliliter (IU/mL)

**Reference Interval:**

Not detected

**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Interpretive Data:**Linear range: 1000 IU/mL to  $2 \times 10^7$  IU/mL**ADMINISTRATIVE****CPT Codes:**

87799

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Approval Required:**

Approval by microbiology section chief is required for testing &gt;1 sample submitted within 5 days. Call 415-353-1268.

**Available Stat:**

No

**Test Code:**

BKVU

**Performing Lab:**

Microbiology

**Performed:**

Test performed 3x per week

**Methodology:**

Real-Time PCR

**Collect:**

Urine in a sterile screw top tube

**Amount to Collect:**

1.2 mL

**Sample Type:**

Urine

**Preferred Volume:**

1.2 mL

**Minimum Volume:**

0.6 mL

**Unacceptable Conditions:**

Grossly bloody specimens will be rejected. Duplicate samples submitted within 5 days will be rejected.

**Units:**

International Units per Milliliter (IU/mL)

**Reference Interval:**

Not detected

**Interpretive Data:**Linear range: 1000 IU/mL to  $2 \times 10^7$  IU/mL**Synonyms:**

- BKV
- Polyoma virus
- BK Virus
- BKVU

**Storage/Transport Temperature:**

Freeze at -80 degrees Celsius

**Reported:**

1-4 days

**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

87799

**LDT or Modified FDA:**

Yes

# BK virus, DNA, Quantitative, Plasma

LAB1374

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Test performed 3x per week.

**Methodology:**

Real-Time PCR

**Reported:**

1-4 days.

**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- BKV
- Polyoma virus

## COLLECTION

**Sample Type:**

Plasma

**Collect:**

Lavender top

**Amount to Collect:**

&gt;2 mL blood

**Preferred Volume:**

1.2 mL plasma

**Minimum Volume:**

0.6 mL plasma

**Stability (from collection to initiation):**

Freeze plasma at -80 degrees Celsius.

**Unacceptable Conditions:**

Grossly hemolyzed specimens and specimens collected in heparin tubes will be rejected.

## PROCESSING

**Test Code:**

BKV

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Separate plasma from blood cells within 6 hour of collection.

**Preferred Volume:**

1.2 mL plasma

**Minimum Volume:**

0.6 mL plasma

**Unacceptable Conditions:**

Grossly hemolyzed specimens and specimens collected in heparin tubes will be rejected.

**Stability (from collection to initiation):**

Freeze plasma at -80 degrees Celsius.

## RESULT INTERPRETATION

**Units:**

International Units per Milliliter (IU/mL)

**Reference Interval:**Linear range: 100 IU/mL to  $2 \times 10^7$  IU/mL**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

87799

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

42587-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BKV

**Performing Lab:**

Microbiology

**Performed:**

Test performed 3x per week.

**Methodology:**

Real-Time PCR

**Collect:**

Lavender top

**Amount to Collect:**

&gt;2 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

1.2 mL plasma

**Minimum Volume:**

0.6 mL plasma

**Unacceptable Conditions:**

Grossly hemolyzed specimens and specimens collected in heparin tubes will be rejected.

**Specimen Preparation:**

Separate plasma from blood cells within 6 hour of collection.

**Units:**

International Units per Milliliter (IU/mL)

**Reference Interval:**Linear range: 100 IU/mL to  $2 \times 10^7$  IU/mL**Synonyms:**

- BKV
- Polyoma virus

**Stability (from collection to initiation):**

Freeze plasma at -80 degrees Celsius.

**Reported:**

1-4 days.

**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

87799

**LDT or Modified FDA:**  
Yes

**LOINC Codes:**  
42587-6

# Blastomycosis Antibody

LAB3528

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

Immunodiffusion

**Reported:**

Set up 5x per week. Turnaround time 4-6 days

**Additional Information:**

Blastomycosis, caused by the fungus *Blastomyces dermatitidis*, occurs most commonly in men ages 20-69 years. Infection may be transient or lead to chronic, progressive pulmonary disease.

A positive result is diagnostic of active or recent blastomycosis and is found in approximately 80% of proven cases of blastomycosis.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 3 days, frozen at -20C 6 months.

## PROCESSING

**Test Code:**

BLAS

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Freeze sample. Order Quest #932. For B&amp;T patients order LabCorp test # 164293

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 3 days, frozen at -20C 6 months.

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Blastomycosis, caused by the fungus *Blastomyces dermatitidis*, occurs most commonly in men ages 20-69 years. Infection may be transient or lead to chronic, progressive pulmonary disease.

A positive result is diagnostic of active or recent blastomycosis and is found in approximately 80% of proven cases of blastomycosis.

## ADMINISTRATIVE



**CPT Codes:**  
86612-90`

**LOINC Codes:**  
5058-3

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
BLAS

**Performing Lab:**  
Focus via Quest

**Sendout:**  
Yes

**Methodology:**  
Immunodiffusion

**Collect:**  
Red top (Gold top acceptable)

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.1 mL serum

**Specimen Preparation:**  
Freeze sample. Order Quest #932. For B&T patients order LabCorp test # 164293

**Reference Interval:**  
Negative

**Stability (from collection to initiation):**  
Room temperature 8 hours, refrigerated 3 days, frozen at -20C 6 months.

**Reported:**  
Set up 5x per week. Turnaround time 4-6 days

**Additional Information:**  
Blastomycosis, caused by the fungus *Blastomyces dermatitidis*, occurs most commonly in men ages 20-69 years. Infection may be transient or lead to chronic, progressive pulmonary disease.

A positive result is diagnostic of active or recent blastomycosis and is found in approximately 80% of proven cases of blastomycosis.

**CPT Codes:**  
86612-90`

**LOINC Codes:**  
5058-3

# Blood Bank Outside Lab Test

LAB1007

## ORDERING

**Approval Required:**

YES. Test should be ordered only after consult with Blood Bank Physician.

**Available Stat:**

No

**Methodology:**

Test specific

**Additional Information:**

Please order BOLT for Immunohematology Reference Lab Send Out Tests like RBC Genotyping, DAT Negative Hemolytic Anemia work up, Platelet Antibody Screen for Platelet, MMA, etc.

**Synonyms:**

- Immunohematology Reference Lab Send Out Test

## COLLECTION

**Patient Preparation:**

Specific to test being ordered - call Blood Bank for details.

**Sample Type:**

Specific to test being ordered - call Blood Bank for details.

**Collect:**

Specific to test being ordered - call Blood Bank for details.

**Amount to Collect:**

Specific to test being ordered - call Blood Bank for details.

**Stability (from collection to initiation):**

Specific to test being ordered - call Blood Bank for details.

**Storage/Transport Temperature:**

Specific to test being ordered - call Blood Bank for details.

**Rejection Criteria:**

Quantity not sufficient, incorrect specimen tubes/types

## PROCESSING

**Test Code:**

BOLT

**Test Group:**

Blood Bank Send out test

**Sendout:**

Yes

**Specimen Preparation:**

Send samples to Blood Bank to be shipped to American Red Cross Reference Lab. Do not separate plasma or serum.

**Rejection Criteria:**

Quantity not sufficient, incorrect specimen tubes/types

**Stability (from collection to initiation):**

Specific to test being ordered - call Blood Bank for details.

**Storage/Transport Temperature:**

Specific to test being ordered - call Blood Bank for details.

## RESULT INTERPRETATION

**Additional Information:**

Please order BOLT for Immunohematology Reference Lab Send Out Tests like RBC Genotyping, DAT Negative Hemolytic Anemia work up, Platelet Antibody Screen for Platelet, MMA, etc.

## COMPLETE VIEW

**Approval Required:**

YES. Test should be ordered only after consult with Blood Bank Physician.

**Available Stat:**

No

**Test Code:**

BOLT

**Test Group:**

Blood Bank Send out test

**Sendout:**

Yes

**Methodology:**

Test specific

**Patient Preparation:**

Specific to test being ordered - call Blood Bank for details.

**Collect:**

Specific to test being ordered - call Blood Bank for details.

**Amount to Collect:**

Specific to test being ordered - call Blood Bank for details.

**Sample Type:**

Specific to test being ordered - call Blood Bank for details.

**Rejection Criteria:**

Quantity not sufficient, incorrect specimen tubes/types

**Specimen Preparation:**

Send samples to Blood Bank to be shipped to American Red Cross Reference Lab. Do not separate plasma or serum.

**Synonyms:**

- Immunohematology Reference Lab Send Out Test

**Storage/Transport Temperature:**

Specific to test being ordered - call Blood Bank for details.

**Stability (from collection to initiation):**

Specific to test being ordered - call Blood Bank for details.

**Additional Information:**

Please order BOLT for Immunohematology Reference Lab Send Out Tests like RBC Genotyping, DAT Negative Hemolytic Anemia work up, Platelet Antibody Screen for Platelet, MMA, etc.

# Blood Culture

LAB15009

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily, all shifts

**Methodology:**

Culture

**Reported:**

Up to 6 days

**Additional Information:**

Notify Microbiology when Brucella is suspect so that the cultures can be incubated for 14 days.

**Reflex Testing:**

If bacteria are detected they are identified and susceptibility testing is performed as appropriate.

**Synonyms:**

- Bld Cx

## COLLECTION

**Sample Type:**

Blood

**Collect:**

Paired blood culture bottles (BD BACTEC Plus Aerobic and Lytic Anaerobic bottles)

**Amount to Collect:**

Adults: 20 mL total (10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight:

&lt; 1 kg = 1 mL for aerobic only (0.5 mL for neonates &lt; 72h old)

1 - 5 kg = 2 mL total (1 mL for each bottle)

5 - 15 kg = 3 mL total (1.5 mL for each bottle)

15 - 40 kg = 6 mL total (3 mL for each bottle)

&gt;40 kg = 10 mL total (5 mL for each bottle)

**Preferred Volume:**

Adults: 20 mL total (10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight (see Amount to Collect above)

**Minimum Volume:**

Adults: 10 mL total (5 mL for each bottle)

Pediatrics: Draw 1.0 mL minimum for culture (0.5 mL for neonates &lt; 72h old) when collecting aerobic only (standard). If both aerobic and anaerobic needed, instill minimum of 1 mL in each bottle when collecting.

**Remarks:**

## 1. Adults:

Collect 2 sets of cultures from different sites.

Collect at least one set of cultures from a peripheral site.

## 2. Pediatrics:

Amount of blood depends on weight of patient (see weight based minimums). Anaerobic sample should be sent only in the following circumstances: Outpatients, patients with immunodeficiency, malignancy or after bone or human stem cell transplant, patients with gastrointestinal disorder, or at physician's request due to concern for anaerobes. Sending only an aerobic specimen is sufficient for all other patient populations.

3. Clarify which line(s) to obtain sample from with the provider.

4. Remove plastic cap of each bottle and scrub top of each bottle with 70% alcohol prep pad.

5. Obtain sample. Instill sample into blood culture bottles. Refer to Blood Culture Methods (General) procedure in Nursing Procedures Manual.

6. Instill sample into aerobic bottle first and then into anaerobic bottle. Do not aspirate air into the anaerobic bottle. Do not add more than 10 mL into each bottle. Gently invert bottles to mix contents.

7. Label each bottle with patient's name and medical record number, type of central line, and indicate location of the line and the lumen color, if desired. Do not place label on neck of bottle or bottom (underneath) of bottle, and do not cover bar code on bottle with the label. Place label vertically on bottle.

**Stability (from collection to initiation):**

36 hours at room temperature

**Unacceptable Conditions:**

Samples that are not collected per "Collection Instructions"

**PROCESSING****Test Code:**

P061

**Test Group:**

Bacterial culture

**Performing Lab:**

Microbiology

**Specimen Preparation:**

1. If bottles are overfilled, enter OVRFIL (Blood culture appears overfilled; do not put >10ml/bottle.) in SREQ.
2. If actual source (Peripheral Blood, Central Blood) does not match order, complete a credit form and indicate reason BMIS (Specimen source on order/requisition and on bottle received do not match. Test performed and results available under separate order.)
3. Accession the specimen with the test code corresponding to the actual source, and enter MISB (Specimen source on order/requisition and on bottle received do not match. Source listed on bottle used for identification.) in SREQ.
4. If the time from collection to loading bottles on the instrument is more than 12 hours, give the bottles to a CLS to subculture before loading.

**Preferred Volume:**

Adults: 20 mL total (10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight (see Amount to Collect above)

**Minimum Volume:**

Adults: 10 mL total (5 mL for each bottle)

Pediatrics: Draw 1.0 mL minimum for culture (0.5 ml for neonates < 72h old) when collecting aerobic only (standard). If both aerobic and anaerobic needed, instill minimum of 1 mL in each bottle when collecting.

**Unacceptable Conditions:**

Samples that are not collected per "Collection Instructions"

**Stability (from collection to initiation):**

36 hours at room temperature

**RESULT INTERPRETATION****Reference Interval:**

No growth

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning. Gram stain results from the first positive blood culture on a patient will be phoned. Additional calls only made if > 7 days have elapsed since first call or a different organism is identified.

**Additional Information:**

Notify Microbiology when Brucella is suspect so that the cultures can be incubated for 14 days.

**ADMINISTRATIVE****CPT Codes:**

87040

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P061

**Test Group:**

Bacterial culture

**Performing Lab:**

Microbiology

**Performed:**

Daily, all shifts

**Methodology:**

Culture

**Remarks:**

1. Adults:

Collect 2 sets of cultures from different sites.

Collect at least one set of cultures from a peripheral site.

2. Pediatrics:

Amount of blood depends on weight of patient (see weight based minimums). Anaerobic sample should be sent only in the following circumstances: Outpatients, patients with immunodeficiency, malignancy or after bone or human stem cell transplant, patients with gastrointestinal disorder, or at physician's request due to concern for anaerobes. Sending only an aerobic specimen is sufficient for all other patient populations.

3. Clarify which line(s) to obtain sample from with the provider.

4. Remove plastic cap of each bottle and scrub top of each bottle with 70% alcohol prep pad.

5. Obtain sample. Instill sample into blood culture bottles. Refer to Blood Culture Methods (General) procedure in Nursing Procedures Manual.

6. Instill sample into aerobic bottle first and then into anaerobic bottle. Do not aspirate air into the anaerobic bottle. Do not add more than 10 mL into each bottle. Gently invert bottles to mix contents.

7. Label each bottle with patient's name and medical record number, type of central line, and indicate location of the line and the lumen color, if desired. Do not place label on neck of bottle or bottom (underneath) of bottle, and do not cover bar code on bottle with the label. Place label vertically on bottle.

**Collect:**

Paired blood culture bottles (BD BACTEC Plus Aerobic and Lytic Anaerobic bottles)

**Amount to Collect:**

Adults: 20 mL total (10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight:

< 1 kg = 1 mL for aerobic only (0.5 mL for neonates < 72h old)

1 - 5 kg = 2 mL total (1 mL for each bottle)

5 - 15 kg = 3 mL total (1.5 mL for each bottle)

15 - 40 kg = 6 mL total (3 mL for each bottle)

>40 kg = 10 mL total (5 mL for each bottle)

**Sample Type:**

Blood

**Preferred Volume:**

Adults: 20 mL total (10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight (see Amount to Collect above)

**Minimum Volume:**

Adults: 10 mL total (5 mL for each bottle)

Pediatrics: Draw 1.0 mL minimum for culture (0.5 mL for neonates < 72h old) when collecting aerobic only (standard). If both aerobic and anaerobic needed, instill minimum of 1 mL in each bottle when collecting.

**Unacceptable Conditions:**

Samples that are not collected per "Collection Instructions"

**Specimen Preparation:**

1. If bottles are overfilled, enter OVRFIL (Blood culture appears overfilled; do not put >10ml/bottle.) in SREQ.
2. If actual source (Peripheral Blood, Central Blood) does not match order, complete a credit form and indicate reason BMIS (Specimen source on order/requisition and on bottle received do not match. Test performed and results available under separate order.)
3. Accession the specimen with the test code corresponding to the actual source, and enter MISB (Specimen source on order/requisition and on bottle received do not match. Source listed on bottle used for identification.) in SREQ.
4. If the time from collection to loading bottles on the instrument is more than 12 hours, give the bottles to a CLS to subculture before loading.

**Reference Interval:**

No growth

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning. Gram stain results from the first positive blood culture on a patient will be phoned. Additional calls only made if > 7 days have elapsed since first call or a different organism is identified.

**Synonyms:**

- Bld Cx

**Stability (from collection to initiation):**

36 hours at room temperature

**Reported:**

Up to 6 days

**Reflex Testing:**

If bacteria are detected they are identified and susceptibility testing is performed as appropriate.

**Additional Information:**

Notify Microbiology when Brucella is suspect so that the cultures can be incubated for 14 days.

**CPT Codes:**

87040

# Blood Gas Panels, Whole Blood

LAB5805

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Methodology:**

Radiometer ABL 90 FLEX Plus



**Additional Information:**

The following blood gas panels are available (click on the hyperlinks for detailed information about each component):

[Cooximetry](#) only (includes CAHB, O2HB, COHB, MEHB, O2HX)

LAB4441 (Arterial source)

LAB4442 (Venous source)

LAB4469 (Mixed Venous source)

LAB4458 (Central Venous source)

LAB5817 (CPCOOX): Capillary source or syringe

LAB4476 (Arterial Cord Blood source)

LAB4477 (Venous Cord Blood source)

[Blood gas](#) only (includes PH37, PCO2, PO2, BEX, HCO3, SAO2)

LAB 5818 (ABGO): Arterial source

LAB5819 (VBGO): Venous source

LAB5900 (CVBGO): Central venous source

LAB5901 (MVBGO): Mixed venous source

LAB5902 (CAPBGO): Capillary source

LAB5808 (CORBGA): Arterial cord blood source

LAB5809 (CORBGV): Venous cord blood source

Blood gas with Cooximetry (includes PH37, PCO2, PO2, BEX, HCO3, SAO2, CAHB, O2HB, COHB, MEHB, O2HX)

LAB5820 (ABGCOX): Arterial source

LAB5821 (VBGCOX): Venous source

LAB5810 (CVBGCX): Central venous source

LAB5822 (MVBGCX): Mixed venous source

LAB4538: Capillary source

Blood gas with cooximetry and lactate (includes PH37, PCO2, PO2, BEX, HCO3, SAO2, CAHB, O2HB, COHB, MEHB, O2HX, CAHB, NHCT, LACTWB) (includes hemoglobin and hematocrit)

LAB4422: Arterial source

LAB4423: Venous source

LAB4424: Central venous source

LAB4425: Mixed venous source

Blood Gas with [lactate](#) (includes PH37, PCO2, PO2, BEX, HCO3, SAO2, NAWB, KSB, CAIB, CLWB, CAIB, GLB, CAHB, NHCT, LACTWB) (includes electrolytes (Na, K, Cl, iCa) and hemoglobin and hematocrit)

LAB5805 (ARTBGL): Arterial source

LAB5807 (VENBGL): Venous source

LAB5811 (CVBGL): Central venous source

LAB5813 (MVBGL): Mixed venous source

LAB5814 (CAPBG): Capillary source (Note: does NOT include lactate)

Circuit Blood Gas (includes PH37, PCO2, PO2, BEX, HCO3, SAO2, NAWB, KSB, CAIB, CLWB, CAIB, CAHB, NHCT) (includes electrolytes (Na, K, Cl, iCa) and hemoglobin/hematocrit)

LAB5815 (CIRBGA): Arterial circuit source

LAB5816 (CIRBGV): Venous circuit source

**Synonyms:**

- pH
- pCO<sub>2</sub>
- pO<sub>2</sub>
- O<sub>2</sub> Saturation
- O<sub>2</sub> Sat
- Base excess
- A-a gradient
- HCO<sub>3</sub><sup>-</sup>
- ABG
- BG
- BE
- oxygen
- carbon dioxide
- bicarbonate
- electrolytes
- glucose
- lactate
- hemoximetry, cooximetry
- hemoglobin
- hematocrit
- sodium
- potassium
- chloride
- ionized calcium
- CPOOX
- ABGO
- VBGO
- CVBGO
- MVBGO
- CAPBGO
- CORBGA
- CORBGV
- ABGCOX
- VBGCOX
- CVBGCX
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the "butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or "butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, finger tip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab > 30 minutes after collection may yield erroneous results.

**Stability (from collection to initiation):**

< 30 minutes

**PROCESSING****Test Code:**

See 'Additional Information' for relevant test codes.

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Stability (from collection to initiation):**

< 30 minutes

**RESULT INTERPRETATION**

**Reference Interval:**

See separate entries for:

[Blood gases](#)

[Cooximetry](#)

[Electrolytes](#)

[Glucose](#)

[Hematocrit](#)

[Lactate](#)

**Critical Values:**

See above hyperlinks

**Additional Information:**

The following blood gas panels are available (click on the hyperlinks for detailed information about each component):

[Cooximetry](#) only (includes CAHB, O2HB, COHB, MEHB, O2HX)

LAB4441 (Arterial source)

LAB4442 (Venous source)

LAB4469 (Mixed Venous source)

LAB4458 (Central Venous source)

LAB5817 (CPCOOX): Capillary source or syringe

LAB4476 (Arterial Cord Blood source)

LAB4477 (Venous Cord Blood source)

[Blood gas](#) only (includes PH37, PCO2, PO2, BEX, HCO3, SAO2)

LAB 5818 (ABGO): Arterial source

LAB5819 (VBGO): Venous source

LAB5900 (CVBGO): Central venous source

LAB5901 (MVBGO): Mixed venous source

LAB5902 (CAPBGO): Capillary source

LAB5808 (CORBGA): Arterial cord blood source

LAB5809 (CORBGV): Venous cord blood source

Blood gas with Cooximetry (includes PH37, PCO2, PO2, BEX, HCO3, SAO2, CAHB, O2HB, COHB, MEHB, O2HX)

LAB5820 (ABGCOX): Arterial source

LAB5821 (VBGCOX): Venous source

LAB5810 (CVBGCX): Central venous source

LAB5822 (MVBGCX): Mixed venous source

LAB4538: Capillary source

Blood gas with cooximetry and lactate (includes PH37, PCO2, PO2, BEX, HCO3, SAO2, CAHB, O2HB, COHB, MEHB, O2HX, CAHB, NHCT, LACTWB) (includes hemoglobin and hematocrit)

LAB4422: Arterial source

LAB4423: Venous source

LAB4424: Central venous source

LAB4425: Mixed venous source

Blood Gas with [lactate](#) (includes PH37, PCO2, PO2, BEX, HCO3, SAO2, NAWB, KSB, CAIB, CLWB, CAIB, GLB, CAHB, NHCT, LACTWB) (includes electrolytes (Na, K, Cl, iCa) and hemoglobin and hematocrit)

LAB5805 (ARTBGL): Arterial source

LAB5807 (VENBGL): Venous source

LAB5811 (CVBGL): Central venous source

LAB5813 (MVBGL): Mixed venous source

LAB5814 (CAPBG): Capillary source (Note: does NOT include lactate)

Circuit Blood Gas (includes PH37, PCO2, PO2, BEX, HCO3, SAO2, NAWB, KSB, CAIB, CLWB, CAIB, CAHB, NHCT) (includes electrolytes (Na, K, Cl, iCa) and hemoglobin/hematocrit)

LAB5815 (CIRBGA): Arterial circuit source

LAB5816 (CIRBGV): Venous circuit source

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

See 'Additional Information' for relevant test codes.

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Methodology:**

Radiometer ABL 90 FLEX Plus

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the "butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or "butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, finger tip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab > 30 minutes after collection may yield erroneous results.

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Reference Interval:**

See separate entries for:

[Blood gases](#)

[Cooximetry](#)

[Electrolytes](#)

[Glucose](#)

[Hematocrit](#)

[Lactate](#)

**Critical Values:**

See above hyperlinks

**Synonyms:**

- pH
- pCO<sub>2</sub>
- pO<sub>2</sub>
- O<sub>2</sub> Saturation
- O<sub>2</sub> Sat
- Base excess
- A-a gradient
- HCO<sub>3</sub><sup>-</sup>
- ABG
- BG
- BE
- oxygen
- carbon dioxide
- bicarbonate
- electrolytes
- glucose
- lactate
- hemoximetry, cooximetry
- hemoglobin
- hematocrit
- sodium
- potassium
- chloride
- ionized calcium
- CPCOOX
- ABGO
- VBGO
- CVBGO
- MVBGO
- CAPBGO
- CORBGA
- CORBGV
- ABGCOX
- VBGCOX
- CVBGCX
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV

**Stability (from collection to initiation):**

< 30 minutes

**Additional Information:**

The following blood gas panels are available (click on the hyperlinks for detailed information about each component):

[Cooximetry](#) only (includes CAHB, O2HB, COHB, MEHB, O2HX)

LAB4441 (Arterial source)

LAB4442 (Venous source)

LAB4469 (Mixed Venous source)

LAB4458 (Central Venous source)

LAB5817 (CPCOOX): Capillary source or syringe

LAB4476 (Arterial Cord Blood source)

LAB4477 (Venous Cord Blood source)

[Blood gas](#) only (includes PH37, PCO2, PO2, BEX, HCO3, SAO2)

LAB 5818 (ABGO): Arterial source

LAB5819 (VBGO): Venous source

LAB5900 (CVBGO): Central venous source

LAB5901 (MVBGO): Mixed venous source

LAB5902 (CAPBGO): Capillary source

LAB5808 (CORBGA): Arterial cord blood source

LAB5809 (CORBGV): Venous cord blood source

Blood gas with Cooximetry (includes PH37, PCO2, PO2, BEX, HCO3, SAO2, CAHB, O2HB, COHB, MEHB, O2HX)

LAB5820 (ABGCOX): Arterial source

LAB5821 (VBGCOX): Venous source

LAB5810 (CVBGCX): Central venous source

LAB5822 (MVBGCX): Mixed venous source

LAB4538: Capillary source

Blood gas with cooximetry and lactate (includes PH37, PCO2, PO2, BEX, HCO3, SAO2, CAHB, O2HB, COHB, MEHB, O2HX, CAHB, NHCT, LACTWB) (includes hemoglobin and hematocrit)

LAB4422: Arterial source

LAB4423: Venous source

LAB4424: Central venous source

LAB4425: Mixed venous source

Blood Gas with [lactate](#) (includes PH37, PCO2, PO2, BEX, HCO3, SAO2, NAWB, KSB, CAIB, CLWB, CAIB, GLB, CAHB, NHCT, LACTWB) (includes electrolytes (Na, K, Cl, iCa) and hemoglobin and hematocrit)

LAB5805 (ARTBGL): Arterial source

LAB5807 (VENBGL): Venous source

LAB5811 (CVBGL): Central venous source

LAB5813 (MVBGL): Mixed venous source

LAB5814 (CAPBG): Capillary source (Note: does NOT include lactate)

Circuit Blood Gas (includes PH37, PCO2, PO2, BEX, HCO3, SAO2, NAWB, KSB, CAIB, CLWB, CAIB, CAHB, NHCT) (includes electrolytes (Na, K, Cl, iCa) and hemoglobin/hematocrit)

LAB5815 (CIRBGA): Arterial circuit source

LAB5816 (CIRBGV): Venous circuit source



# Blood Gases, Whole Blood

LAB5818

## ORDERING

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Radiometer ABL 90 FLEX Plus

**Reported:**

10 min

**Additional Information:**

This panel includes the following: pH (PH37), pCO<sub>2</sub> (PCO<sub>2</sub>), pO<sub>2</sub> (PO<sub>2</sub>), Base excess (BEX), Bicarb (HCO<sub>3</sub>) and oxygen saturation (SAO<sub>2</sub>)

All reported values are corrected to 37C unless otherwise specified. Results beyond the linear range of the instrument will be reported as < or > the extreme of the linear range. Samples containing small bubbles may be run at the laboratory's discretion. If analyzed, a comment will be added to the result regarding the presence of bubbles in the sample.

**Synonyms:**

- pH
- pCO<sub>2</sub>
- pO<sub>2</sub>
- O<sub>2</sub> Saturation
- O<sub>2</sub> Sat
- Base excess
- A-a gradient
- HCO<sub>3</sub><sup>-</sup>
- ABG
- BG
- BE
- oxygen
- carbon dioxide
- bicarbonate
- MVBGO
- CVBGO
- CAPBGO
- CORBGA
- CORBGV
- ABGCOX
- VBGCOX
- CVBGCX
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, finger tip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab > 30 minutes after collection may yield erroneous results.

**Stability (from collection to initiation):**

30 min.

**Unacceptable Conditions:**

Samples submitted > 30 min after collection. Samples with needle attached, containing large bubbles, unlabeled, mislabeled, clotted or of insufficient volume for testing.

**PROCESSING**

**Test Code:**

LAB5818 (ABGO) (blood gas from arterial source)  
LAB5819 (VBGO) (blood gas from venous source)  
LAB5901 (MVBGO) (blood gas from mixed venous source)  
LAB5900 (CVBGO) (blood gas from central venous source)  
LAB5902 (CAPBGO) (blood gas from capillary source)

LAB 5808 (CORBGA: arterial cord blood source)

LAB5809 (CORBGV: venous cord blood source)

LAB5815 (blood gas from arterial circuit source)

LAB5816 (blood gas from venous circuit source)

**Test Group:**

Blood Gases

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Samples submitted > 30 min after collection. Samples with needle attached, containing large bubbles, unlabeled, mislabeled, clotted or of insufficient volume for testing.

**Stability (from collection to initiation):**

30 min.

**RESULT INTERPRETATION**

**Units:**

mmHg, mmol/L, %

**Reference Interval:**

| Analyte                                | Arterial                              | Venous         | Mixed and central venous                     | Cord blood umbilical artery | Cord blood umbilical vein | Capillary                                           |
|----------------------------------------|---------------------------------------|----------------|----------------------------------------------|-----------------------------|---------------------------|-----------------------------------------------------|
| pH                                     | 7.35-7.45                             | 7.29-7.41      | 7.32-7.42                                    | 7.14-7.42                   | 7.22-7.44                 | 0-3 days, 7.31-7.47; >3 days, 7.35-7.45             |
| pCO <sub>2</sub> (mmHg)                | <1year: 27-41;<br>≥1 year: 32-46      | 37-65          | 37-51                                        | 34-78                       | 30-63                     | 0-3 days, 29-49; >3 days, 32-46                     |
| pO <sub>2</sub> (mmHg)                 | <30 days: 80-100;<br>≥30 days: 83-108 | Not applicable | Not applicable                               | <41                         | 12-43                     | 0-3 days: 33-61; 4-29 days:80-100; ≥30 days: 83-108 |
| HCO <sub>3</sub> <sup>-</sup> (mmol/L) | 23-29                                 | 23-31          | 23-29                                        | 21-29                       | 20-28                     | 23-29                                               |
| Base Excess (BE) (mmol/L)              | -3 to 3                               | Not applicable | -3 to 3                                      | -7 to 3                     | -6 to 2                   | -3 to 3                                             |
| Oxygen saturation (SaO <sub>2</sub> )  | 95-100%                               | Not applicable | Mixed venous: 75-84%; central venous: 67-82% | <81%                        | 23-94%                    | 95-100%                                             |

Arterial reference ranges for pH and pO<sub>2</sub> adopted from the UCSF reference range previously used with the ABL 835 blood gas analyzers.

Arterial reference range for base excess and oxygen saturation adopted from Klastrup et al, 2011, Clin Chem Lab Med, 49(9): 1495-1500 using the ABL 837 and 725 blood gas analyzers. Arterial reference range for pCO<sub>2</sub> (adult) and bicarbonate was adopted from Klastrup et al, with modifications made for the ABL 90 Flex Plus analyzers. Pediatric arterial reference range for pCO<sub>2</sub> adopted from Radiometer Acute Care Testing Handbook," 2014.

Venous reference ranges for pH and bicarbonate were adopted from Ress KL et al, Pathology, 2018, volume 50, supplement page S94. Venous reference ranges for pCO<sub>2</sub> were calculated using the Robust method in MedCalc. Reference ranges were verified by running 25 male and 25 female normal volunteers from UCSF Clinical Laboratories.

Note: it is not recommended to use venous blood for assessing oxygenation status.

**Critical Values:**

## Arterial:

|                                            |           |            |
|--------------------------------------------|-----------|------------|
| pH                                         | < 7.20    | > 7.55     |
| pCO <sub>2</sub>                           | < 25 mmHg | > 65 mmHg  |
| pO <sub>2</sub> (patient age <30 days old) | < 40 mmHg | > 100 mmHg |
| pO <sub>2</sub> (patient age ≥30 days old) | < 40 mmHg |            |

## Venous:

|                  |                     |
|------------------|---------------------|
| pH               | < 7.20 and > 7.59   |
| pCO <sub>2</sub> | < 20 and > 75 mm Hg |

## Mixed Venous:

|                  |                     |
|------------------|---------------------|
| pH               | < 7.20 and > 7.59   |
| pCO <sub>2</sub> | < 20 and > 65 mm Hg |

## Central Venous:

|                  |                     |
|------------------|---------------------|
| pH               | < 7.20 and > 7.55   |
| pCO <sub>2</sub> | < 20 and > 65 mm Hg |

## Capillary (Parnassus only):

|                  |           |            |
|------------------|-----------|------------|
| pH               | < 7.20    | > 7.55     |
| pCO <sub>2</sub> | < 25 mmHg | > 65 mm Hg |

## Capillary (Mission Bay and Mount Zion):

|                  |                                                                     |
|------------------|---------------------------------------------------------------------|
| pH               | < 7.20 and > 7.55                                                   |
| pCO <sub>2</sub> | < 25 and > 65 mmHg                                                  |
| pO <sub>2</sub>  | 0-3 days: < 33 mmHg<br>≥ 4 days: < 40 mmHg<br>< 30 days: > 100 mmHg |

## Cord Blood\*:

|             |       |
|-------------|-------|
| pH          | < 7.0 |
| Base excess | < -10 |

\* Only called to ICN

**Additional Information:**

This panel includes the following: pH (PH37), pCO<sub>2</sub> (PCO<sub>2</sub>), pO<sub>2</sub> (PO<sub>2</sub>), Base excess (BEX), Bicarb (HCO<sub>3</sub>) and oxygen saturation (SAO<sub>2</sub>)

All reported values are corrected to 37C unless otherwise specified. Results beyond the linear range of the instrument will be reported as < or > the extreme of the linear range. Samples containing small bubbles may be run at the laboratory's discretion. If analyzed, a comment will be added to the result regarding the presence of bubbles in the sample.

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Test Code:**

LAB5818 (ABGO) (blood gas from arterial source)  
 LAB5819 (VBGO) (blood gas from venous source)  
 LAB5901 (MVBGO) (blood gas from mixed venous source)  
 LAB5900 (CVBGO) (blood gas from central venous source)  
 LAB5902 (CAPBGO) (blood gas from capillary source)

LAB 5808 (CORBGA: arterial cord blood source)

LAB5809 (CORBGV: venous cord blood source)

LAB5815 (blood gas from arterial circuit source)

LAB5816 (blood gas from venous circuit source)

**Test Group:**

Blood Gases

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Radiometer ABL 90 FLEX Plus

**Remarks:**

Arterial puncture:

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

Venous samples:

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

Capillary Samples:

1. The following are recommended sampling sites: earlobe, finger tip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab > 30 minutes after collection may yield erroneous results.

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Samples submitted > 30 min after collection. Samples with needle attached, containing large bubbles, unlabeled, mislabeled, clotted or of insufficient volume for testing.

**Units:**

mmHg, mmol/L, %

**Reference Interval:**

| Analyte                                | Arterial                              | Venous         | Mixed and central venous                     | Cord blood umbilical artery | Cord blood umbilical vein | Capillary                                           |
|----------------------------------------|---------------------------------------|----------------|----------------------------------------------|-----------------------------|---------------------------|-----------------------------------------------------|
| pH                                     | 7.35-7.45                             | 7.29-7.41      | 7.32-7.42                                    | 7.14-7.42                   | 7.22-7.44                 | 0-3 days, 7.31-7.47; >3 days, 7.35-7.45             |
| pCO <sub>2</sub> (mmHg)                | <1year: 27-41;<br>≥1 year: 32-46      | 37-65          | 37-51                                        | 34-78                       | 30-63                     | 0-3 days, 29-49; >3 days, 32-46                     |
| pO <sub>2</sub> (mmHg)                 | <30 days: 80-100;<br>≥30 days: 83-108 | Not applicable | Not applicable                               | <41                         | 12-43                     | 0-3 days: 33-61; 4-29 days:80-100; ≥30 days: 83-108 |
| HCO <sub>3</sub> <sup>-</sup> (mmol/L) | 23-29                                 | 23-31          | 23-29                                        | 21-29                       | 20-28                     | 23-29                                               |
| Base Excess (BE) (mmol/L)              | -3 to 3                               | Not applicable | -3 to 3                                      | -7 to 3                     | -6 to 2                   | -3 to 3                                             |
| Oxygen saturation (SaO <sub>2</sub> )  | 95-100%                               | Not applicable | Mixed venous: 75-84%; central venous: 67-82% | <81%                        | 23-94%                    | 95-100%                                             |

Arterial reference ranges for pH and pO<sub>2</sub> adopted from the UCSF reference range previously used with the ABL 835 blood gas analyzers.

Arterial reference range for base excess and oxygen saturation adopted from Klastrup et al, 2011, Clin Chem Lab Med, 49(9): 1495-1500 using the ABL 837 and 725 blood gas analyzers. Arterial reference range for pCO<sub>2</sub> (adult) and bicarbonate was adopted from Klastrup et al, with modifications made for the ABL 90 Flex Plus analyzers. Pediatric arterial reference range for pCO<sub>2</sub> adopted from Radiometer Acute Care Testing Handbook," 2014.

Venous reference ranges for pH and bicarbonate were adopted from Ress KL et al, Pathology, 2018, volume 50, supplement page S94. Venous reference ranges for pCO<sub>2</sub> were calculated using the Robust method in MedCalc. Reference ranges were verified by running 25 male and 25 female normal volunteers from UCSF Clinical Laboratories.

Note: it is not recommended to use venous blood for assessing oxygenation status.

**Critical Values:**

## Arterial:

|                                            |           |            |
|--------------------------------------------|-----------|------------|
| pH                                         | < 7.20    | > 7.55     |
| pCO <sub>2</sub>                           | < 25 mmHg | > 65 mmHg  |
| pO <sub>2</sub> (patient age <30 days old) | < 40 mmHg | > 100 mmHg |
| pO <sub>2</sub> (patient age ≥30 days old) | < 40 mmHg |            |

## Venous:

|                  |                     |
|------------------|---------------------|
| pH               | < 7.20 and > 7.59   |
| pCO <sub>2</sub> | < 20 and > 75 mm Hg |

## Mixed Venous:

|                  |                     |
|------------------|---------------------|
| pH               | < 7.20 and > 7.59   |
| pCO <sub>2</sub> | < 20 and > 65 mm Hg |

## Central Venous:

|                  |                     |
|------------------|---------------------|
| pH               | < 7.20 and > 7.55   |
| pCO <sub>2</sub> | < 20 and > 65 mm Hg |

## Capillary (Parnassus only):

|                  |           |            |
|------------------|-----------|------------|
| pH               | < 7.20    | > 7.55     |
| pCO <sub>2</sub> | < 25 mmHg | > 65 mm Hg |

## Capillary (Mission Bay and Mount Zion):

|                  |                                                                     |
|------------------|---------------------------------------------------------------------|
| pH               | < 7.20 and > 7.55                                                   |
| pCO <sub>2</sub> | < 25 and > 65 mmHg                                                  |
| pO <sub>2</sub>  | 0-3 days: < 33 mmHg<br>≥ 4 days: < 40 mmHg<br>< 30 days: > 100 mmHg |

## Cord Blood\*:

|             |       |
|-------------|-------|
| pH          | < 7.0 |
| Base excess | < -10 |

\* Only called to ICN



**Synonyms:**

- pH
- pCO<sub>2</sub>
- pO<sub>2</sub>
- O<sub>2</sub> Saturation
- O<sub>2</sub> Sat
- Base excess
- A-a gradient
- HCO<sub>3</sub><sup>-</sup>
- ABG
- BG
- BE
- oxygen
- carbon dioxide
- bicarbonate
- MVBGO
- CVBGO
- CAPBGO
- CORBGA
- CORBGV
- ABGCOX
- VBGCOX
- CVBGCX
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV

**Stability (from collection to initiation):**

30 min.

**Reported:**

10 min

**Additional Information:**

This panel includes the following: pH (PH37), pCO<sub>2</sub> (PCO<sub>2</sub>), pO<sub>2</sub> (PO<sub>2</sub>), Base excess (BEX), Bicarb (HCO<sub>3</sub>) and oxygen saturation (SAO<sub>2</sub>)

All reported values are corrected to 37C unless otherwise specified. Results beyond the linear range of the instrument will be reported as < or > the extreme of the linear range. Samples containing small bubbles may be run at the laboratory's discretion. If analyzed, a comment will be added to the result regarding the presence of bubbles in the sample.

# Blood Smear Morphology

LAB3135

## ORDERING

**Available Stat:**

No, except by Hematology/ Oncology only.

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Hematology

**Performed:**

24 hours a day

**Methodology:**

Microscopic examination of Wright-Giemsa stained smear

**Additional Information:**

Automatically included when Automated Differential is inadequate and a Manual Differential must be done.

WBC abnormalities reported include blasts, immature granulocytes, hyposegmented and hypersegmented neutrophils, toxic granulation, Dohle bodies, inclusions, variant lymphocytes and abnormal lymphocytes.

Platelet abnormalities reported include hypo- and agranular platelets, giant platelets and megakaryocyte nuclear fragments.

Small numbers of RBCs with "abnormal" morphology may be seen in smears from normal individuals. In an effort to simplify and standardize the reporting of smears, the Clinical Laboratories reports the average number of abnormal RBCs seen in at least 10 high power fields (/HPF). The relation of these numbers to qualitative reports is shown below.

Abnormal RBCs per high power field (/HPF)

| Abnormality               | Normal | Rare | Few  | Moderate |
|---------------------------|--------|------|------|----------|
| Acanthocytes              | None   | 0-1  | 2-5  | >= 6     |
| Burr cells                | 0-1    | 0-1  | 2-5  | >= 6     |
| Bite cells                | None   | 0-1  | 2-5* | >= 6*    |
| Blister cells             | None   | 0-1  | 2-5* | >= 6*    |
| Drepanocytes (sickle)     | None   | 0-1  | 2-5  | >= 6     |
| Elliptocytes              | 0-1    | 0-1  | 2-5  | >= 6     |
| Howell-Jolly bodies       | None   | 0-1  | 2-5  | >= 6     |
| Polychromatic cells       | 0-1    | 0-1  | 2-5  | >= 6     |
| Spherocytes               | None   | 0-1  | 2-5  | >= 6*    |
| Schistocytes              | None   | 0-1  | 2-5* | >= 6*    |
| Basophilic stippled cells | None   | 0-1  | 2-5  | >= 6     |
| Target cells              | 0-1    | 0-1  | 2-5  | >= 6     |
| Tear drop cells           | 0-1    | 0-1  | 2-5  | >= 6     |

\* Automatically reviewed by a physician

See also CBC w/Differential and Parasites.

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- Red cell morphology
- Howell-Jolly bodies
- Leukocyte morphology
- WBC morphology
- Schistocyte
- Acanthocyte
- Macrocyte
- Microcyte
- Spherocyte
- Ovalocyte
- Dacrocyte
- Target cell
- Burr cell
- Hypersegmentation
- Hyposegmentation
- Pseudo Pelger-Huet
- Atypical lymphocyte
- Variant lymphocyte
- Blast
- Myeloblast
- Lymphoblast
- NRBC
- Nucleated red cell
- Nucleated red blood cell
- Dohle bodies
- Pappenheimer bodies
- Plasma cell
- Promyelocyte
- Myelocyte
- Metamyelocyte
- band
- Seg
- Segmented neutrophil
- PMN

**COLLECTION****Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

1 mL blood

**PROCESSING****Test Code:**

MORP

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Hematology

**Preferred Volume:**

1 mL blood

**RESULT INTERPRETATION****Reference Interval:**

Normal

**Critical Values:**

Blasts not previously identified

any microorganisms found in peripheral blood are considered critical. Microorganisms may be reported as intracellular, extracellular, or as malarial parasites.

**Additional Information:**

Automatically included when Automated Differential is inadequate and a Manual Differential must be done.

WBC abnormalities reported include blasts, immature granulocytes, hyposegmented and hypersegmented neutrophils, toxic granulation, Dohle bodies, inclusions, variant lymphocytes and abnormal lymphocytes.

Platelet abnormalities reported include hypo- and agranular platelets, giant platelets and megakaryocyte nuclear fragments.

Small numbers of RBCs with "abnormal" morphology may be seen in smears from normal individuals. In an effort to simplify and standardize the reporting of smears, the Clinical Laboratories reports the average number of abnormal RBCs seen in at least 10 high power fields (/HPF). The relation of these numbers to qualitative reports is shown below.

**Abnormal RBCs per high power field (/HPF)**

| Abnormality               | Normal | Rare | Few  | Moderate |
|---------------------------|--------|------|------|----------|
| Acanthocytes              | None   | 0-1  | 2-5  | >= 6     |
| Burr cells                | 0-1    | 0-1  | 2-5  | >= 6     |
| Bite cells                | None   | 0-1  | 2-5* | >= 6*    |
| Blister cells             | None   | 0-1  | 2-5* | >= 6*    |
| Drepanocytes (sickle)     | None   | 0-1  | 2-5  | >= 6     |
| Elliptocytes              | 0-1    | 0-1  | 2-5  | >= 6     |
| Howell-Jolly bodies       | None   | 0-1  | 2-5  | >= 6     |
| Polychromatic cells       | 0-1    | 0-1  | 2-5  | >= 6     |
| Spherocytes               | None   | 0-1  | 2-5  | >= 6*    |
| Schistocytes              | None   | 0-1  | 2-5* | >= 6*    |
| Basophilic stippled cells | None   | 0-1  | 2-5  | >= 6     |
| Target cells              | 0-1    | 0-1  | 2-5  | >= 6     |
| Tear drop cells           | 0-1    | 0-1  | 2-5  | >= 6     |

\* Automatically reviewed by a physician

See also CBC w/Differential and Parasites.

**ADMINISTRATIVE****CPT Codes:**

85008

**LOINC Codes:**

34994-4

**COMPLETE VIEW****Available Stat:**

No, except by Hematology/ Oncology only.

**Test Code:**

MORP

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Hematology

**Performed:**

24 hours a day

**Methodology:**

Microscopic examination of Wright-Giemsa stained smear

**Collect:**

Lavender top

**Amount to Collect:**

1 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

1 mL blood

**Reference Interval:**

Normal

**Critical Values:**

Blasts not previously identified

any microorganisms found in peripheral blood are considered critical. Microorganisms may be reported as intracellular, extracellular, or as malarial parasites.

**Synonyms:**

- Red cell morphology
- Howell-Jolly bodies
- Leukocyte morphology
- WBC morphology
- Schistocyte
- Acanthocyte
- Macrocyte
- Microcyte
- Spherocyte
- Ovalocyte
- Dacrocyte
- Target cell
- Burr cell
- Hypersegmentation
- Hyposegmentation
- Pseudo Pelger-Huet
- Atypical lymphocyte
- Variant lymphocyte
- Blast
- Myeloblast
- Lymphoblast
- NRBC
- Nucleated red cell
- Nucleated red blood cell
- Dohle bodies
- Pappenheimer bodies
- Plasma cell
- Promyelocyte
- Myelocyte
- Metamyelocyte
- band
- Seg
- Segmented neutrophil
- PMN

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

Automatically included when Automated Differential is inadequate and a Manual Differential must be done.

WBC abnormalities reported include blasts, immature granulocytes, hyposegmented and hypersegmented neutrophils, toxic granulation, Dohle bodies, inclusions, variant lymphocytes and abnormal lymphocytes.

Platelet abnormalities reported include hypo- and agranular platelets, giant platelets and megakaryocyte nuclear fragments.

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**Abnormal RBCs per high power field (/HPF)**

| Abnormality               | Normal | Rare | Few  | Moderate |
|---------------------------|--------|------|------|----------|
| Acanthocytes              | None   | 0-1  | 2-5  | >= 6     |
| Burr cells                | 0-1    | 0-1  | 2-5  | >= 6     |
| Bite cells                | None   | 0-1  | 2-5* | >= 6*    |
| Blister cells             | None   | 0-1  | 2-5* | >= 6*    |
| Drepanocytes (sickle)     | None   | 0-1  | 2-5  | >= 6     |
| Elliptocytes              | 0-1    | 0-1  | 2-5  | >= 6     |
| Howell-Jolly bodies       | None   | 0-1  | 2-5  | >= 6     |
| Polychromatic cells       | 0-1    | 0-1  | 2-5  | >= 6     |
| Spherocytes               | None   | 0-1  | 2-5  | >= 6*    |
| Schistocytes              | None   | 0-1  | 2-5* | >= 6*    |
| Basophilic stippled cells | None   | 0-1  | 2-5  | >= 6     |
| Target cells              | 0-1    | 0-1  | 2-5  | >= 6     |
| Tear drop cells           | 0-1    | 0-1  | 2-5  | >= 6     |

\* Automatically reviewed by a physician

See also CBC w/Differential and Parasites.

**CPT Codes:**

85008

**LOINC Codes:**

34994-4

# Blood Type Confirmation

CHEK

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Blood Banks

**Performed:**

test available 24 hours a day 7 days a week

**Reported:**

Stat 1 hour, Routine 4 hours

**Additional Information:**

See the Lab Manual's Transfusion Medicine Guide for additional information.

**Reflex Testing:**

An in-date Type and Screen specimen is required before blood products can be set up. To minimize delays in product availability, if the provider mistakenly places an order for a duplicate ABO/Rh confirmation test, the Blood Bank will reflexively convert that order to a Type and Screen test (test code TYSC).

**Synonyms:**

- Check specimen
- check sample
- ABO/RH Confirmation

## COLLECTION

**Sample Type:**

EDTA Whole blood

**Collect:**

Lavender top (3 mL)

**Amount to Collect:**

See Preferred Volume.

**Preferred Volume:**

|               |                                   |
|---------------|-----------------------------------|
| < 4 mo        | Full Microtainer (0.8 mL)         |
| 4 mo - 1 year | 1 mL                              |
| 1 -18 years   | 2 mL (1 mL OK for small children) |
| > 18 years    | 2 mL                              |

**Minimum Volume:**

|        |                           |
|--------|---------------------------|
| < 4 mo | Full Microtainer (0.8 mL) |
| > 4 mo | 1 mL                      |

**Remarks:**

Must be drawn during a separate phlebotomy from the initial Type and Screen specimen.

Release of order within APeX is performed by Blood Bank staff.

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

## PROCESSING

**Test Code:**

CHEK

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Blood Banks

**Preferred Volume:**

|               |                                   |
|---------------|-----------------------------------|
| < 4 mo        | Full Microtainer (0.8 mL)         |
| 4 mo - 1 year | 1 mL                              |
| 1 -18 years   | 2 mL (1 mL OK for small children) |
| > 18 years    | 2 mL                              |

**Minimum Volume:**

|        |                           |
|--------|---------------------------|
| < 4 mo | Full Microtainer (0.8 mL) |
| > 4 mo | 1 mL                      |

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

**RESULT INTERPRETATION****Additional Information:**

See the Lab Manual's Transfusion Medicine Guide for additional information.

**ADMINISTRATIVE****CPT Codes:**

86900, 86901

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CHEK

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Blood Banks

**Performed:**

test available 24 hours a day 7 days a week

**Remarks:**

Must be drawn during a separate phlebotomy from the initial Type and Screen specimen.

Release of order within APeX is performed by Blood Bank staff.

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Lavender top (3 mL)

**Amount to Collect:**

See Preferred Volume.

**Sample Type:**

EDTA Whole blood

**Preferred Volume:**

|               |                                   |
|---------------|-----------------------------------|
| < 4 mo        | Full Microtainer (0.8 mL)         |
| 4 mo - 1 year | 1 mL                              |
| 1 -18 years   | 2 mL (1 mL OK for small children) |
| > 18 years    | 2 mL                              |

**Minimum Volume:**

|        |                           |
|--------|---------------------------|
| < 4 mo | Full Microtainer (0.8 mL) |
| > 4 mo | 1 mL                      |

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

**Synonyms:**

- Check specimen
- check sample
- ABO/RH Confirmation



**Reported:**

Stat 1 hour, Routine 4 hours

**Reflex Testing:**

An in-date Type and Screen specimen is required before blood products can be set up. To minimize delays in product availability, if the provider mistakenly places an order for a duplicate ABO/Rh confirmation test, the Blood Bank will reflexively convert that order to a Type and Screen test (test code TYSC).

**Additional Information:**

See the Lab Manual's Transfusion Medicine Guide for additional information.

**CPT Codes:**

86900, 86901

# Body Surface Area

BSA

## ORDERING

**Available Stat:**

No

**Additional Information:**

$BSA (m^2) = 0.007184 \times (Ht \text{ in cm})^{0.725} \times (Wt \text{ in kg})^{0.425}$ \*

An approximation suitable for most calculators is:  $BSA (m^2) = ([Ht \text{ in cm}] \times [Wt \text{ in kg}]/3600)^{0.5}$ \*\*

\*Du Bois D, Du Bois EF. Arch Intern Med 1916;17:863.

\*\*Mosteller RD. New Engl J Med 1987;317:1098.

## PROCESSING

**Test Code:**

BSA

## RESULT INTERPRETATION

**Additional Information:**

$BSA (m^2) = 0.007184 \times (Ht \text{ in cm})^{0.725} \times (Wt \text{ in kg})^{0.425}$ \*

An approximation suitable for most calculators is:  $BSA (m^2) = ([Ht \text{ in cm}] \times [Wt \text{ in kg}]/3600)^{0.5}$ \*\*

\*Du Bois D, Du Bois EF. Arch Intern Med 1916;17:863.

\*\*Mosteller RD. New Engl J Med 1987;317:1098.

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

BSA

**Additional Information:**

$BSA (m^2) = 0.007184 \times (Ht \text{ in cm})^{0.725} \times (Wt \text{ in kg})^{0.425}$ \*

An approximation suitable for most calculators is:  $BSA (m^2) = ([Ht \text{ in cm}] \times [Wt \text{ in kg}]/3600)^{0.5}$ \*\*

\*Du Bois D, Du Bois EF. Arch Intern Med 1916;17:863.

\*\*Mosteller RD. New Engl J Med 1987;317:1098.

# Bone Marrow Collection and Examination

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Hematology

**Performed:**

Parnassus, Mission Bay, Mt. Zion Hematology

**Reported:**

Slides are available in 3 hours, the final report in 2-7 days.

**Additional Information:**

For reports, call laboratory medicine resident, x31343 or pager 443-3518.

We recommend that a CBC with Differential and - if anemia is the indication for the marrow examination - a Reticulocyte Count be ordered on the same day as the bone marrow collection.

Order Iron Stains separately, if desired. Ordering provider agrees to additional ancillary testing ordered at pathologist's discretion.

Processing of bone marrow samples for histologic examination during non-routine times: the material, in 10% neutral buffered formalin fixative, will be prepared and stored in Hematology until routinely processed by Histopathology. Questions about Histopathology processing during non-routine times should be directed to the Anatomic Pathology Resident on call.

## COLLECTION

**Sample Type:**

Aspirated bone marrow and/or bone biopsy

**Preferred Volume:**

1.5-2.0 mL aspirate preferred

**Remarks:**

Schedule in advance by calling Hematology:

353-1747 for Parnassus inpatients  
353-2736 for Parnassus outpatients  
476-0194 for Mission Bay  
885-7531 for Mt. Zion

Note: Collection assistance is no longer offered at Mission Bay or Mt. Zion.

Be certain to state the location of the bone marrow collection. Please arrange that patient is prepped and anesthetized by the time the technologist arrives.

## PROCESSING

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Hematology

**Preferred Volume:**

1.5-2.0 mL aspirate preferred

## RESULT INTERPRETATION

**Additional Information:**

For reports, call laboratory medicine resident, x31343 or pager 443-3518.

We recommend that a CBC with Differential and - if anemia is the indication for the marrow examination - a Reticulocyte Count be ordered on the same day as the bone marrow collection.

Order Iron Stains separately, if desired. Ordering provider agrees to additional ancillary testing ordered at pathologist's discretion.

Processing of bone marrow samples for histologic examination during non-routine times: the material, in 10% neutral buffered formalin fixative, will be prepared and stored in Hematology until routinely processed by Histopathology. Questions about Histopathology processing during non-routine times should be directed to the Anatomic Pathology Resident on call.

## COMPLETE VIEW

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Hematology

**Performed:**

Parnassus, Mission Bay, Mt. Zion Hematology

**Remarks:**

Schedule in advance by calling Hematology:

353-1747 for Parnassus inpatients  
353-2736 for Parnassus outpatients  
476-0194 for Mission Bay  
885-7531 for Mt. Zion

Note: Collection assistance is no longer offered at Mission Bay or Mt. Zion.

Be certain to state the location of the bone marrow collection. Please arrange that patient is prepped and anesthetized by the time the technologist arrives.

**Sample Type:**

Aspirated bone marrow and/or bone biopsy

**Preferred Volume:**

1.5-2.0 mL aspirate preferred

**Reported:**

Slides are available in 3 hours, the final report in 2-7 days.

**Additional Information:**

For reports, call laboratory medicine resident, x31343 or pager 443-3518.

We recommend that a CBC with Differential and - if anemia is the indication for the marrow examination - a Reticulocyte Count be ordered on the same day as the bone marrow collection.

Order Iron Stains separately, if desired. Ordering provider agrees to additional ancillary testing ordered at pathologist's discretion.

Processing of bone marrow samples for histologic examination during non-routine times: the material, in 10% neutral buffered formalin fixative, will be prepared and stored in Hematology until routinely processed by Histopathology. Questions about Histopathology processing during non-routine times should be directed to the Anatomic Pathology Resident on call.

# Bone Marrow Storage

BMST

## ORDERING

**Available Stat:**  
No

**Performing Lab:**  
Blood Bank

**Additional Information:**  
Frozen in liquid N2 for up to 5 years

## COLLECTION

**Remarks:**  
By prior arrangement with Blood Bank, x3-1313.

## PROCESSING

**Test Code:**  
BMST

**Performing Lab:**  
Blood Bank

## RESULT INTERPRETATION

**Additional Information:**  
Frozen in liquid N2 for up to 5 years

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
BMST

**Performing Lab:**  
Blood Bank

**Remarks:**  
By prior arrangement with Blood Bank, x3-1313.

**Additional Information:**  
Frozen in liquid N2 for up to 5 years

# Bordetella Pertussis Antibodies, IgG & IgA

LAB3797

## ORDERING

**Ordering Recommendations:**

Serologic testing for B. pertussis infection includes IgG and IgA antibodies, which are seen in remote and recent infection, respectively. IgM antibodies are less sensitive and are not offered at UCSF. For diagnosis of active infection, PCR is the preferred method.

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

Multi-Analyte Immunodetection (MAID)

**Reported:**

Test performed 5 days a week. Turnaround time: 1-3 days.

**Additional Information:**

Some adult patients may develop a subacute illness characterized by a prolonged period of coughing-for a month or more-following Bordetella infection. As these patients have often been treated with antibiotics and because organisms often cannot be found by PCR or culture in late stages of illness, an elevated antibody titer may be the only way to confirm the suspected diagnosis of adult pertussis. A rise in titer between paired sera, one collected within 1 week of onset of illness and another 2-3 weeks later, is most suggestive of a recent infection, but a single convalescent serum specimen will be accepted. Under some circumstances, sera can be forwarded to CDC for further evaluation.

Serologic testing for B. pertussis infection includes IgG and IgA antibodies, which are seen in remote and recent infection, respectively. IgM antibodies are less sensitive and are not offered at UCSF. For diagnosis of active infection, PCR is the preferred method.

**Synonyms:**

- Whooping Cough
- Haemophilus pertussis

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## PROCESSING

**Test Code:**

BPAB

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Allow blood to clot at room temperature and separate serum from cells within 2 hours of collection. Transfer serum to sterile, plastic screw-capped, aliquot tubes and store refrigerated or frozen.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## RESULT INTERPRETATION

**Units:**

IU/mL

**Reference Interval:**

PT IgG: &lt; 45 IU/mL

PT IgA: &lt; 10 IU/mL

FHA IgG: &lt; 90 IU/mL

FHA IgA: &lt; 50 IU/mL

**Additional Information:**

Some adult patients may develop a subacute illness characterized by a prolonged period of coughing-for a month or more-following Bordetella infection. As these patients have often been treated with antibiotics and because organisms often cannot found by PCR or culture in late stages of illness, an elevated antibody titer may be the only way to confirm the suspected diagnosis of adult pertussis. A rise in titer between paired sera, one collected within 1 week of onset of illness and another 2-3 weeks later, is most suggestive of a recent infection, but a single convalescent serum specimen will be accepted. Under some circumstances, sera can be forwarded to CDC for further evaluation.

Serologic testing for B. pertussis infection includes IgG and IgA antibodies, which are seen in remote and recent infection, respectively. IgM antibodies are less sensitive and are not offered at UCSF. For diagnosis of active infection, PCR is the preferred method.

**ADMINISTRATIVE****CPT Codes:**

86615-90 x4

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Serologic testing for B. pertussis infection includes IgG and IgA antibodies, which are seen in remote and recent infection, respectively. IgM antibodies are less sensitive and are not offered at UCSF. For diagnosis of active infection, PCR is the preferred method.

**Test Code:**

BPAB

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

Multi-Analyte Immunodetection (MAID)

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Allow blood to clot at room temperature and separate serum from cells within 2 hours of collection. Transfer serum to sterile, plastic screw-capped, aliquot tubes and store refrigerated or frozen.

**Units:**

IU/mL

**Reference Interval:**

PT IgG: &lt; 45 IU/mL

PT IgA: &lt; 10 IU/mL

FHA IgG: &lt; 90 IU/mL

FHA IgA: &lt; 50 IU/mL

**Synonyms:**

- Whooping Cough
- Haemophilus pertussis

**Reported:**

Test performed 5 days a week. Turnaround time: 1-3 days.

**Additional Information:**

Some adult patients may develop a subacute illness characterized by a prolonged period of coughing-for a month or more-following Bordetella infection. As these patients have often been treated with antibiotics and because organisms often cannot be found by PCR or culture in late stages of illness, an elevated antibody titer may be the only way to confirm the suspected diagnosis of adult pertussis. A rise in titer between paired sera, one collected within 1 week of onset of illness and another 2-3 weeks later, is most suggestive of a recent infection, but a single convalescent serum specimen will be accepted. Under some circumstances, sera can be forwarded to CDC for further evaluation.

Serologic testing for B. pertussis infection includes IgG and IgA antibodies, which are seen in remote and recent infection, respectively. IgM antibodies are less sensitive and are not offered at UCSF. For diagnosis of active infection, PCR is the preferred method.

**CPT Codes:**

86615-90 x4



# Bordetella Pertussis/Parapertussis PCR

LAB923

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Methodology:**

Nucleic Acid Amplification

**Reported:**

1-2 days

**Synonyms:**

- Whooping Cough
- Haemophilus pertussis
- Bordetella pertussis PCR
- Bordetella parapertussis
- Bordetella pertussis DNA
- BORD PCR

## COLLECTION

**Sample Type:**

Nasopharyngeal swab

**Collect:**

Flocked swab in Universal Transport Medium (UTM) or Viral Holding Media (VTM).

**Amount to Collect:**

1 flocked swab

**Remarks:**

Nasopharyngeal swab: Use flocked swab/Universal Transport Medium for collection. Insert swab into the nostril, gently rotating the swab inward until resistance is met at the level of the turbinates. Rotate the swab a few times against the nasopharyngeal wall (approximately 10 sec) and then withdraw swab. Insert swab into container with Universal Transport Medium. Break end of swab so top of vial can be screwed on securely. Appropriately label specimen and send to the laboratory.

**Stability (from collection to initiation):**

Room temperature up to 8 hours; Refrigerated at 2-8C up to 7 days

**Storage/Transport Temperature:**

Refrigerate at 2-8C up to 7 days; Freeze at -70C up to 5 months

## PROCESSING

**Test Code:**

P355

**Performing Lab:**

Microbiology

**Stability (from collection to initiation):**

Room temperature up to 8 hours; Refrigerated at 2-8C up to 7 days

**Storage/Transport Temperature:**

Refrigerate at 2-8C up to 7 days; Freeze at -70C up to 5 months

## RESULT INTERPRETATION

**Reference Interval:**

Not Detected

**Critical Values:**

Positive for Bordetella spp.

## ADMINISTRATIVE

**CPT Codes:**

87798 x 2

**LOINC Codes:**

62428-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P355

**Performing Lab:**

Microbiology

**Methodology:**

Nucleic Acid Amplification

**Remarks:**

Nasopharyngeal swab: Use flocked swab/Universal Transport Medium for collection. Insert swab into the nostril, gently rotating the swab inward until resistance is met at the level of the turbinates. Rotate the swab a few times against the nasopharyngeal wall (approximately 10 sec) and then withdraw swab. Insert swab into container with Universal Transport Medium. Break end of swab so top of vial can be screwed on securely. Appropriately label specimen and send to the laboratory.

**Collect:**

Flocked swab in Universal Transport Medium (UTM) or Viral Holding Media (VTM).

**Amount to Collect:**

1 flocked swab

**Sample Type:**

Nasopharyngeal swab

**Reference Interval:**

Not Detected

**Critical Values:**

Positive for Bordetella spp.

**Synonyms:**

- Whooping Cough
- Haemophilus pertussis
- Bordetella pertussis PCR
- Bordetella parapertussis
- Bordetella pertussis DNA
- BORD PCR

**Storage/Transport Temperature:**

Refrigerate at 2-8C up to 7 days; Freeze at -70C up to 5 months

**Stability (from collection to initiation):**

Room temperature up to 8 hours; Refrigerated at 2-8C up to 7 days

**Reported:**

1-2 days

**CPT Codes:**

87798 x 2

**LOINC Codes:**

62428-8

# Botulism Toxin, Adults and Children > 12 months old

LAB5088

## ORDERING

**Approval Required:**

Patient's physician must discuss the case and receive approval for submission of specimens from the SF Department of Public Health Communicable Disease Control Unit (415) 554-2830, 24 hours/day, 7 days/wk. The patient's physician will then be contacted by the State Communicable Disease Control Duty Officer of the Day for approval **PRIOR** to submission of specimens.

**Available Stat:**

No

**Performing Lab:**

California State Public Health Reference Laboratory

**Performed:**

Sent out Monday-Friday, day shift only

Test run Monday-Friday at the State Laboratory.

**Reported:**

2-4 days typically but may take up to 2 weeks

**Additional Information:**

Positive results are reported by the Communicable Disease Control Unit to the physician who ordered the test. The patient's physician is required by law to report suspected botulism to the local health department (SF: 554-2800) so that control measures can be formulated.

To learn more about Botulism [Click here](#)

**Synonyms:**

- Botulism immune globulin
- BIG

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Serum (see Collection instructions)

**Collect:**

Gold top

**Amount to Collect:**

30 mL blood

**Preferred Volume:**

15 mL serum

**Remarks:**

Patient's physician must discuss the case and receive approval for submission of specimens from the SF Department of Public Health Communicable Disease Control Unit (415) 554-2830, 24 hours/day, 7 days/wk. The patient's physician will then be contacted by the State Communicable Disease Control Duty Officer of the Day for approval **PRIOR** to submission of specimens.

**Pre-Antitoxin blood:** Collect 30 mL blood (Gold top vacutainers x 6), label with patient name, MR#, time & date of collection and "Pre-antitoxin"

**Additional samples:** To be collected **ONLY** when recommended by the public health epidemiologist.

- (a) 25 gm feces unpreserved or 25 ml of a sterile water enema. Transport immediately to lab or refrigerate.
- (b) 25 ml gastric aspirate, if taken within 72 hours of symptom onset.

Transport immediately to lab or refrigerate. Label all samples with patient name, MR# and date and time of collection. An SFPD laboratory request form must be printed out, completed and sent with a Microbiology requisition and sample to lab. [Click here for form](#)

**Unacceptable Conditions:**

No prior approval from Public health authorities. Inadequate or improperly collected sample(s). Name and/or date of collection not on label

## PROCESSING

**Test Code:**

P319

**Test Group:**

Botulism

**Sendout:**

Yes

**Performing Lab:**

California State Public Health Reference Laboratory

**Specimen Preparation:**

Samples will normally be processed by Microbiology.

If samples are received after Micro hours, processing should spin the blood, aliquot serum and refrigerate. Stool/enema samples should be refrigerated.

Transport all samples at 4-10C (do not allow cold packs to touch samples) to China Basin Microbiology for referral to:

San Francisco Public Health Laboratory, 101 Grove St, Rm 412, SF, CA 94102 (415) 554-2800 for arrival Monday through Friday 8 am through 4 pm.

**Preferred Volume:**

15 mL serum

**Unacceptable Conditions:**

No prior approval from Public health authorities. Inadequate or improperly collected sample(s). Name and/or date of collection not on label

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Positive results are reported by the Communicable Disease Control Unit to the physician who ordered the test. The patient's physician is required by law to report suspected botulism to the local health department (SF: 554-2800) so that control measures can be formulated.

To learn more about Botulism [Click here](#)

**ADMINISTRATIVE****LOINC Codes:**

29257-3

**COMPLETE VIEW****Approval Required:**

Patient's physician must discuss the case and receive approval for submission of specimens from the SF Department of Public Health Communicable Disease Control Unit (415) 554-2830, 24 hours/day, 7 days/wk. The patient's physician will then be contacted by the State Communicable Disease Control Duty Officer of the Day for approval **PRIOR** to submission of specimens.

**Available Stat:**

No

**Test Code:**

P319

**Test Group:**

Botulism

**Performing Lab:**

California State Public Health Reference Laboratory

**Sendout:**

Yes

**Performed:**

Sent out Monday-Friday, day shift only

Test run Monday-Friday at the State Laboratory.

**Remarks:**

Patient's physician must discuss the case and receive approval for submission of specimens from the SF Department of Public Health Communicable Disease Control Unit (415) 554-2830, 24 hours/day, 7 days/wk. The patient's physician will then be contacted by the State Communicable Disease Control Duty Officer of the Day for approval **PRIOR** to submission of specimens.

**Pre-Antitoxin blood:** Collect 30 mL blood (Gold top vacutainers x 6), label with patient name, MR#, time & date of collection and "Pre-antitoxin"

**Additional samples:** To be collected **ONLY** when recommended by the public health epidemiologist.

- (a) 25 gm feces unpreserved or 25 ml of a sterile water enema. Transport immediately to lab or refrigerate.
- (b) 25 ml gastric aspirate, if taken within 72 hours of symptom onset.

Transport immediately to lab or refrigerate. Label all samples with patient name, MR# and date and time of collection. An SFPD laboratory request form must be printed out, completed and sent with a Microbiology requisition and sample to lab.  
[Click here for form](#)

**Collect:**

Gold top

**Amount to Collect:**

30 mL blood

**Sample Type:**

Serum (see Collection instructions)

**Preferred Volume:**

15 mL serum

**Unacceptable Conditions:**

No prior approval from Public health authorities. Inadequate or improperly collected sample(s). Name and/or date of collection not on label

**Specimen Preparation:**

Samples will normally be processed by Microbiology.

If samples are received after Micro hours, processing should spin the blood, aliquot serum and refrigerate. Stool/enema samples should be refrigerated.

Transport all samples at 4-10C (do not allow cold packs to touch samples) to China Basin Microbiology for referral to:

San Francisco Public Health Laboratory, 101 Grove St, Rm 412, SF, CA 94102 (415) 554-2800 for arrival Monday through Friday 8 am through 4 pm.

**Reference Interval:**

Negative

**Synonyms:**

- Botulism immune globulin
- BIG

**Reported:**

2-4 days typically but may take up to 2 weeks

**Additional Information:**

Positive results are reported by the Communicable Disease Control Unit to the physician who ordered the test. The patient's physician is required by law to report suspected botulism to the local health department (SF: 554-2800) so that control measures can be formulated.

To learn more about Botulism [Click here](#)

**LOINC Codes:**

29257-3

**Supplemental Test Request Form Required:**

Yes

## Botulism Toxin, Children < 12 months old

LAB5088

### ORDERING

**Approval Required:**

Physicians seeking testing for their patients should contact the infant Botulism Treatment and Prevention Program (IBTPP) physician-on-call prior to submission of specimens. Any specimens received without prior authorization will not be tested until such authorization is obtained. Call (510) 231-7600 24 hours/day, 7 days/week.

**Available Stat:**

No

**Performing Lab:**

California State Public Health Reference Laboratory

**Performed:**

Sent out Monday-Friday, day shift only

**Reported:**

2-4 days typically but may take up to 2 weeks.

**Additional Information:**For more information on Infant botulism [Click here](#)**Synonyms:**

- Botulism immune globulin
- BIG

**Supplemental Test Request Form Required:**

Yes

### COLLECTION

**Sample Type:**

Stool or enema fluid

**Collect:**

Urine cup (Do not use fixatives or preservatives)

**Amount to Collect:**

15 mL Stool or enema fluid

**Preferred Volume:**

15 mL stool or enema fluid

**Minimum Volume:**

5 mL stool or enema fluid

**Remarks:**

Physicians seeking testing for their patients should contact the Infant Botulism Treatment and Prevention Program (IBTPP) physician-on-call prior to submission of specimens. Any specimens received without prior authorization will not be tested until such authorization is obtained. Call (510) 231-7600 24 hours/day, 7 days/week.

If passed stool is difficult to obtain due to constipation, an attempt to collect stool in the rectal vault should be made by **gentle** digital examination by the team member with the smallest fifth finger. If no stool can be obtained digitally, do not wait for a spontaneous bowel movement. Instead, please follow the enema collection procedure outlined below.

**Important:** *Note that glycerin suppositories yield an unsatisfactory specimen and **should not be used**. The procedure described below will yield the best specimen for diagnostic purposes.*

**Enema Collection Procedure**

1. Attach a 12 to 16 French red rubber (Robinson) catheter to a tapered, catheter-tip syringe.
2. Trim catheter tip to enlarge hole.
3. Lubricate the catheter tip with petroleum jelly or equivalent and insert into distal colon.
4. The volume of sterile, **non-bacteriostatic** water to use should be a bedside clinical decision based on the patient's body mass.
5. Inject **up to** 30 ml of sterile, **non-bacteriostatic** water slowly into distal colon and maintain catheter in rectum. Please note that a **minimum volume of 5 ml** is required to enable the most accurate diagnostic analysis.
6. Wait approximately 3 minutes, and then draw enema effluent into the syringe.
7. Have an assistant hold a sterile urine container under the anus during this time to collect any expelled material.
8. Expel all fluid collected in the syringe into the same sterile urine container.
9. Tightly seal the lid. Properly label the container with patient's name, date and time of collection.
10. If more than 5 ml of water is retained in the colon, exert gentle pressure onto left lower abdomen (with your hand or with infant's knee to abdomen) to aid in excretion and to minimize intestinal absorption of water.

An SFPH laboratory request form must be printed out, completed and sent with a Microbiology requisition and sample to lab. [Click here for form](#)

**Unacceptable Conditions:**

No prior approval from Public health authorities. Inadequate or improperly collected sample(s).

**PROCESSING****Test Code:**

P319

**Test Group:**

Botulism

**Sendout:**

Yes

**Performing Lab:**

California State Public Health Reference Laboratory

**Specimen Preparation:**

Specimens will be processed by Microbiology. If received after hours refrigerate sample.

Send the enema specimen to Microbiology along with a completed SFPH Laboratory Request form with an order to keep the sample refrigerated and to expedite shipment to the appropriate botulism diagnostic laboratory.

**Preferred Volume:**

15 mL stool or enema fluid

**Minimum Volume:**

5 mL stool or enema fluid

**Unacceptable Conditions:**

No prior approval from Public health authorities. Inadequate or improperly collected sample(s).

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

For more information on Infant botulism [Click here](#)

**ADMINISTRATIVE****LOINC Codes:**

29257-3

**COMPLETE VIEW**

**Approval Required:**

Physicians seeking testing for their patients should contact the infant Botulism Treatment and Prevention Program (IBTPP) physician-on-call prior to submission of specimens. Any specimens received without prior authorization will not be tested until such authorization is obtained. Call (510) 231-7600 24 hours/day, 7 days/week.

**Available Stat:**

No

**Test Code:**

P319

**Test Group:**

Botulism

**Performing Lab:**

California State Public Health Reference Laboratory

**Sendout:**

Yes

**Performed:**

Sent out Monday-Friday, day shift only

**Remarks:**

Physicians seeking testing for their patients should contact the Infant Botulism Treatment and Prevention Program (IBTPP) physician-on-call prior to submission of specimens. Any specimens received without prior authorization will not be tested until such authorization is obtained. Call (510) 231-7600 24 hours/day, 7 days/week.

If passed stool is difficult to obtain due to constipation, an attempt to collect stool in the rectal vault should be made by **gentle** digital examination by the team member with the smallest fifth finger. If no stool can be obtained digitally, do not wait for a spontaneous bowel movement. Instead, please follow the enema collection procedure outlined below.

**Important:** *Note that glycerin suppositories yield an unsatisfactory specimen and **should not be used**. The procedure described below will yield the best specimen for diagnostic purposes.*

**Enema Collection Procedure**

1. Attach a 12 to 16 French red rubber (Robinson) catheter to a tapered, catheter-tip syringe.
2. Trim catheter tip to enlarge hole.
3. Lubricate the catheter tip with petroleum jelly or equivalent and insert into distal colon.
4. The volume of sterile, **non-bacteriostatic** water to use should be a bedside clinical decision based on the patient's body mass.
5. Inject **up to** 30 ml of sterile, **non-bacteriostatic** water slowly into distal colon and maintain catheter in rectum. Please note that a **minimum volume of 5 ml** is required to enable the most accurate diagnostic analysis.
6. Wait approximately 3 minutes, and then draw enema effluent into the syringe.
7. Have an assistant hold a sterile urine container under the anus during this time to collect any expelled material.
8. Expel all fluid collected in the syringe into the same sterile urine container.
9. Tightly seal the lid. Properly label the container with patient's name, date and time of collection.
10. If more than 5 ml of water is retained in the colon, exert gentle pressure onto left lower abdomen (with your hand or with infant's knee to abdomen) to aid in excretion and to minimize intestinal absorption of water.

An SFPH laboratory request form must be printed out, completed and sent with a Microbiology requisition and sample to lab. [Click here for form](#)

**Collect:**

Urine cup (Do not use fixatives or preservatives)

**Amount to Collect:**

15 mL Stool or enema fluid

**Sample Type:**

Stool or enema fluid

**Preferred Volume:**

15 mL stool or enema fluid

**Minimum Volume:**

5 mL stool or enema fluid

**Unacceptable Conditions:**

No prior approval from Public health authorities. Inadequate or improperly collected sample(s).

**Specimen Preparation:**

Specimens will be processed by Microbiology. If received after hours refrigerate sample.

Send the enema specimen to Microbiology along with a completed SFPH Laboratory Request form with an order to keep the sample refrigerated and to expedite shipment to the appropriate botulism diagnostic laboratory.

**Reference Interval:**

Negative



**Synonyms:**

- Botulism immune globulin
- BIG

**Reported:**

2-4 days typically but may take up to 2 weeks.

**Additional Information:**

For more information on Infant botulism [Click here](#)

**LOINC Codes:**

29257-3

**Supplemental Test Request Form Required:**

Yes

# Brazil Nut Component Panel

LAB6214

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Tuesday-Saturday

**Methodology:**

Immunoassay

**Reported:**

1-3 days

**Additional Information:**

This test tests for the rBer e 1 component.

**Synonyms:**

- Brazil nut Component IgE
- rBer e 1 Ab

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

BCOMP

**Collect:**

Gold or Red-top

**Amount to Collect:**

1.0 mL blood

**Preferred Volume:**

0.5 mL blood

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room Temperature and Refrigerated: 14 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

## PROCESSING

**Test Code:**

BCOMP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze. Send to China Basin frozen. Order Quest test code 94469.

**Preferred Volume:**

0.5 mL blood

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room Temperature and Refrigerated: 14 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

kU/L

**Reference Interval:**

&lt; 0.10

**Additional Information:**

This test tests for the rBer e 1 component.

**ADMINISTRATIVE****CPT Codes:**

86008

**LOINC Codes:**

64963-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BCOMP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Tuesday-Saturday

**Methodology:**

Immunoassay

**Collect:**

Gold or Red-top

**Amount to Collect:**

1.0 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL blood

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Aliquot and freeze. Send to China Basin frozen. Order Quest test code 94469.

**Units:**

kU/L

**Reference Interval:**

&lt; 0.10

**Synonyms:**

- Brazil nut Component IgE
- rBer e 1 Ab

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room Temperature and Refrigerated: 14 days

Frozen: 30 days

**Reported:**

1-3 days

**Additional Information:**

This test tests for the rBer e 1 component.

**CPT Codes:**

86008

**LOINC Codes:**

64963-2

# B-Type Natriuretic Peptide

LAB3012

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Membrane Immunofluorescence Assay

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

BNP is released from the heart (mainly the left ventricle) in response to increased wall tension and has both diuretic and natriuretic effects. BNP testing appears most useful for helping to rule out congestive heart failure in patients presenting with acute dyspnea. In patients being evaluated for acute dyspnea, BNP levels > 100 pg/mL had a sensitivity of 90% and specificity of 73% in diagnosing congestive heart failure (CHF) (McCullough PA et al Circulation 2002 106(4):416-422). In patients with BNP levels < 50 pg/mL, the negative predictive value for CHF was 96% (Maisel AS N Engl J Med 2002 347(3):161-7).

BNP levels have been shown to correlate with both NYHA functional class and invasively measured hemodynamic parameters. Treatment with ACE inhibitors, diuretics, and nitrates has been shown to decrease BNP levels in parallel with improving clinical symptoms (Richards, AM et al. Trends Endocr. Metabol. 13(4): 151-155. 2002). In patients with acute coronary syndromes, increased BNP levels are associated with increased risk for death during the subsequent 10 months as well with increased risk for myocardial infarction or heart failure (NEJM 345:1014-1021, 2001). Although BNP is renally cleared, acute and chronic renal failure per se do not appear to increase serum BNP significantly.

**WARNING:** Although normal BNP levels indicate a low probability of CHF, they do not exclude the possibility of heart failure or other serious cardiovascular or pulmonary disorders. Increased BNP levels are also not specific for CHF and can occur in patients with other serious conditions including pulmonary embolism, pulmonary hypertension, or acute myocardial infarction. BNP testing is not a substitute for careful cardiopulmonary evaluation and should not be the sole criterion for determining whether to admit or discharge a patient with dyspnea or other cardiovascular or pulmonary symptoms. BNP testing is also not recommended for screening for LV dysfunction or left ventricular hypertrophy in the general population (JAMA 288:1252-1259, 2002).

Higher levels of BNP are seen in women and older individuals. Age and gender specific reference ranges are listed above (from assay manufacturer, Biosite). Sensitivity and Specificity for Diagnosis of CHF in Patients Presenting to ED with Dyspnea:

| BNP level (pg/mL) | >50 | >80 | >100 | >125 | >150 |
|-------------------|-----|-----|------|------|------|
| Sensitivity (%)   | 97  | 93  | 90   | 87   | 85   |
| Specificity (%)   | 62  | 74  | 76   | 79   | 83   |
| PPV (%)           | 71  | 77  | 79   | 80   | 83   |

from Maisel AS, N Engl. J. Med. 2002 347(3):161-7

**Synonyms:**

- BNP
- brain type
- ANF
- ANH
- Atrial Natriuretic factor
- Atrial Natriuretic Hormone

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.3 mL blood

**Stability (from collection to initiation):**

Room temperature or refrigerated 7 hours.

**PROCESSING****Test Code:**

BNP

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.3 mL blood

**Stability (from collection to initiation):**

Room temperature or refrigerated 7 hours.

**RESULT INTERPRETATION****Units:**

pg/mL

**Reference Interval:**

| Age (yrs) | Male (pg/mL) | Female (pg/mL) |
|-----------|--------------|----------------|
| < 45      | < 25         | < 48           |
| 45-54     | < 40         | < 73           |
| 55-64     | < 73         | < 82           |
| 65-74     | < 64         | < 96           |
| > 74      | < 79         | < 181          |

**Additional Information:**

BNP is released from the heart (mainly the left ventricle) in response to increased wall tension and has both diuretic and natriuretic effects. BNP testing appears most useful for helping to rule out congestive heart failure in patients presenting with acute dyspnea. In patients being evaluated for acute dyspnea, BNP levels > 100 pg/mL had a sensitivity of 90% and specificity of 73% in diagnosing congestive heart failure (CHF) (McCullough PA et al Circulation 2002 106(4):416-422). In patients with BNP levels < 50 pg/mL, the negative predictive value for CHF was 96% (Maisel AS N Engl J Med 2002 347(3):161-7).

BNP levels have been shown to correlate with both NYHA functional class and invasively measured hemodynamic parameters. Treatment with ACE inhibitors, diuretics, and nitrates has been shown to decrease BNP levels in parallel with improving clinical symptoms (Richards, AM et al. Trends Endocr. Metabol. 13(4): 151-155. 2002). In patients with acute coronary syndromes, increased BNP levels are associated with increased risk for death during the subsequent 10 months as well with increased risk for myocardial infarction or heart failure (NEJM 345:1014-1021, 2001). Although BNP is renally cleared, acute and chronic renal failure per se do not appear to increase serum BNP significantly.

**WARNING:** Although normal BNP levels indicate a low probability of CHF, they do not exclude the possibility of heart failure or other serious cardiovascular or pulmonary disorders. Increased BNP levels are also not specific for CHF and can occur in patients with other serious conditions including pulmonary embolism, pulmonary hypertension, or acute myocardial infarction. BNP testing is not a substitute for careful cardiopulmonary evaluation and should not be the sole criterion for determining whether to admit or discharge a patient with dyspnea or other cardiovascular or pulmonary symptoms. BNP testing is also not recommended for screening for LV dysfunction or left ventricular hypertrophy in the general population (JAMA 288:1252-1259, 2002).

Higher levels of BNP are seen in women and older individuals. Age and gender specific reference ranges are listed above (from assay manufacturer, Biosite). Sensitivity and Specificity for Diagnosis of CHF in Patients Presenting to ED with Dyspnea:

| BNP level (pg/mL) | >50 | >80 | >100 | >125 | >150 |
|-------------------|-----|-----|------|------|------|
| Sensitivity (%)   | 97  | 93  | 90   | 87   | 85   |
| Specificity (%)   | 62  | 74  | 76   | 79   | 83   |
| PPV (%)           | 71  | 77  | 79   | 80   | 83   |

from Maisel AS, N Engl. J. Med. 2002 347(3):161-7

**ADMINISTRATIVE****CPT Codes:**

83880

**LOINC Codes:**  
42637-9

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
BNP

**Performing Lab:**  
Parnassus & Mission Bay Chemistry

**Performed:**  
Test available 24 hours per day 7 days per week

**Methodology:**  
Membrane Immunofluorescence Assay

**Collect:**  
Lavender top

**Amount to Collect:**  
1 mL blood

**Sample Type:**  
EDTA whole blood

**Preferred Volume:**  
1 mL blood

**Minimum Volume:**  
0.3 mL blood

**Units:**  
pg/mL

**Reference Interval:**

| Age (yrs) | Male (pg/mL) | Female (pg/mL) |
|-----------|--------------|----------------|
| < 45      | < 25         | < 48           |
| 45-54     | < 40         | < 73           |
| 55-64     | < 73         | < 82           |
| 65-74     | < 64         | < 96           |
| > 74      | < 79         | < 181          |

**Synonyms:**

- BNP
- brain type
- ANF
- ANH
- Atrial Natriuretic factor
- Atrial Natriuretic Hormone

**Stability (from collection to initiation):**  
Room temperature or refrigerated 7 hours.

**Reported:**  
STAT 1 hour, Routine 4 hours

**Additional Information:**

BNP is released from the heart (mainly the left ventricle) in response to increased wall tension and has both diuretic and natriuretic effects. BNP testing appears most useful for helping to rule out congestive heart failure in patients presenting with acute dyspnea. In patients being evaluated for acute dyspnea, BNP levels > 100 pg/mL had a sensitivity of 90% and specificity of 73% in diagnosing congestive heart failure (CHF) (McCullough PA et al Circulation 2002 106(4):416-422). In patients with BNP levels < 50 pg/mL, the negative predictive value for CHF was 96% (Maisel AS N Engl J Med 2002 347(3):161-7).

BNP levels have been shown to correlate with both NYHA functional class and invasively measured hemodynamic parameters. Treatment with ACE inhibitors, diuretics, and nitrates has been shown to decrease BNP levels in parallel with improving clinical symptoms (Richards, AM et al. Trends Endocr. Metabol. 13(4): 151-155. 2002). In patients with acute coronary syndromes, increased BNP levels are associated with increased risk for death during the subsequent 10 months as well with increased risk for myocardial infarction or heart failure (NEJM 345:1014-1021, 2001). Although BNP is renally cleared, acute and chronic renal failure per se do not appear to increase serum BNP significantly.

**WARNING:** Although normal BNP levels indicate a low probability of CHF, they do not exclude the possibility of heart failure or other serious cardiovascular or pulmonary disorders. Increased BNP levels are also not specific for CHF and can occur in patients with other serious conditions including pulmonary embolism, pulmonary hypertension, or acute myocardial infarction. BNP testing is not a substitute for careful cardiopulmonary evaluation and should not be the sole criterion for determining whether to admit or discharge a patient with dyspnea or other cardiovascular or pulmonary symptoms. BNP testing is also not recommended for screening for LV dysfunction or left ventricular hypertrophy in the general population (JAMA 288:1252-1259, 2002).

Higher levels of BNP are seen in women and older individuals. Age and gender specific reference ranges are listed above (from assay manufacturer, Biosite). Sensitivity and Specificity for Diagnosis of CHF in Patients Presenting to ED with Dyspnea:

| BNP level (pg/mL) | >50 | >80 | >100 | >125 | >150 |
|-------------------|-----|-----|------|------|------|
| Sensitivity (%)   | 97  | 93  | 90   | 87   | 85   |
| Specificity (%)   | 62  | 74  | 76   | 79   | 83   |
| PPV (%)           | 71  | 77  | 79   | 80   | 83   |

from Maisel AS, N Engl. J. Med. 2002 347(3):161-7

**CPT Codes:**

83880

**LOINC Codes:**

42637-9

**B-Type Natriuretic Peptide (for Saint Francis/Saint Mary's only)**

LAB3012

**ORDERING****Available Stat:**

Yes

**Performing Lab:**

Saint Francis &amp; Saint Mary's Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Chemiluminescent microparticle immunoassay (Abbott Architect)

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

BNP is released from the heart (mainly the left ventricle) in response to increased wall tension and has both diuretic and natriuretic effects. BNP testing appears most useful for helping to rule out congestive heart failure in patients presenting with acute dyspnea. In patients being evaluated for acute dyspnea, BNP levels > 100 pg/mL had a sensitivity of 90% and specificity of 73% in diagnosing congestive heart failure (CHF) (McCullough PA et al Circulation 2002 106(4):416-422). In patients with BNP levels < 50 pg/mL, the negative predictive value for CHF was 96% (Maisel AS N Engl J Med 2002 347(3):161-7).

BNP levels have been shown to correlate with both NYHA functional class and invasively measured hemodynamic parameters. Treatment with ACE inhibitors, diuretics, and nitrates has been shown to decrease BNP levels in parallel with improving clinical symptoms (Richards, AM et al. Trends Endocr. Metabol. 13(4): 151-155. 2002). In patients with acute coronary syndromes, increased BNP levels are associated with increased risk for death during the subsequent 10 months as well with increased risk for myocardial infarction or heart failure (NEJM 345:1014-1021, 2001). Although BNP is renally cleared, acute and chronic renal failure per se do not appear to increase serum BNP significantly.

**WARNING:** Although normal BNP levels indicate a low probability of CHF, they do not exclude the possibility of heart failure or other serious cardiovascular or pulmonary disorders. Increased BNP levels are also not specific for CHF and can occur in patients with other serious conditions including pulmonary embolism, pulmonary hypertension, or acute myocardial infarction. BNP testing is not a substitute for careful cardiopulmonary evaluation and should not be the sole criterion for determining whether to admit or discharge a patient with dyspnea or other cardiovascular or pulmonary symptoms. BNP testing is also not recommended for screening for LV dysfunction or left ventricular hypertrophy in the general population (JAMA 288:1252-1259, 2002).

**Synonyms:**

- BNP
- brain type
- ANF
- ANH
- Atrial Natriuretic factor
- Atrial Natriuretic Hormone

**COLLECTION****Sample Type:**

EDTA plasma

**Collect:**

Lavender top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

**Stability (from collection to initiation):**

Room temperature: 4 hours

Refrigerated 24 hours

Frozen: 3 months

**PROCESSING****Test Code:**

BNP (for SFSM B-TYPE NATRIURETIC PEPTIDE)



**Performing Lab:**

Saint Francis &amp; Saint Mary's Chemistry

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

**Stability (from collection to initiation):**

Room temperature: 4 hours

Refrigerated 24 hours

Frozen: 3 months

**RESULT INTERPRETATION****Units:**

pg/mL

**Reference Interval:**

&lt; 100 pg/mL

**Critical Values:**

&gt; 500 pg/mL

**Additional Information:**

BNP is released from the heart (mainly the left ventricle) in response to increased wall tension and has both diuretic and natriuretic effects. BNP testing appears most useful for helping to rule out congestive heart failure in patients presenting with acute dyspnea. In patients being evaluated for acute dyspnea, BNP levels > 100 pg/mL had a sensitivity of 90% and specificity of 73% in diagnosing congestive heart failure (CHF) (McCullough PA et al Circulation 2002 106(4):416-422). In patients with BNP levels < 50 pg/mL, the negative predictive value for CHF was 96% (Maisel AS N Engl J Med 2002 347(3):161-7).

BNP levels have been shown to correlate with both NYHA functional class and invasively measured hemodynamic parameters. Treatment with ACE inhibitors, diuretics, and nitrates has been shown to decrease BNP levels in parallel with improving clinical symptoms (Richards, AM et al. Trends Endocr. Metabol. 13(4): 151-155. 2002). In patients with acute coronary syndromes, increased BNP levels are associated with increased risk for death during the subsequent 10 months as well with increased risk for myocardial infarction or heart failure (NEJM 345:1014-1021, 2001). Although BNP is renally cleared, acute and chronic renal failure per se do not appear to increase serum BNP significantly.

**WARNING:** Although normal BNP levels indicate a low probability of CHF, they do not exclude the possibility of heart failure or other serious cardiovascular or pulmonary disorders. Increased BNP levels are also not specific for CHF and can occur in patients with other serious conditions including pulmonary embolism, pulmonary hypertension, or acute myocardial infarction. BNP testing is not a substitute for careful cardiopulmonary evaluation and should not be the sole criterion for determining whether to admit or discharge a patient with dyspnea or other cardiovascular or pulmonary symptoms. BNP testing is also not recommended for screening for LV dysfunction or left ventricular hypertrophy in the general population (JAMA 288:1252-1259, 2002).

**ADMINISTRATIVE****CPT Codes:**

83880

**LOINC Codes:**

42637-9

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

BNP (for SFSM B-TYPE NATRIURETIC PEPTIDE)

**Performing Lab:**

Saint Francis &amp; Saint Mary's Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Chemiluminescent microparticle immunoassay (Abbott Architect)

**Collect:**

Lavender top

**Amount to Collect:**

1 mL blood

**Sample Type:**

EDTA plasma

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

**Units:**

pg/mL

**Reference Interval:**

&lt; 100 pg/mL

**Critical Values:**

&gt; 500 pg/mL

**Synonyms:**

- BNP
- brain type
- ANF
- ANH
- Atrial Natriuretic factor
- Atrial Natriuretic Hormone

**Stability (from collection to initiation):**

Room temperature: 4 hours

Refrigerated 24 hours

Frozen: 3 months

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

BNP is released from the heart (mainly the left ventricle) in response to increased wall tension and has both diuretic and natriuretic effects. BNP testing appears most useful for helping to rule out congestive heart failure in patients presenting with acute dyspnea. In patients being evaluated for acute dyspnea, BNP levels > 100 pg/mL had a sensitivity of 90% and specificity of 73% in diagnosing congestive heart failure (CHF) (McCullough PA et al Circulation 2002 106(4):416-422). In patients with BNP levels < 50 pg/mL, the negative predictive value for CHF was 96% (Maisel AS N Engl J Med 2002 347(3):161-7).

BNP levels have been shown to correlate with both NYHA functional class and invasively measured hemodynamic parameters. Treatment with ACE inhibitors, diuretics, and nitrates has been shown to decrease BNP levels in parallel with improving clinical symptoms (Richards, AM et al. Trends Endocr. Metabol. 13(4): 151-155. 2002). In patients with acute coronary syndromes, increased BNP levels are associated with increased risk for death during the subsequent 10 months as well with increased risk for myocardial infarction or heart failure (NEJM 345:1014-1021, 2001). Although BNP is renally cleared, acute and chronic renal failure per se do not appear to increase serum BNP significantly.

**WARNING:** Although normal BNP levels indicate a low probability of CHF, they do not exclude the possibility of heart failure or other serious cardiovascular or pulmonary disorders. Increased BNP levels are also not specific for CHF and can occur in patients with other serious conditions including pulmonary embolism, pulmonary hypertension, or acute myocardial infarction. BNP testing is not a substitute for careful cardiopulmonary evaluation and should not be the sole criterion for determining whether to admit or discharge a patient with dyspnea or other cardiovascular or pulmonary symptoms. BNP testing is also not recommended for screening for LV dysfunction or left ventricular hypertrophy in the general population (JAMA 288:1252-1259, 2002).

**CPT Codes:**

83880

**LOINC Codes:**

42637-9

# Bullous pemphigoid Antibodies

LAB5434

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

ELISA

**Reported:**

5-7 days

**Additional Information:**

Bullous pemphigoid (BP) is chronic pruritic blistering disorder found mainly in aged persons, characterized by the development of tense blisters over an erythematous or urticarial base. IgG antibasement membrane zone antibodies are found in the serum of patients, and linear IgG and C3 sediment is found on the basement membrane zone of the lesion. Several well characterized variants exist including localized, mucous membrane predominant and pemphigoid gestationis, also referred to as herpes gestationis.

Target antigens of the autoantibodies in BP patient serum are BP230 and BP180 also called BPAG1 and BPAG2. Molecular weight of these antigens is 230 kD and 180 kD, respectively. BP180 is thought to be the direct target of the autoantibody because of its location along the basement membranes, and the autoantibody against BP230 is thought to be secondarily produced.

Antibodies to bullous pemphigoid (BP) BP180 and BP230 have been shown to be present in most patients with pemphigoid. Adequate sensitivities and specificity for disease are documented and Mayo's experience demonstrates a very good correlation between BP180 and BP230 results and the presence of pemphigoid (see Supportive Data"). However, in those patients strongly suspected to have pemphigoid, either by clinical findings or by routine biopsy, and in whom the BP180/BP230 assay is negative, follow-up testing by #8052 Cutaneous Immunofluorescence Antibodies (IgG), Serum" is recommended.

Antibody titer correlates with disease activity in many patients. Patients with severe disease can usually be expected to have high titers of antibodies to BP. Titers are expected to decrease with clinical improvement.

**Synonyms:**

- BP180 AB
- BP180 Antibody
- BP230 AB
- BP230 Antibody
- BPAG1 AB
- BPAG1 Antibody
- BPAG2 AB
- BPAG2 Antibody
- BULLOUS PEMPHIGOID
- BP230
- BP180

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

BPPAB

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 1.5 days, refrigerated 1 week, frozen 2 weeks

**Unacceptable Conditions:**

Collected in Gold top. Gross hemolysis, lipemia or icterus

**Rejection Criteria:**

Gross hemolysis, lipemia or icterus

**PROCESSING****Test Code:**

BPPAB

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Spin and freeze aliquot at -20 C. Ship to China basin.

Mayo order BPAB

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top. Gross hemolysis, lipemia or icterus

**Rejection Criteria:**

Gross hemolysis, lipemia or icterus

**Stability (from collection to initiation):**

Room temperature 1.5 days, refrigerated 1 week, frozen 2 weeks

**RESULT INTERPRETATION****Units:**

U

**Reference Interval:**

&lt; 9.0 U

**Additional Information:**

Bullous pemphigoid (BP) is chronic pruritic blistering disorder found mainly in aged persons, characterized by the development of tense blisters over an erythematous or urticarial base. IgG antibasement membrane zone antibodies are found in the serum of patients, and linear IgG and C3 sediment is found on the basement membrane zone of the lesion. Several well characterized variants exist including localized, mucous membrane predominant and pemphigoid gestationis, also referred to as herpes gestationis.

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Antibodies to bullous pemphigoid (BP) BP180 and BP230 have been shown to be present in most patients with pemphigoid. Adequate sensitivities and specificity for disease are documented and Mayo's experience demonstrates a very good correlation between BP180 and BP230 results and the presence of pemphigoid (see Supportive Data"). However, in those patients strongly suspected to have pemphigoid, either by clinical findings or by routine biopsy, and in whom the BP180/BP230 assay is negative, follow-up testing by #8052 Cutaneous Immunofluorescence Antibodies (IgG), Serum" is recommended.

Antibody titer correlates with disease activity in many patients. Patients with severe disease can usually be expected to have high titers of antibodies to BP. Titers are expected to decrease with clinical improvement.

**ADMINISTRATIVE****CPT Codes:**

83516-90 x2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BPPAB

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Gross hemolysis, lipemia or icterus

**Unacceptable Conditions:**

Collected in Gold top. Gross hemolysis, lipemia or icterus

**Specimen Preparation:**

Spin and freeze aliquot at -20 C. Ship to China basin.

Mayo order BPAB

**Units:**

U

**Reference Interval:**

&lt; 9.0 U

**Synonyms:**

- BP180 AB
- BP180 Antibody
- BP230 AB
- BP230 Antibody
- BPAG1 AB
- BPAG1 Antibody
- BPAG2 AB
- BPAG2 Antibody
- BULLOUS PEMPHIGOID
- BP230
- BP180

**Stability (from collection to initiation):**

Room temperature 1.5 days, refrigerated 1 week, frozen 2 weeks

**Reported:**

5-7 days

**Additional Information:**

Bullous pemphigoid (BP) is chronic pruritic blistering disorder found mainly in aged persons, characterized by the development of tense blisters over an erythematous or urticarial base. IgG antibasement membrane zone antibodies are found in the serum of patients, and linear IgG and C3 sediment is found on the basement membrane zone of the lesion. Several well characterized variants exist including localized, mucous membrane predominant and pemphigoid gestationis, also referred to as herpes gestationis.

Target antigens of the autoantibodies in BP patient serum are BP230 and BP180 also called BPAG1 and BPAG2. Molecular weight of these antigens is 230 kD and 180 kD, respectively. BP180 is thought to be the direct target of the autoantibody because of its location along the basement membranes, and the autoantibody against BP230 is thought to be secondarily produced.

Antibodies to bullous pemphigoid (BP) BP180 and BP230 have been shown to be present in most patients with pemphigoid. Adequate sensitivities and specificity for disease are documented and Mayo's experience demonstrates a very good correlation between BP180 and BP230 results and the presence of pemphigoid (see Supportive Data"). However, in those patients strongly suspected to have pemphigoid, either by clinical findings or by routine biopsy, and in whom the BP180/BP230 assay is negative, follow-up testing by #8052 Cutaneous Immunofluorescence Antibodies (IgG), Serum" is recommended.

Antibody titer correlates with disease activity in many patients. Patients with severe disease can usually be expected to have high titers of antibodies to BP. Titers are expected to decrease with clinical improvement.

**CPT Codes:**

83516-90 x2

# Buprenorphine and Metabolites, Urine, Quantitative

LAB6133

## ORDERING

### Ordering Recommendations:

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Buprenorphine, Urine Screen with Reflex to Quantitation (2012273).

### Available Stat:

No

### Performing Lab:

ARUP

### Performed:

Sun-Sat

### Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

### Reported:

1-4 days

### Synonyms:

- Buprenex (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Buprenorphine (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Buprenorphine Glucuronide (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Buprenorphine Screen & Metabolite (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Butrans (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Norbuprenorphine (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Norbuprenorphine Glucuronide (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Norspan (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Pain Management (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Pain Management, Buprenorphine, Quantitative, w/ medMATCH, Urine (Buprenorphine & Metabolites-Confir
- Pain Management, Buprenorphine, w/ Confirmation w/ medMATCH, Urine (Buprenorphine & Metabolites-Conf
- Suboxone (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Subutex (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Temgesic (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Transtec (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Vetergesic (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Narcan
- Pain Management
- Sublocade
- Suboxone
- Subutex
- Transtec
- Vetergesic
- Zubsolv
- Belbuca
- Buprenex
- Butrans
- Medication Adherence
- Opioids use disorders
- Probuphine
- Temgesic
- BUPM

## COLLECTION

### Label Abbreviation:

BUPM

### Collect:

Random urine.

### Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

### Storage/Transport Temperature:

Room temperature.

## PROCESSING

### Test Code:

BUPM

**ARUP Test Code:**

2010092

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 2 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 1 mL)

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Room temperature.

**RESULT INTERPRETATION****Reference Interval:**

Effective August 17, 2015

| Drugs Covered                | Cutoff Concentrations |
|------------------------------|-----------------------|
| Buprenorphine                | 2 ng/mL               |
| Norbuprenorphine             | 2 ng/mL               |
| Buprenorphine glucuronide    | 5 ng/mL               |
| Norbuprenorphine glucuronide | 5 ng/mL               |
| Naloxone                     | 100 ng/mL             |

**Interpretive Data:**

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff:

Buprenorphine: 2 ng/mL

Norbuprenorphine: 2 ng/mL

Buprenorphine glucuronide: 5 ng/mL

Norbuprenorphine glucuronide: 5 ng/mL

Naloxone: 100 ng/mL

For medical purposes only; not valid for forensic use.

The presence of metabolite(s) without parent drug is common and may indicate use of parent drug during the prior week. Naloxone is included to detect the addition of a naloxone-containing drug directly into the urine.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

**ADMINISTRATIVE****CPT Codes:**

80348 (Alt code: G0480)

**LOINC:**

- 77207-9
- 49753-7
- 49751-1
- 3415-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Buprenorphine, Urine Screen with Reflex to Quantitation (2012273).

**Test Code:**

BUPM

**ARUP Test Code:**

2010092

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Random urine.

**Specimen Preparation:**

Transfer 2 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 1 mL)

**Reference Interval:**

Effective August 17, 2015

| Drugs Covered                | Cutoff Concentrations |
|------------------------------|-----------------------|
| Buprenorphine                | 2 ng/mL               |
| Norbuprenorphine             | 2 ng/mL               |
| Buprenorphine glucuronide    | 5 ng/mL               |
| Norbuprenorphine glucuronide | 5 ng/mL               |
| Naloxone                     | 100 ng/mL             |

**Interpretive Data:**

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff:

Buprenorphine: 2 ng/mL

Norbuprenorphine: 2 ng/mL

Buprenorphine glucuronide: 5 ng/mL

Norbuprenorphine glucuronide: 5 ng/mL

Naloxone: 100 ng/mL

For medical purposes only; not valid for forensic use.

The presence of metabolite(s) without parent drug is common and may indicate use of parent drug during the prior week. Naloxone is included to detect the addition of a naloxone-containing drug directly into the urine.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.



**Synonyms:**

- Buprenex (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Buprenorphine (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Buprenorphine Glucuronide (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Buprenorphine Screen & Metabolite (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Butrans (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Norbuprenorphine (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Norbuprenorphine Glucuronide (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Norspan (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Pain Management (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Pain Management, Buprenorphine, Quantitative, w/ medMATCH, Urine (Buprenorphine & Metabolites-Confir
- Pain Management, Buprenorphine, w/ Confirmation w/ medMATCH, Urine (Buprenorphine & Metabolites-Conf
- Suboxone (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Subutex (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Temgesic (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Transtec (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Vetergesic (Buprenorphine & Metabolites - Confirmation/Quantitation - Urine)
- Narcan
- Pain Management
- Sublocade
- Suboxone
- Subutex
- Transtec
- Vetergesic
- Zubsolv
- Belbuca
- Buprenex
- Butrans
- Medication Adherence
- Opioids use disorders
- Probuphine
- Temgesic
- BUPM

**Storage/Transport Temperature:**

Room temperature.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

**Reported:**

1-4 days

**CPT Codes:**

80348 (Alt code: G0480)

**LOINC:**

- 77207-9
- 49753-7
- 49751-1
- 3415-7

# Buprenorphine, Urine Screen with Reflex to Quantitation

LAB5535

## ORDERING

**Ordering Recommendations:**

Useful for general screening in contexts of compliance and/or abuse. A screen with reflex testing is the preferred method for ruling out buprenorphine exposure. For follow-up testing of a presumptive result, Buprenorphine and Metabolites, Urine, Quantitative (2010092) is preferred.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Qualitative Enzyme Immunoassay/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-4 days

**Synonyms:**

- Buprenex
- Buprenorphine
- Butrans
- Glucuronide
- Norbuprenorphine
- Norbuprenorphine Glucuronide
- Norspan
- Suboxone
- Temgesic
- Vetergesic
- BUPUS

## COLLECTION

**Label Abbreviation:**

BUPUS

**Collect:**

Random urine.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 month

**Storage/Transport Temperature:**

Room temperature.

**Unacceptable Conditions:**

Unknown fluids, pharmaceutical preparations, and breast milk. Specimens exposed to repeated freeze/thaw cycles.

## PROCESSING

**Test Code:**

BUPUS

**ARUP Test Code:**

2012273

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 4 mL urine with no additives or preservatives to an ARUP Standard Transport Tube (Min: 2 mL)

**Unacceptable Conditions:**

Unknown fluids, pharmaceutical preparations, and breast milk. Specimens exposed to repeated freeze/thaw cycles.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 month

**Storage/Transport Temperature:**

Room temperature.

**RESULT INTERPRETATION****Interpretive Data:**

Methodology: Immunoassay

Positive Cutoff: 5 ng/mL

**ADMINISTRATIVE****CPT Codes:**

80307; if reflexed, add 80348 (Reflexed Alt Code: G0480 )

**LOINC:**

- 54247-2
- 93494-3

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Useful for general screening in contexts of compliance and/or abuse. A screen with reflex testing is the preferred method for ruling out buprenorphine exposure. For follow-up testing of a presumptive result, Buprenorphine and Metabolites, Urine, Quantitative (2010092) is preferred.

**Test Code:**

BUPUS

**ARUP Test Code:**

2012273

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Qualitative Enzyme Immunoassay/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Random urine.

**Unacceptable Conditions:**

Unknown fluids, pharmaceutical preparations, and breast milk. Specimens exposed to repeated freeze/thaw cycles.

**Specimen Preparation:**

Transfer 4 mL urine with no additives or preservatives to an ARUP Standard Transport Tube (Min: 2 mL)

**Interpretive Data:**

Methodology: Immunoassay

Positive Cutoff: 5 ng/mL

**Synonyms:**

- Buprenex
- Buprenorphine
- Butrans
- Glucuronide
- Norbuprenorphine
- Norbuprenorphine Glucuronide
- Norspan
- Suboxone
- Temgesic
- Vetergesic
- BUPUS

**Storage/Transport Temperature:**

Room temperature.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 month

**Reported:**

1-4 days

**CPT Codes:**

80307; if reflexed, add 80348 (Reflexed Alt Code: G0480 )

**LOINC:**

- 54247-2
- 93494-3

**Notes:**

If the specimen screens positive, then Confirmation/Quantitation by LC-MS/MS (ARUP test code 2010092) will be added to confirm result. Additional charges apply.

# Busulfan Pharmacokinetics, Adult

BUSUA, BUSAR2

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Run Monday-Friday AM (excluding holidays) with prior notice

**Methodology:**

Liquid chromatography-tandem mass spectrometry (LC-MS/MS)

**Reported:**

Results available next day by 1300 hours

**Additional Information:**

Chemistry China Basin will report the busulfan concentration of each sample and the Area Under the Curve (AUC).

For questions contact China Basin Chemistry at 415-353-4820

**Synonyms:**

- Busulfex
- BUSUA, BUSAR2, BUSAR3, BUSAR4, BUSAR5, BUSAR6, BUSAR7

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Heparinized plasma

**Collect:**

Dark green top on ice drawn at specific times

**Amount to Collect:**

2 mL blood for each sample

**Preferred Volume:**

1 ml heparinized plasma for each sample

**Minimum Volume:**

1 ml heparinized plasma for each sample

**Remarks:**

Samples should only be collected Sunday through Thursday and the collection MUST be completed and the last sample delivered to the laboratory by 4AM in order to provide results the next/same day.

Testing should be ordered in APeX.

Label the samples with the patient registration label and write the EXACT time of collection on the label. Hand carry the samples to lab on ice. Make sure to notify lab staff that you are delivering a Busulfan sample, DO NOT simply leave it at the desk. With the last sample, bring the completed busulfan PK sheet to the lab.

Busulfan is unstable therefore EACH sample must be transported on ice to the laboratory immediately after collection for processing and freezing.

**Stability (from collection to initiation):**

Before separation from cells Refrigerated (4C) for 24 hours After separation from cells Frozen (-70C) for 2 years.

**Unacceptable Conditions:**

Sample not received on ice. Not collected in Dark green top tube.

## PROCESSING

**Test Code:**

BUSUA, BUSAR2, BUSAR3, BUSAR4, BUSAR5, BUSAR6, BUSAR7

**Test Group:**

Busulfan

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Samples must be processed immediately upon receipt. When the samples arrive, receive them in Sunquest with the EXACT collection time as hand-written on the label. Place a Sunquest label on the tube.

Spin sample down immediately in refrigerated centrifuge, aliquot 1 mL into plastic vial and label with the exact time of collection then freeze at -70C.

As additional samples arrive receive them in Sunquest under Order/Receipt Modify. Then process each sample as above. When all samples have been processed, send them on dry ice to China Basin Chemistry.

**NOTE:** The back-up laboratory for this test is the Mayo Clinic. A busulfan information sheet for the Mayo Clinic needs to be completed for each set of samples: [Click here for form](#)

Using the information entered in Apex for this patient, complete the busulfan information sheet (e.g. the dose, dose number, infusion start time, infusion stop time and EXACT collection time of each sample). Insert the pager or phone number of the doctor who ordered the busulfan testing in the results reporting box. Ship the samples on dry ice with the busulfan information sheet to the Mayo Clinic.

**Preferred Volume:**

1 ml heparinized plasma for each sample

**Minimum Volume:**

1 ml heparinized plasma for each sample

**Unacceptable Conditions:**

Sample not received on ice. Not collected in Dark green top tube.

**Stability (from collection to initiation):**

Before separation from cells Refrigerated (4C) for 24 hours After separation from cells Frozen (-70C) for 2 years.

**RESULT INTERPRETATION****Units:**

Busulfan concentration in each individual sample: ng/mL

Area under the curve (AUC):  $\mu\text{mol} \cdot \text{min}$

**Additional Information:**

Chemistry China Basin will report the busulfan concentration of each sample and the Area Under the Curve (AUC).

For questions contact China Basin Chemistry at 415-353-4820

**ADMINISTRATIVE****CPT Codes:**

80299 x number of samples drawn

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BUSUA, BUSAR2, BUSAR3, BUSAR4, BUSAR5, BUSAR6, BUSAR7

**Test Group:**

Busulfan

**Performing Lab:**

China Basin Chemistry

**Performed:**

Run Monday-Friday AM (excluding holidays) with prior notice

**Methodology:**

Liquid chromatography-tandem mass spectrometry (LC-MS/MS)

**Remarks:**

Samples should only be collected Sunday through Thursday and the collection MUST be completed and the last sample delivered to the laboratory by 4AM in order to provide results the next/same day.

Testing should be ordered in APeX.

Label the samples with the patient registration label and write the EXACT time of collection on the label. Hand carry the samples to lab on ice. Make sure to notify lab staff that you are delivering a Busulfan sample, DO NOT simply leave it at the desk. With the last sample, bring the completed busulfan PK sheet to the lab.

Busulfan is unstable therefore EACH sample must be transported on ice to the laboratory immediately after collection for processing and freezing.

**Collect:**

Dark green top on ice drawn at specific times

**Amount to Collect:**

2 mL blood for each sample

**Sample Type:**

Heparinized plasma

**Preferred Volume:**

1 ml heparinized plasma for each sample

**Minimum Volume:**

1 ml heparinized plasma for each sample

**Unacceptable Conditions:**

Sample not received on ice. Not collected in Dark green top tube.

**Specimen Preparation:**

Samples must be processed immediately upon receipt. When the samples arrive, receive them in Sunquest with the EXACT collection time as hand-written on the label. Place a Sunquest label on the tube.

Spin sample down immediately in refrigerated centrifuge, aliquot 1 mL into plastic vial and label with the exact time of collection then freeze at -70C.

As additional samples arrive receive them in Sunquest under Order/Receipt Modify. Then process each sample as above. When all samples have been processed, send them on dry ice to China Basin Chemistry.

**NOTE:**The back-up laboratory for this test is the Mayo Clinic. A busulfan information sheet for the Mayo Clinic needs to be completed for each set of samples: [Click here for form](#)

Using the information entered in Apex for this patient, complete the busulfan information sheet (e.g. the dose, dose number, infusion start time, infusion stop time and EXACT collection time of each sample). Insert the pager or phone number of the doctor who ordered the busulfan testing in the results reporting box. Ship the samples on dry ice with the busulfan information sheet to the Mayo Clinic.

**Units:**

Busulfan concentration in each individual sample: ng/mL

Area under the curve (AUC):  $\mu\text{mol}\cdot\text{min}$

**Synonyms:**

- Busulfex
- BUSUA, BUSAR2, BUSAR3, BUSAR4, BUSAR5, BUSAR6, BUSAR7

**Stability (from collection to initiation):**

Before separation from cells Refrigerated (4C) for 24 hours After separation from cells Frozen (-70C) for 2 years.

**Reported:**

Results available next day by 1300 hours

**Additional Information:**

Chemistry China Basin will report the busulfan concentration of each sample and the Area Under the Curve (AUC).

For questions contact China Basin Chemistry at 415-353-4820

**CPT Codes:**

80299 x number of samples drawn

**LDT or Modified FDA:**

Yes

**Supplemental Test Request Form Required:**

Yes

# Busulfan Pharmacokinetics, Pediatric (Non-Research)

BUSRP1, BUSRP2, BUSRP3, BUSRP4, BUSRP5, BUSRP6, BU

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Run Monday-Friday AM with prior notice (excluding holidays)

**Methodology:**

Liquid chromatography-tandem mass spectrometry (LC-MS/MS)

**Reported:**

Results available next day by 1300 hours (Monday through Friday, excluding holidays)

**Additional Information:**

Chemistry China Basin will report the busulfan concentration of each sample.

For questions contact China Basin Chemistry at 415 353 4820

**Synonyms:**

- Busulfex

## COLLECTION

**Sample Type:**

Heparinized plasma

**Collect:**

Dark green top on ice drawn at specific times

**Amount to Collect:**

2 mL blood for each sample

**Preferred Volume:**

1 ml heparinized plasma for each sample

**Minimum Volume:**

1 ml heparinized plasma for each sample

**Remarks:**

Testing should be ordered in APeX.

For PK studies on the first busulfan dose, the first sample should be drawn immediately after termination of the IV infusion. For PK studies on the steady state busulfan doses, the first sample should be drawn immediately before the start of the IV infusion. The remaining samples should be drawn at the times listed on the busulfan PK sheets (use correct PK sheet for each study: e.g. Q6hr, Q12hr or Q24hr).

Each patient sample should have a label affixed to it, and the EXACT time of collection should be written on the label or the APeX requisition and on the busulfan PK sheet. Hand-carry the sample to lab on ice with the requisition. Make sure to notify lab staff that you are delivering a busulfan sample, DO NOT simply leave it at the desk. Busulfan is unstable therefore EACH sample must be transported on ice to the laboratory immediately after collection for processing and freezing. With the final sample, bring the busulfan PK sheet with the correct collect times completed for each sample to the lab.

**Stability (from collection to initiation):**

Before separation from cells: Refrigerated (4C) for 24 hours.

After separation from cells: Frozen (-70C) for 2 years.

**Unacceptable Conditions:**

Sample not received on ice. Not collected in Dark green top tube.

## PROCESSING

**Test Code:**

BUSRP1, BUSRP2, BUSRP3, BUSRP4, BUSRP5, BUSRP6, BUSRP7

**Test Group:**

Busulfan

**Performing Lab:**

China Basin Chemistry



**Specimen Preparation:**

Samples must be processed immediately upon receipt. When the samples arrive, receive them in Sunquest with the EXACT collection time as hand-written on the label or ApeX requisition. Place a Sunquest label on the tube. Spin sample down immediately in refrigerated centrifuge, aliquot 1 mL into plastic vial and label with the exact time of collection then freeze at -70C.

As additional samples arrive receive them in Sunquest under Order/Receipt Modify. Then process each sample as above. When all samples have been processed, send them on dry ice to China Basin Chemistry.

**Preferred Volume:**

1 ml heparinized plasma for each sample

**Minimum Volume:**

1 ml heparinized plasma for each sample

**Unacceptable Conditions:**

Sample not received on ice. Not collected in Dark green top tube.

**Stability (from collection to initiation):**

Before separation from cells: Refrigerated (4C) for 24 hours.

After separation from cells: Frozen (-70C) for 2 years.

**RESULT INTERPRETATION****Units:**

ng/mL

**Additional Information:**

Chemistry China Basin will report the busulfan concentration of each sample.

For questions contact China Basin Chemistry at 415 353 4820

**ADMINISTRATIVE****CPT Codes:**

80299 x number of samples tested

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BUSRP1, BUSRP2, BUSRP3, BUSRP4, BUSRP5, BUSRP6, BUSRP7

**Test Group:**

Busulfan

**Performing Lab:**

China Basin Chemistry

**Performed:**

Run Monday-Friday AM with prior notice (excluding holidays)

**Methodology:**

Liquid chromatography-tandem mass spectrometry (LC-MS/MS)

**Remarks:**

Testing should be ordered in APeX.

For PK studies on the first busulfan dose, the first sample should be drawn immediately after termination of the IV infusion. For PK studies on the steady state busulfan doses, the first sample should be drawn immediately before the start of the IV infusion. The remaining samples should be drawn at the times listed on the busulfan PK sheets (use correct PK sheet for each study: e.g. Q6hr, Q12hr or Q24hr).

Each patient sample should have a label affixed to it, and the EXACT time of collection should be written on the label or the APeX requisition and on the busulfan PK sheet. Hand-carry the sample to lab on ice with the requisition. Make sure to notify lab staff that you are delivering a busulfan sample, DO NOT simply leave it at the desk. Busulfan is unstable therefore EACH sample must be transported on ice to the laboratory immediately after collection for processing and freezing. With the final sample, bring the busulfan PK sheet with the correct collect times completed for each sample to the lab.

**Collect:**

Dark green top on ice drawn at specific times

**Amount to Collect:**

2 mL blood for each sample

**Sample Type:**

Heparinized plasma

**Preferred Volume:**

1 ml heparinized plasma for each sample

**Minimum Volume:**

1 ml heparinized plasma for each sample

**Unacceptable Conditions:**

Sample not received on ice. Not collected in Dark green top tube.

**Specimen Preparation:**

Samples must be processed immediately upon receipt. When the samples arrive, receive them in Sunquest with the EXACT collection time as hand-written on the label or ApeX requisition. Place a Sunquest label on the tube. Spin sample down immediately in refrigerated centrifuge, aliquot 1 mL into plastic vial and label with the exact time of collection then freeze at -70C.

As additional samples arrive receive them in Sunquest under Order/Receipt Modify. Then process each sample as above. When all samples have been processed, send them on dry ice to China Basin Chemistry.

**Units:**

ng/mL

**Synonyms:**

- Busulfex

**Stability (from collection to initiation):**

Before separation from cells: Refrigerated (4C) for 24 hours.

After separation from cells: Frozen (-70C) for 2 years.

**Reported:**

Results available next day by 1300 hours (Monday through Friday, excluding holidays)

**Additional Information:**

Chemistry China Basin will report the busulfan concentration of each sample.

For questions contact China Basin Chemistry at 415 353 4820

**CPT Codes:**

80299 x number of samples tested

**LDT or Modified FDA:**

Yes

## C. Burnetii Abs, IgG and IgM with reflex to Titer

LAB1209

### ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

IFA

**Reported:**

Test run Tuesday and Friday. Turnaround time: 3-6 days.

**Additional Information:**

This test includes both IgM and IgG antibodies to both phase I and II antigens and offers greater sensitivity than the formerly used CF test; the phase II IgG antibody corresponds most closely to the antibody detected in the latter.

The ratio of phase II to phase I antibodies is commonly  $> 1$  in acute infection, is usually  $=1$  in granulomatous hepatitis, and if  $< 1$  suggests chronic infection such as endocarditis. Submit paired sera, one collected within 1 wk of onset of illness and another 2-3 weeks later; occasional patients will not show a rise in IgG phase II titer rise for 4-6 weeks, especially if antibiotic therapy has been given. IgM antibodies develop earlier and last a few weeks to a few months, whereas IgG antibodies may last for life. Although a single IgM titer of  $> 256$  is highly suggestive of acute infection, diagnosis is most reliable when based on a titer increase of at least 4-fold. Testing a single serum is sufficient for periodic monitoring of employees by Employee Health.

**Reflex Testing:**

If screen is positive the titers will be performed at an additional charge.

**Synonyms:**

- Q fever antibodies

### COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

QFEV

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

### PROCESSING

**Test Code:**

QFEV

**Test Group:**

Q fever

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate serum. Order Quest # 4085N.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

### RESULT INTERPRETATION

**Units:**

Titer

**Reference Interval:**

Negative titer &lt; 16

**Additional Information:**

This test includes both IgM and IgG antibodies to both phase I and II antigens and offers greater sensitivity than the formerly used CF test; the phase II IgG antibody corresponds most closely to the antibody detected in the latter.

The ratio of phase II to phase I antibodies is commonly > 1 in acute infection, is usually =1 in granulomatous hepatitis, and if < 1 suggests chronic infection such as endocarditis. Submit paired sera, one collected within 1 wk of onset of illness and another 2-3 weeks later; occasional patients will not show a rise in IgG phase II titer rise for 4-6 weeks, especially if antibiotic therapy has been given. IgM antibodies develop earlier and last a few weeks to a few months, whereas IgG antibodies may last for life. Although a single IgM titer of > 256 is highly suggestive of acute infection, diagnosis is most reliable when based on a titer increase of at least 4-fold. Testing a single serum is sufficient for periodic monitoring of employees by Employee Health.

**ADMINISTRATIVE****CPT Codes:**

86638-90 x 4

**LOINC Codes:**

22211-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

QFEV

**Test Group:**

Q fever

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

IFA

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Refrigerate serum. Order Quest # 4085N.

**Units:**

Titer

**Reference Interval:**

Negative titer &lt; 16

**Synonyms:**

- Q fever antibodies

**Reported:**

Test run Tuesday and Friday. Turnaround time: 3-6 days.

**Reflex Testing:**

If screen is positive the titers will be performed at an additional charge.

**Additional Information:**

This test includes both IgM and IgG antibodies to both phase I and II antigens and offers greater sensitivity than the formerly used CF test; the phase II IgG antibody corresponds most closely to the antibody detected in the latter.

The ratio of phase II to phase I antibodies is commonly  $> 1$  in acute infection, is usually  $=1$  in granulomatous hepatitis, and if  $< 1$  suggests chronic infection such as endocarditis. Submit paired sera, one collected within 1 wk of onset of illness and another 2-3 weeks later; occasional patients will not show a rise in IgG phase II titer rise for 4-6 weeks, especially if antibiotic therapy has been given. IgM antibodies develop earlier and last a few weeks to a few months, whereas IgG antibodies may last for life. Although a single IgM titer of  $> 256$  is highly suggestive of acute infection, diagnosis is most reliable when based on a titer increase of at least 4-fold. Testing a single serum is sufficient for periodic monitoring of employees by Employee Health.

**CPT Codes:**

86638-90 x 4

**LOINC Codes:**

22211-7

# C1 Esterase Inhibitor Deficiency panel

LAB850

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Reported:**

Test performed Tuesday and Thursday. Turnaround time: 3-8 days.

**Additional Information:**

Includes C1EI activity, C1EI quantitation and C1q quantitation.

The results expected of these assays in the different clinical settings in which low C4 levels are seen are:

| Basis of Complement Abnormality | C1-esterase activity by C1r decay | Inhibitor Antigen Quantitation | C1q Antigen Quantitation |
|---------------------------------|-----------------------------------|--------------------------------|--------------------------|
| Hereditary angioedema-Classic   | Abnormal                          | Decreased                      | Normal                   |
| Hereditary angioedema-Variant   | ? Abnormal                        | Normal                         | Normal                   |
| Acquired                        | ? Abnormal                        | Decreased                      | Decreased                |
| Secondary involvement           | Normal                            | Normal                         | Normal                   |

**Synonyms:**

- Angioedema Panel
- C1-esterase inhibitor
- angioneurotic edema
- anti-C1r
- C1r
- C4DX/C4 ratio
- HAE
- HAN E
- Hereditary angioneurotic edema
- LC1072
- LC3923
- DECANT

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred

**Sample Type:**

Serum

EDTA Plasma for B&amp;T patients

**Label Abbreviation:**

C1EQ

**Collect:**
Red top on ice (Gold top **NOT** acceptable)

Lavender top on ice for B&amp;T patients

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum in 3 aliquots of 1 mL each

**Minimum Volume:**

0.5 mL serum each

**Remarks:**

Collect and allow to clot in ice slurry. Bring immediately to lab on ice.

Note special sample requirements for B&amp;T patients.

**Unacceptable Conditions:**

Not delivered on ice. Sample collected in Gold top

## PROCESSING

**Test Code:**

C1EI

LAB850

LC1072

LC3923

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Centrifuge immediately under refrigeration. Freeze three separate aliquots at  $\leq 60^{\circ}\text{C}$  in plastic tubes and ship on dry ice.  
Order Quest # 44768P, 298 and 44784P

Note that LabCorp requires EDTA plasma for B&T patients.

**Preferred Volume:**

3 mL serum in 3 aliquots of 1 mL each

**Minimum Volume:**

0.5 mL serum each

**Unacceptable Conditions:**

Not delivered on ice. Sample collected in Gold top

**RESULT INTERPRETATION****Units:**

see normal ranges

**Reference Interval:**

C1EI activity (by decay of C1r):

Normal:  $> 67\%$ 

Equivocal: 41-67%

Abnormal:  $< 41\%$ 

C1EI quantitation: 11-26 mg/dL

C1q quantitation: 5.0-8.6 mg/dL

**Additional Information:**

Includes C1EI activity, C1EI quantitation and C1q quantitation.

The results expected of these assays in the different clinical settings in which low C4 levels are seen are:

| Basis of Complement Abnormality | C1-esterase activity by C1r decay | Inhibitor Antigen Quantitation | C1q Antigen Quantitation |
|---------------------------------|-----------------------------------|--------------------------------|--------------------------|
| Hereditary angioedema-Classic   | Abnormal                          | Decreased                      | Normal                   |
| Hereditary angioedema-Variant   | ? Abnormal                        | Normal                         | Normal                   |
| Acquired                        | ? Abnormal                        | Decreased                      | Decreased                |
| Secondary involvement           | Normal                            | Normal                         | Normal                   |

**ADMINISTRATIVE****CPT Codes:**

86161-90

**LOINC Codes:**

4477-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

C1EI

LAB850

LC1072

LC3923

**Performing Lab:**

Quest

**Sendout:**

Yes

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred

**Remarks:**

Collect and allow to clot in ice slurry. Bring immediately to lab on ice.

Note special sample requirements for B&amp;T patients.

**Collect:**Red top on ice (Gold top **NOT** acceptable)

Lavender top on ice for B&amp;T patients

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

EDTA Plasma for B&amp;T patients

**Preferred Volume:**

3 mL serum in 3 aliquots of 1 mL each

**Minimum Volume:**

0.5 mL serum each

**Unacceptable Conditions:**

Not delivered on ice. Sample collected in Gold top

**Specimen Preparation:**Centrifuge immediately under refrigeration. Freeze three separate aliquots at  $\leq 60^{\circ}\text{C}$  in plastic tubes and ship on dry ice.

Order Quest # 44768P, 298 and 44784P

Note that LabCorp requires EDTA plasma for B&amp;T patients.

**Units:**

see normal ranges

**Reference Interval:**

C1EI activity (by decay of C1r):

Normal:  $> 67\%$ 

Equivocal: 41-67%

Abnormal:  $< 41\%$ 

C1EI quantitation: 11-26 mg/dL

C1q quantitation: 5.0-8.6 mg/dL

**Synonyms:**

- Angioedema Panel
- C1-esterase inhibitor
- angioneurotic edema
- anti-C1r
- C1r
- C4DX/C4 ratio
- HAE
- HAN E
- Hereditary angioneurotic edema
- LC1072
- LC3923
- DECANT

**Reported:**

Test performed Tuesday and Thursday. Turnaround time: 3-8 days.

**Additional Information:**

Includes C1EI activity, C1EI quantitation and C1q quantitation.

The results expected of these assays in the different clinical settings in which low C4 levels are seen are:

| Basis of Complement Abnormality | C1-esterase activity by C1r decay | Inhibitor Antigen Quantitation | C1q Antigen Quantitation |
|---------------------------------|-----------------------------------|--------------------------------|--------------------------|
| Hereditary angioedema-Classic   | Abnormal                          | Decreased                      | Normal                   |
| Hereditary angioedema-Variant   | ? Abnormal                        | Normal                         | Normal                   |
| Acquired                        | ? Abnormal                        | Decreased                      | Decreased                |
| Secondary involvement           | Normal                            | Normal                         | Normal                   |

**CPT Codes:**

86161-90



**LOINC Codes:**  
4477-6

# C3d Fixing Antibody - Class I

HT3CDAB1 (Sunquest: ILC3D1)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top x2

**Amount to Collect:**

12 mL blood

**Preferred Volume:**

6 mL serum

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

HT3CDAB1 (Sunquest: ILC3D1)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

6 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

## RESULT INTERPRETATION

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86833

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HT3CDAB1 (Sunquest: ILC3D1)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Red top x2

**Amount to Collect:**

12 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

6 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86833

## C3d Fixing Antibody - Class II

HT3CDAB2 (Sunquest: ILC3D2)

### ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

### COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top x2

**Amount to Collect:**

12 mL blood

**Preferred Volume:**

6 mL serum

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

### PROCESSING

**Test Code:**

HT3CDAB2 (Sunquest: ILC3D2)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

6 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

### RESULT INTERPRETATION

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86833

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HT3CDAB2 (Sunquest: ILC3D2)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Red top x2

**Amount to Collect:**

12 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

6 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86833

# Cadmium

LAB3552

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

ICP/MS

**Reported:**

Test performed Monday-Friday. Turnaround time: 3-5 days.

## COLLECTION

**Patient Preparation:**

Patient should refrain from eating seafood at least three days prior to specimen collection.

**Sample Type:**

EDTA whole blood

**Label Abbreviation:**

CADM

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

2 mL blood

**Remarks:**

To avoid contamination during collection use powderless gloves.

Mix well, inverting gently 5x.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C unacceptable

**Unacceptable Conditions:**

Hemolyzed samples

**Rejection Criteria:**

Room temp, frozen, hemolysis

## PROCESSING

**Test Code:**

CADM

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Do not centrifuge or transfer to another container.

Refrigerate DO NOT freeze. Order Quest # 299

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

2 mL blood

**Unacceptable Conditions:**

Hemolyzed samples

**Rejection Criteria:**

Room temp, frozen, hemolysis

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C unacceptable

**RESULT INTERPRETATION****Units:**

µg/L (mcg/L)

**Reference Interval:**

Non-smokers: &lt; 1.7 µg/L

&gt;= 18 year old smokers: &lt; 5.0 µg/L

OSHA reference range: &lt; 5.0 µg/L

Potentially toxic: 30 µg/L

**Critical Values:**

Quest Priority-1: &gt;= 50 µg/L

Quest Priority-2: 40.0-49.9 µg/L

**ADMINISTRATIVE****CPT Codes:**

82300-90

**LOINC Codes:**

5609-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CADM

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

ICP/MS

**Patient Preparation:**

Patient should refrain from eating seafood at least three days prior to specimen collection.

**Remarks:**

To avoid contamination during collection use powderless gloves.

Mix well, inverting gently 5x.

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

4 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

2 mL blood

**Rejection Criteria:**

Room temp, frozen, hemolysis

**Unacceptable Conditions:**

Hemolyzed samples

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Do not centrifuge or transfer to another container.

Refrigerate DO NOT freeze. Order Quest # 299

**Units:**

µg/L (mcg/L)

**Reference Interval:**

Non-smokers: &lt; 1.7 µg/L

&gt;= 18 year old smokers: &lt; 5.0 µg/L

OSHA reference range: &lt; 5.0 µg/L

Potentially toxic: 30 µg/L

**Critical Values:**

Quest Priority-1:  $\geq 50 \mu\text{g/L}$

Quest Priority-2: 40.0-49.9  $\mu\text{g/L}$

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C unacceptable

**Reported:**

Test performed Monday-Friday. Turnaround time: 3-5 days.

**CPT Codes:**

82300-90

**LOINC Codes:**

5609-3



# Caffeine

CAFF

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay

**Reported:**

Test run Monday-Friday mornings. Turnaround time: 1-4 days.

**Additional Information:**

Expected levels in individuals taking over-the-counter caffeine preparations are 3-6 mg/L.

## COLLECTION

**Sample Type:**

Serum

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

For therapeutic monitoring draw trough level just before next dose.

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 1 week, frozen at -20C 1 month

**Unacceptable Conditions:**

Sample collected in Gold top

## PROCESSING

**Test Code:**

CAFF

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate serum. Order Quest # 305

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 1 week, frozen at -20C 1 month

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 8-20 mg/L

Potentially Toxic: &gt; 50 mg/L

**Additional Information:**

Expected levels in individuals taking over-the-counter caffeine preparations are 3-6 mg/L.

**ADMINISTRATIVE****CPT Codes:**

80155

**LOINC Codes:**

3422-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CAFF

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Immunoassay

**Remarks:**

For therapeutic monitoring draw trough level just before next dose.

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top

**Specimen Preparation:**

Refrigerate serum. Order Quest # 305

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 8-20 mg/L

Potentially Toxic: &gt; 50 mg/L

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 1 week, frozen at -20C 1 month

**Reported:**

Test run Monday-Friday mornings. Turnaround time: 1-4 days.

**Additional Information:**

Expected levels in individuals taking over-the-counter caffeine preparations are 3-6 mg/L.

**CPT Codes:**

80155

**LOINC Codes:**

3422-3

# Calcitonin

LAB519

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

Test set up Tuesday-Saturday. Turnaround time: 5-8 days

**Additional Information:**

Infant/toddler ranges obtained with the Nichols Institute Diagnostics calcitonin-IMCA (Clinical Chemistry 2004;50:1828-9)

**Synonyms:**

- CT
- thyrocalcitonin

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred

**Sample Type:**

Serum

**Collect:**

Red top or Gold Top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 1 day, frozen at -20C 28 days.

**Rejection Criteria:**

Room temperature sample

## PROCESSING

**Test Code:**

CATN

**Test Group:**

Calcitonin

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze separated serum at -20C. Order Quest # 30742X

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Room temperature sample

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 1 day, frozen at -20C 28 days.

## RESULT INTERPRETATION

**Units:**

pg/mL

**Reference Interval:**

>= 18 year old males: <= 10 pg/mL  
>= 18 year old females: <= 5 pg/mL

Pediatrics (Males and Females):

&lt; 6 months: &lt;= 41 pg/mL

6 months-3 years: &lt;= 14 pg/mL

3-17 years: &lt;= 6 pg/mL

**Additional Information:**

Infant/toddler ranges obtained with the Nichols Institute Diagnostics calcitonin-IMCA (Clinical Chemistry 2004;50:1828-9)

**ADMINISTRATIVE****CPT Codes:**

82308-90

**LOINC Codes:**

1992-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CATN

**Test Group:**

Calcitonin

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Chemiluminescent Immunoassay

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred

**Collect:**

Red top or Gold Top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Room temperature sample

**Specimen Preparation:**

Freeze separated serum at -20C. Order Quest # 30742X

**Units:**

pg/mL

**Reference Interval:**

>= 18 year old males: <= 10 pg/mL  
>= 18 year old females: <= 5 pg/mL

Pediatrics (Males and Females):

&lt; 6 months: &lt;= 41 pg/mL

6 months-3 years: &lt;= 14 pg/mL

3-17 years: &lt;= 6 pg/mL

**Synonyms:**

- CT
- thyrocalcitonin

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 1 day, frozen at -20C 28 days.

**Reported:**

Test set up Tuesday-Saturday. Turnaround time: 5-8 days

**Additional Information:**

Infant/toddler ranges obtained with the Nichols Institute Diagnostics calcitonin-IMCA (Clinical Chemistry 2004;50:1828-9)

**CPT Codes:**

82308-90

**LOINC Codes:**

1992-7

# Calcitonin

LAB519

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest performs calcitonin testing

**Reported:**

Test set up Tuesday-Saturday. Turnaround time: 5-8 days

**Additional Information:**

The combined stimuli are usually reserved for those who do not respond to pentagastrin alone.

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred

**Sample Type:**

Serum

**Amount to Collect:**

2 mL blood per sample

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:****Pentagastrin stimulation:**

Collect specimens taken before and 1, 2 and 5 minutes after the administration iv over 5 seconds of 0.5 µg/kg.

**Pentagastrin/Calcium Infusion:**

Give 2 mg/kg iv of elemental calcium (usually as the gluconate) at a constant rate over 1 min; followed immediately with iv pentagastrin as described above. Collect specimens at the same times.

## PROCESSING

**Test Code:**

CATN x mult

**Test Group:**

Calcitonin

**Sendout:**

Yes

**Performing Lab:**

Quest performs calcitonin testing

**Specimen Preparation:**

Process individual specimens as described above; be sure to enter any descriptive information supplied. Freeze separated serum at -20C. Order Quest # 30742X

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## RESULT INTERPRETATION

**Units:**

pg/mL

**Reference Interval:**

Normal response:

| Pentagastrin alone | Male         | Female      |
|--------------------|--------------|-------------|
| 1 or 2 min         | <= 106 pg/mL | <= 29 pg/mL |
| at 5 min           | <= 106 pg/mL | <= 23 pg/mL |

| Ca++ & Pentagastrin | Male         | Female      |
|---------------------|--------------|-------------|
| at 1 min            | <= 324 pg/mL | <= 41 pg/mL |
| at 2 min            | 10-491 pg/mL | <= 70 pg/mL |
| at 5 min            | 8-343 pg/mL  | <= 39 pg/mL |
| at 10 min           | <= 112 pg/mL | <= 23 pg/mL |

**Additional Information:**

The combined stimuli are usually reserved for those who do not respond to pentagastrin alone.

**ADMINISTRATIVE****CPT Codes:**

82308-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CATN x mult

**Test Group:**

Calcitonin

**Performing Lab:**

Quest performs calcitonin testing

**Sendout:**

Yes

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred

**Remarks:****Pentagastrin stimulation:**

Collect specimens taken before and 1, 2 and 5 minutes after the administration iv over 5 seconds of 0.5 µg/kg.

**Pentagastrin/Calcium Infusion:**

Give 2 mg/kg iv of elemental calcium (usually as the gluconate) at a constant rate over 1 min; followed immediately with iv pentagastrin as described above. Collect specimens at the same times.

**Amount to Collect:**

2 mL blood per sample

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Process individual specimens as described above; be sure to enter any descriptive information supplied. Freeze separated serum at -20C. Order Quest # 30742X

**Units:**

pg/mL

**Reference Interval:**

Normal response:

| Pentagastrin alone | Male         | Female      |
|--------------------|--------------|-------------|
| 1 or 2 min         | <= 106 pg/mL | <= 29 pg/mL |
| at 5 min           | <= 106 pg/mL | <= 23 pg/mL |

| Ca++ & Pentagastrin | Male         | Female      |
|---------------------|--------------|-------------|
| at 1 min            | <= 324 pg/mL | <= 41 pg/mL |
| at 2 min            | 10-491 pg/mL | <= 70 pg/mL |
| at 5 min            | 8-343 pg/mL  | <= 39 pg/mL |
| at 10 min           | <= 112 pg/mL | <= 23 pg/mL |

**Reported:**

Test set up Tuesday-Saturday. Turnaround time: 5-8 days

**Additional Information:**

The combined stimuli are usually reserved for those who do not respond to pentagastrin alone.

**CPT Codes:**

82308-90



# Calcium, Ionized

LAB54

## ORDERING

### Ordering Recommendations:

Ionized calcium should be measured in situations where total calcium measurements may not accurately reflect the level of physiologically active free (ionized) calcium. Because equations proposed for estimating free calcium levels from measurements of total albumin and calcium are poor surrogates for true ionized calcium (1-4), direct measurements of ionized calcium should be obtained when free calcium levels are needed. Measurements of ionized calcium may be particularly useful in patients with: altered albumin concentration, acid-base disturbances, multiple myeloma, chronic kidney disease, organ transplants, borderline hypercalcemia, suspected hyperparathyroidism and normal or slightly elevated total calcium values, or symptoms of hypocalcemia despite a normal total calcium.

Note, however, that measurement of ionized calcium is significantly more labor intensive for laboratory staff than measurement of Total Calcium. In stable patients with the above abnormalities it may not be necessary to monitor the patient with repeated ionized calcium levels. In many situations determining both the ionized calcium and Total Calcium on the same sample allows the values to be compared and the patient can then be monitored with the Total Calcium alone.

### Available Stat:

Yes

### Performing Lab:

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

### Performed:

Test available 24 hours per day 7 days per week

### Methodology:

Ion selective electrode (ISE), Radiometer ABL 90 FLEX Plus

### Reported:

STAT 1 hour, Routine 3 hours

### Additional Information:

**NOTE** - the results for serum or plasma ionized calcium are adjusted (normalized) to a standard pH of 7.40. To obtain ionized calcium results that are not adjusted to a standard pH of 7.40, order whole blood ionized calcium (e.g., in patients with possible acid-base disturbances including those with symptoms of hypocalcemia suspected to be secondary to respiratory alkalosis).

1. Ladenson JH, et al. Failure of total calcium corrected for protein, albumin, and pH to correctly assess free calcium status. *J Clin Endocrinol Metab* 46:986-993, 1978
2. Gauci C, et al. Pitfalls of Measuring Total Blood Calcium in Patients with CKD. *J Am Soc Nephrol* 19: 1592-1598, 2008
3. Bjorkman MP, et al. Calculated serum calcium is an insufficient surrogate for measured ionized calcium. *Archives of Gerontology and Geriatrics*, 2009
4. Thode, J. et al. Comparison of serum total calcium, albumin-corrected total calcium, and ionized calcium in 1213 patients with suspected calcium disorders. *Scand. J. Clin. Lab. Invest.* 49, 217-223, 1989

### Synonyms:

- iCa
- Free calcium
- Calcium, ionized
- calcium, free
- Ca
- Ca++

## COLLECTION

### Sample Type:

Plasma or serum

### Collect:

Light green top preferred, Gold top acceptable

### Amount to Collect:

2 mL blood

### Preferred Volume:

1 mL plasma or serum

### Minimum Volume:

0.3 mL plasma or serum

### Remarks:

Fill collection container completely. Deliver immediately to lab. Not acceptable as an "add-on" if tube has already been processed for other routine tests

**Unacceptable Conditions:**

Delivered to lab &gt; 30 min after collection

**PROCESSING****Test Code:**

CAI

**Test Group:**

Calcium

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Specimen Preparation:**

Do not centrifuge or open tube. Deliver immediately to Chemistry. Not acceptable as an "add-on" if tube has already been processed for other routine tests

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.3 mL plasma or serum

**Unacceptable Conditions:**

Delivered to lab &gt; 30 min after collection

**RESULT INTERPRETATION****Units:**

mmol/L

**Reference Interval:**

&lt; 1 month: 1.00-1.50 mmol/L

≥ 1 month - ≤ 6 months: 0.95-1.50 mmol/L

≥ 6 months: 1.14-1.34 mmol/L

Adult reference range adopted from the UCSF reference range previously used with the Nova8 ionized calcium analyzer and adjusted based on the results of method comparison studies with the ABL 90 Flex Plus.

Sources of pediatric reference ranges:

1. Snell J, Greeley C, Colaco A, et al. Pediatric reference ranges for arterial pH, whole blood electrolytes and glucose. Clin Chem 1993;39:1173 (Abstract) as referenced in Pediatric Reference Intervals" AACCC Press, 6th ed. 2007
2. J Pediatrics 114:952-956, 1989
3. European J of Pediatrics 150:464-167, 1991

**Critical Values:**

&lt; 0.80 mmol/L or &gt; 1.55 mmol/L

**Note:** Panic values from Post-filter samples are not phoned.

**Additional Information:**

**NOTE** - the results for serum or plasma ionized calcium are adjusted (normalized) to a standard pH of 7.40. To obtain ionized calcium results that are not adjusted to a standard pH of 7.40, order whole blood ionized calcium (e.g., in patients with possible acid-base disturbances including those with symptoms of hypocalcemia suspected to be secondary to respiratory alkalosis).

1. Ladenson JH, et al. Failure of total calcium corrected for protein, albumin, and pH to correctly assess free calcium status. J Clin Endocrinol Metab 46:986-993, 1978
2. Gauci C, et al. Pitfalls of Measuring Total Blood Calcium in Patients with CKD. J Am Soc Nephrol 19: 1592-1598, 2008
3. Bjorkman MP, et al. Calculated serum calcium is an insufficient surrogate for measured ionized calcium. Archives of Gerontology and Geriatrics, 2009
4. Thode, J. et al. Comparison of serum total calcium, albumin-corrected total calcium, and ionized calcium in 1213 patients with suspected calcium disorders. Scand. J. Clin. Lab. Invest. 49, 217-223, 1989

**ADMINISTRATIVE****CPT Codes:**

82330

**LOINC Codes:**

1995-0

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**

Ionized calcium should be measured in situations where total calcium measurements may not accurately reflect the level of physiologically active free (ionized) calcium. Because equations proposed for estimating free calcium levels from measurements of total albumin and calcium are poor surrogates for true ionized calcium (1-4), direct measurements of ionized calcium should be obtained when free calcium levels are needed. Measurements of ionized calcium may be particularly useful in patients with: altered albumin concentration, acid-base disturbances, multiple myeloma, chronic kidney disease, organ transplants, borderline hypercalcemia, suspected hyperparathyroidism and normal or slightly elevated total calcium values, or symptoms of hypocalcemia despite a normal total calcium.

Note, however, that measurement of ionized calcium is significantly more labor intensive for laboratory staff than measurement of Total Calcium. In stable patients with the above abnormalities it may not be necessary to monitor the patient with repeated ionized calcium levels. In many situations determining both the ionized calcium and Total Calcium on the same sample allows the values to be compared and the patient can then be monitored with the Total Calcium alone.

**Test Code:**

CAI

**Test Group:**

Calcium

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Ion selective electrode (ISE), Radiometer ABL 90 FLEX Plus

**Remarks:**

Fill collection container completely. Deliver immediately to lab. Not acceptable as an "add-on" if tube has already been processed for other routine tests

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.3 mL plasma or serum

**Unacceptable Conditions:**

Delivered to lab &gt; 30 min after collection

**Specimen Preparation:**

Do not centrifuge or open tube. Deliver immediately to Chemistry. Not acceptable as an "add-on" if tube has already been processed for other routine tests

**Units:**

mmol/L

**Reference Interval:**

&lt; 1 month: 1.00-1.50 mmol/L

&gt;= 1 month - &lt;= 6 months: 0.95-1.50 mmol/L

&gt;= 6 months: 1.14-1.34 mmol/L

Adult reference range adopted from the UCSF reference range previously used with the Nova8 ionized calcium analyzer and adjusted based on the results of method comparison studies with the ABL 90 Flex Plus.

Sources of pediatric reference ranges:

1. Snell J, Greeley C, Colaco A, et al. Pediatric reference ranges for arterial pH, whole blood electrolytes and glucose. Clin Chem 1993;39:1173 (Abstract) as referenced in Pediatric Reference Intervals" AACC Press, 6th ed. 2007
2. J Pediatrics 114:952-956, 1989
3. European J of Pediatrics 150:464-167, 1991

**Critical Values:**

&lt; 0.80 mmol/L or &gt; 1.55 mmol/L

**Note:** Panic values from Post-filter samples are not phoned.

**Synonyms:**

- iCa
- Free calcium
- Calcium, ionized
- calcium, free
- Ca
- Ca++

**Reported:**

STAT 1 hour, Routine 3 hours

**Additional Information:**

**NOTE** - the results for serum or plasma ionized calcium are adjusted (normalized) to a standard pH of 7.40. To obtain ionized calcium results that are not adjusted to a standard pH of 7.40, order whole blood ionized calcium (e.g., in patients with possible acid-base disturbances including those with symptoms of hypocalcemia suspected to be secondary to respiratory alkalosis).

1. Ladenson JH, et al. Failure of total calcium corrected for protein, albumin, and pH to correctly assess free calcium status. J Clin Endocrinol Metab 46:986-993, 1978
2. Gauci C, et al. Pitfalls of Measuring Total Blood Calcium in Patients with CKD. J Am Soc Nephrol 19: 1592-1598, 2008
3. Bjorkman MP, et al. Calculated serum calcium is an insufficient surrogate for measured ionized calcium. Archives of Gerontology and Geriatrics, 2009
4. Thode, J. et al. Comparison of serum total calcium, albumin-corrected total calcium, and ionized calcium in 1213 patients with suspected calcium disorders. Scand. J. Clin. Lab. Invest. 49, 217-223, 1989

**CPT Codes:**

82330

**LOINC Codes:**

1995-0

# Calcium, Ionized, Post Filter

LAB5401

## ORDERING

### Ordering Recommendations:

This test should ONLY be ordered when testing post-filter samples in patients on dialysis with citrate anticoagulation. It should not be ordered for monitoring a patient's systemic ionized calcium level. See Calcium, Ionized, serum/plasma (CAI).

### Available Stat:

Yes

### Performing Lab:

Parnassus &amp; Mission Bay Chemistry

### Performed:

Test available 24 hours per day 7 days per week

### Methodology:

Ion selective electrode (ISE) ABL 90 Flex Plus

### Reported:

STAT 1 hour, Routine 3 hours

### Additional Information:

**NOTE** - the results for serum or plasma ionized calcium are adjusted (normalized) to a standard pH of 7.40. To obtain ionized calcium results that are not adjusted to a standard pH of 7.40, order whole blood ionized calcium (e.g., in patients with possible acid-base disturbances including those with symptoms of hypocalcemia suspected to be secondary to respiratory alkalosis).

### Synonyms:

- iCa
- Free calcium
- Calcium, ionized
- calcium, free
- Ca
- Ca++
- Ionized calcium

## COLLECTION

### Sample Type:

Plasma or serum

### Collect:

Light green top preferred, Gold top acceptable

### Amount to Collect:

2 mL blood

### Preferred Volume:

1 mL serum or plasma

### Minimum Volume:

0.3 mL serum or plasma

### Remarks:

Fill collection container completely. Deliver immediately to lab. Not acceptable as an "add-on" if tube has already been processed for other routine tests.

Note: Please submit sample in its own separate biohazard bag with Apex requisition before sending to the lab.

### Unacceptable Conditions:

Delivered to lab &gt; 60 min after collection

## PROCESSING

### Test Code:

PCAI

### Test Group:

Calcium

### Performing Lab:

Parnassus &amp; Mission Bay Chemistry

**Specimen Preparation:**

Do not centrifuge or open tube. Deliver immediately to Chemistry. Not acceptable as an "add-on" if tube has already been processed for other routine tests

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Unacceptable Conditions:**

Delivered to lab > 60 min after collection

**RESULT INTERPRETATION****Units:**

mmol/L

**Additional Information:**

**NOTE** - the results for serum or plasma ionized calcium are adjusted (normalized) to a standard pH of 7.40. To obtain ionized calcium results that are not adjusted to a standard pH of 7.40, order whole blood ionized calcium (e.g., in patients with possible acid-base disturbances including those with symptoms of hypocalcemia suspected to be secondary to respiratory alkalosis).

**ADMINISTRATIVE****CPT Codes:**

82330

**LOINC Codes:**

1995-0

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**

This test should ONLY be ordered when testing post-filter samples in patients on dialysis with citrate anticoagulation. It should not be ordered for monitoring a patient's systemic ionized calcium level. See Calcium, Ionized, serum/plasma (CAI).

**Test Code:**

PCAI

**Test Group:**

Calcium

**Performing Lab:**

Parnassus & Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Ion selective electrode (ISE) ABL 90 Flex Plus

**Remarks:**

Fill collection container completely. Deliver immediately to lab. Not acceptable as an "add-on" if tube has already been processed for other routine tests.

Note: Please submit sample in its own separate biohazard bag with Apex requisition before sending to the lab.

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Unacceptable Conditions:**

Delivered to lab > 60 min after collection

**Specimen Preparation:**

Do not centrifuge or open tube. Deliver immediately to Chemistry. Not acceptable as an "add-on" if tube has already been processed for other routine tests

**Units:**

mmol/L

**Synonyms:**

- iCa
- Free calcium
- Calcium, ionized
- calcium, free
- Ca
- Ca<sup>++</sup>
- Ionized calcium

**Reported:**

STAT 1 hour, Routine 3 hours

**Additional Information:**

**NOTE** - the results for serum or plasma ionized calcium are adjusted (normalized) to a standard pH of 7.40. To obtain ionized calcium results that are not adjusted to a standard pH of 7.40, order whole blood ionized calcium (e.g., in patients with possible acid-base disturbances including those with symptoms of hypocalcemia suspected to be secondary to respiratory alkalosis).

**CPT Codes:**

82330

**LOINC Codes:**

1995-0

# Calcium, Ionized, Whole Blood

LAB3009

## ORDERING

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Direct ion selective electrode (ISE), Radiometer ABL 90 FLEX Plus

**Reported:**

Stat 15 min, Routine 30 min

**Synonyms:**

- iCa
- Ca
- Ca<sup>++</sup>
- Free calcium
- Calcium, free
- Ionized calcium
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV
- NLYTE
- Electrolytes
- Blood gas
- ABG

## COLLECTION

**Sample Type:**

Heparinized whole blood (Blood gas syringe only)

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood



**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab >30 minutes after collection may yield erroneous results.

**Stability (from collection to initiation):**

10 min.

**Unacceptable Conditions:**

Samples submitted > 60 min. after collection. Samples with needle attached, containing large bubbles, unlabeled, clotted or of insufficient volume

## PROCESSING

**Test Code:**

CAIB

LAB4449: Arterial source

LAB4450: Venous source

LAB4452: Mixed venous source

LAB4451: Central venous source

LAB4453: Capillary source

**Test Group:**

Calcium

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Chemistry

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Samples submitted > 60 min. after collection. Samples with needle attached, containing large bubbles, unlabeled, clotted or of insufficient volume

**Stability (from collection to initiation):**

10 min.

## RESULT INTERPRETATION

**Units:**

mmol/L

**Reference Interval:**

Arterial and capillary:

< 6 months: 0.93 - 1.48 mmol/L  
>= 6 months: 1.13 - 1.27 mmol/L

Arterial reference range adopted from the UCSF reference range previously used with the ABL 835 blood gas analyzers and adjusted based on the results of method comparison studies with the ABL 90 Flex Plus.

Venous, mixed venous, central venous:

1.12 - 1.26 nmol/L

**Critical Values:**

< 0.80 mmol/L or > 1.55 mmol/L

**ADMINISTRATIVE****CPT Codes:**

82330

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Test Code:**

CAIB

LAB4449: Arterial source

LAB4450: Venous source

LAB4452: Mixed venous source

LAB4451: Central venous source

LAB4453: Capillary source

**Test Group:**

Calcium

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Direct ion selective electrode (ISE), Radiometer ABL 90 FLEX Plus

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab >30 minutes after collection may yield erroneous results.

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Sample Type:**

Heparinized whole blood (Blood gas syringe only)

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Samples submitted > 60 min. after collection. Samples with needle attached, containing large bubbles, unlabeled, clotted or of insufficient volume

**Units:**

mmol/L

**Reference Interval:**

Arterial and capillary:

< 6 months: 0.93 - 1.48 mmol/L

>= 6 months: 1.13 - 1.27 mmol/L

Arterial reference range adopted from the UCSF reference range previously used with the ABL 835 blood gas analyzers and adjusted based on the results of method comparison studies with the ABL 90 Flex Plus.

Venous, mixed venous, central venous:

1.12 - 1.26 mmol/L

**Critical Values:**

< 0.80 mmol/L or > 1.55 mmol/L

**Synonyms:**

- iCa
- Ca
- Ca++
- Free calcium
- Calcium, free
- Ionized calcium
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV
- NLYTE
- Electrolytes
- Blood gas
- ABG

**Stability (from collection to initiation):**

10 min.

**Reported:**

Stat 15 min, Routine 30 min

**CPT Codes:**

82330

# Calcium, Total, Serum/Plasma

LAB53

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)  
Peninsula Outpatient Center (Mon-Fri 0800-1630)  
Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Arsenazo III spectrophotometric method

Berkeley Outpatient Center and Peninsula Outpatient Center: NM-BAPTA spectrophotometric method

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.25.

The Abbott calcium assay with arsenazo-III dye is not affected by concentrations of gadolinium-based contrast agents usually achieved in clinical practice (Ref: Yan R et al, Clinical Biochemistry 47:648-653, 2014). The Roche calcium assay with NM-BAPTA is not affected by concentrations of gadodiamide (Omniscan) usually achieved in clinical practice but can be affected by concentrations of gadoversetamide (Optimark) usually achieved in clinical practice (Ref: Roche package insert). Calcium measurements in blood sampled from an intravenous line used for contrast administration could be falsely elevated by the contrast agent gadodiamide in the Abbott and Roche assays and an interference from the contrast agent gadoversetamide could be observed in the Roche assay.

Measurements of ionized calcium are not affected by gadolinium-based contrast agents.

**Synonyms:**

- Ca
- Ca++

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, St Mary, St Francis Berkeley Outpatient Center, and Peninsula Outpatient Center:  
Room temperature 7 days, refrigerated 3 weeks, frozen at -20C 8 months

## PROCESSING

**Test Code:**

CA

**Test Group:**

Calcium

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, St Mary, St Francis Berkeley Outpatient Center, and Peninsula Outpatient Center:  
 Room temperature 7 days, refrigerated 3 weeks, frozen at -20C 8 months

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry

| Age           | mg/dL    |
|---------------|----------|
| 0 to <1 year  | 8.5-11   |
| 1 to 18 years | 9.2-10.5 |
| >18 years     | 8.4-10.5 |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, Clinical Chemistry September 2012 vol. 58 no. 5 854-868.

UCSF Clinical Labs verified the adult reference range from Vanderbilt University Medical Center (May 2019) by running 20 male and 20 female lab volunteers.

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | mg/dL    |
|-------------|----------|
| >= 19 years | 8.8-10.4 |

Adult reference intervals adopted from a study published by N Jassam et al, Ann of Clinical Biochem 2020; 57(5) 373-381. The reference intervals were verified at the Berkeley Outpatient Center by running 20 male and 20 female lab volunteers.

**Critical Values:**

< 6.5 mg/dL or > 13.5 mg/dL

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.25.

The Abbott calcium assay with arsenazo-III dye is not affected by concentrations of gadolinium-based contrast agents usually achieved in clinical practice (Ref: Yan R et al, Clinical Biochemistry 47:648-653, 2014). The Roche calcium assay with NM-BAPTA is not affected by concentrations of gadodiamide (Omniscan) usually achieved in clinical practice but can be affected by concentrations of gadoversetamide (Optimark) usually achieved in clinical practice (Ref: Roche package insert). Calcium measurements in blood sampled from an intravenous line used for contrast administration could be falsely elevated by the contrast agent gadodiamide in the Abbott and Roche assays and an interference from the contrast agent gadoversetamide could be observed in the Roche assay.

Measurements of ionized calcium are not affected by gadolinium-based contrast agents.

**ADMINISTRATIVE****CPT Codes:**

82310

**LOINC Codes:**

17861-6

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CA

**Test Group:**

Calcium

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Arsenazo III spectrophotometric method  
 Berkeley Outpatient Center and Peninsula Outpatient Center: NM-BAPTA spectrophotometric method

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

mg/dL

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; Saint Marys Chemistry

| Age           | mg/dL    |
|---------------|----------|
| 0 to <1 year  | 8.5-11   |
| 1 to 18 years | 9.2-10.5 |
| >18 years     | 8.4-10.5 |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, Clinical Chemistry September 2012 vol. 58 no. 5 854-868.

UCSF Clinical Labs verified the adult reference range from Vanderbilt University Medical Center (May 2019) by running 20 male and 20 female lab volunteers.

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | mg/dL    |
|-------------|----------|
| >= 19 years | 8.8-10.4 |

Adult reference intervals adopted from a study published by N Jassam et al, Ann of Clinical Biochem 2020; 57(5) 373-381.  
 The reference intervals were verified at the Berkeley Outpatient Center by running 20 male and 20 female lab volunteers.

**Critical Values:**

&lt; 6.5 mg/dL or &gt; 13.5 mg/dL

**Synonyms:**

- Ca
- Ca++

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, St Mary, St Francis Berkeley Outpatient Center, and Peninsula Outpatient Center:  
 Room temperature 7 days, refrigerated 3 weeks, frozen at -20C 8 months

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.25.

The Abbott calcium assay with arsenazo-III dye is not affected by concentrations of gadolinium-based contrast agents usually achieved in clinical practice (Ref: Yan R et al, Clinical Biochemistry 47:648-653, 2014). The Roche calcium assay with NM-BAPTA is not affected by concentrations of gadodiamide (Omniscan) usually achieved in clinical practice but can be affected by concentrations of gadoversetamide (Optimark) usually achieved in clinical practice (Ref: Roche package insert). Calcium measurements in blood sampled from an intravenous line used for contrast administration could be falsely elevated by the contrast agent gadodiamide in the Abbott and Roche assays and an interference from the contrast agent gadoversetamide could be observed in the Roche assay.

Measurements of ionized calcium are not affected by gadolinium-based contrast agents.

**CPT Codes:**

82310

**LOINC Codes:**

17861-6



# Calcium, Urine, 24 Hour

LAB814

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Arsenazo III spectrophotometric method

**Reported:**

Day &amp; evenings 4 hours. Samples received after 2000 hours will be tested the following day.

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.25.

Output varies with the diet. 24 hour specimens are preferable; a urine creatinine should be ordered on a spot specimen in order that any comparison of results in serial specimens can be normalized for creatinine excretion.

This calcium assay with arsenazo-III dye is not affected by concentrations of gadolinium based contrast agents usually achieved in clinical practice (Yan R et al, Clinical Biochemistry 47:648-653, 2014). However, calcium measurements in blood sampled from an intravenous line used for contrast administration could be falsely elevated by the contrast agent gadodiamide. Measurements of ionized calcium are not affected by gadolinium based contrast agents. Effects of gadolinium on urine calcium concentrations measured using this assay are unknown.

**Synonyms:**

- Ca
- Ca<sup>++</sup>
- CAU

## COLLECTION

**Sample Type:**

24 hour urine collection. No preservative preferred but acid wash, 30mL 6N HCl and 10g boric acid containers acceptable.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Remarks:**

Refrigerate container during collection period

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 4 days, frozen at -20C 3 weeks

## PROCESSING

**Test Code:**

CAU

**Test Group:**

Calcium

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Specimen Preparation:**

Mix the 24-hour urine specimen well. Aliquot 1 mL of urine and add 1 drop of 6N HCl to acidify. Mix well.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 4 days, frozen at -20C 3 weeks

**RESULT INTERPRETATION****Units:**

mg/D

**Reference Interval:**

|                      |         |
|----------------------|---------|
| Calcium Diet         | mg/D    |
| Calcium-free         | 5-40    |
| Low to average       | 50-150  |
| Average (800 mg/day) | 100-300 |

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.25.

Output varies with the diet. 24 hour specimens are preferable; a urine creatinine should be ordered on a spot specimen in order that any comparison of results in serial specimens can be normalized for creatinine excretion.

This calcium assay with arsenazo-III dye is not affected by concentrations of gadolinium based contrast agents usually achieved in clinical practice (Yan R et al, Clinical Biochemistry 47:648-653, 2014). However, calcium measurements in blood sampled from an intravenous line used for contrast administration could be falsely elevated by the contrast agent gadodiamide. Measurements of ionized calcium are not affected by gadolinium based contrast agents. Effects of gadolinium on urine calcium concentrations measured using this assay are unknown.

**ADMINISTRATIVE****CPT Codes:**

82340

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CAU

**Test Group:**

Calcium

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Arsenazo III spectrophotometric method

**Remarks:**

Refrigerate container during collection period

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output.

**Sample Type:**

24 hour urine collection. No preservative preferred but acid wash, 30mL 6N HCl and 10g boric acid containers acceptable.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Specimen Preparation:**

Mix the 24-hour urine specimen well. Aliquot 1 mL of urine and add 1 drop of 6N HCl to acidify. Mix well.

**Units:**

mg/D

**Reference Interval:**

|                      |         |
|----------------------|---------|
| Calcium Diet         | mg/D    |
| Calcium-free         | 5-40    |
| Low to average       | 50-150  |
| Average (800 mg/day) | 100-300 |

**Synonyms:**

- Ca
- Ca<sup>++</sup>
- CAU

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 4 days, frozen at -20C 3 weeks

**Reported:**

Day & evenings 4 hours. Samples received after 2000 hours will be tested the following day.

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.25.

Output varies with the diet. 24 hour specimens are preferable; a urine creatinine should be ordered on a spot specimen in order that any comparison of results in serial specimens can be normalized for creatinine excretion.

This calcium assay with arsenazo-III dye is not affected by concentrations of gadolinium based contrast agents usually achieved in clinical practice (Yan R et al, Clinical Biochemistry 47:648-653, 2014). However, calcium measurements in blood sampled from an intravenous line used for contrast administration could be falsely elevated by the contrast agent gadodiamide. Measurements of ionized calcium are not affected by gadolinium based contrast agents. Effects of gadolinium on urine calcium concentrations measured using this assay are unknown.

**CPT Codes:**

82340

# Calcium, Urine, Random

LAB3051

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available day and evening shift only 7 days a week.

**Methodology:**

Arsenazo III spectrophotometric method

**Reported:**

Day &amp; evenings 4 hours. Samples received after 2000 hours will be tested the following day.

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.25.

Output varies with the diet. 24 hour specimens are preferable; a urine creatinine should be ordered on a spot specimen in order that any comparison of results in serial specimens can be normalized for creatinine excretion.

This calcium assay with arsenazo-III dye is not affected by concentrations of gadolinium based contrast agents usually achieved in clinical practice (Yan R et al, Clinical Biochemistry 47:648-653, 2014). However, calcium measurements in blood sampled from an intravenous line used for contrast administration could be falsely elevated by the contrast agent gadodiamide. Measurements of ionized calcium are not affected by gadolinium based contrast agents. Effects of gadolinium on urine calcium concentrations measured using this assay are unknown.

**Synonyms:**

- Ca
- Ca++
- CAUR

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 4 days, frozen at -20C 3 weeks

## PROCESSING

**Test Code:**

CAUR

**Test Group:**

Calcium

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Specimen Preparation:**

Aliquot 1 mL and add 1 drop of 6N HCl to acidify.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 4 days, frozen at -20C 3 weeks

## RESULT INTERPRETATION

**Units:**

mg/dL

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.25.

Output varies with the diet. 24 hour specimens are preferable; a urine creatinine should be ordered on a spot specimen in order that any comparison of results in serial specimens can be normalized for creatinine excretion.

This calcium assay with arsenazo-III dye is not affected by concentrations of gadolinium based contrast agents usually achieved in clinical practice (Yan R et al, Clinical Biochemistry 47:648-653, 2014). However, calcium measurements in blood sampled from an intravenous line used for contrast administration could be falsely elevated by the contrast agent gadodiamide. Measurements of ionized calcium are not affected by gadolinium based contrast agents. Effects of gadolinium on urine calcium concentrations measured using this assay are unknown.

**ADMINISTRATIVE****CPT Codes:**

82340

**LOINC Codes:**

17862-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CAUR

**Test Group:**

Calcium

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available day and evening shift only 7 days a week.

**Methodology:**

Arsenazo III spectrophotometric method

**Collect:**

Urine cup

**Sample Type:**

Random urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Specimen Preparation:**

Aliquot 1 mL and add 1 drop of 6N HCl to acidify.

**Units:**

mg/dL

**Synonyms:**

- Ca
- Ca++
- CAUR

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 4 days, frozen at -20C 3 weeks

**Reported:**

Day & evenings 4 hours. Samples received after 2000 hours will be tested the following day.

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.25.

Output varies with the diet. 24 hour specimens are preferable; a urine creatinine should be ordered on a spot specimen in order that any comparison of results in serial specimens can be normalized for creatinine excretion.

This calcium assay with arsenazo-III dye is not affected by concentrations of gadolinium based contrast agents usually achieved in clinical practice (Yan R et al, Clinical Biochemistry 47:648-653, 2014). However, calcium measurements in blood sampled from an intravenous line used for contrast administration could be falsely elevated by the contrast agent gadodiamide. Measurements of ionized calcium are not affected by gadolinium based contrast agents. Effects of gadolinium on urine calcium concentrations measured using this assay are unknown.

**CPT Codes:**

82340

**LOINC Codes:**

17862-4

# Calculi (Stone) Analysis

LAB3881

## ORDERING

**Ordering Recommendations:**

Determine composition of calculi.

**Available Stat:**

No

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Reflectance Fourier Transform Infrared Spectroscopy / Quantitative Polarizing Microscopy

**Reported:**

1-4 days

**Synonyms:**

- Bile Stone
- Calculus (Stone) Analysis
- Calculus Analysis
- Kidney Stone
- Prostatic Stones
- Renal Calculi
- Renal Stone
- Stone
- Urinary Calculi
- Urinary Stone Analysis
- Urinary Tract Stone
- CALCLI

## COLLECTION

**Label Abbreviation:**

CALCLI

**Collect:**

Calculus specimen.

**Remarks:**

Calculi specimens transported in liquid, received in gel, or contaminated with blood require special handling which will delay analysis. Specimens that are wrapped in tape or embedded in wax will delay or prevent analysis and should not be submitted.

**Stability (from collection to initiation):**

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

**Storage/Transport Temperature:**

Room temperature. Also acceptable: Frozen or refrigerated.

**Unacceptable Conditions:**

Any collection or shipping container with a needle attached.

## PROCESSING

**Test Code:**

CALCLI

**ARUP Test Code:**

0099460

**Sendout:**

Yes

**Specimen Preparation:**

Air dry calculi and transfer to an ARUP standard transport tube. Larger calculi specimens may be transferred to a clean, empty urine cup (150 mL) or similar container.

**Unacceptable Conditions:**

Any collection or shipping container with a needle attached.

**Stability (from collection to initiation):**

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

**Storage/Transport Temperature:**

Room temperature. Also acceptable: Frozen or refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

By report

**Interpretive Data:**

Calculi are the products of physiological processes that yield crystalline compounds in a matrix of biological compounds and blood. Matrix components are not reported. The clinically significant crystalline components identified in calculi specimens are reported. Gross description may not be consistent with the composition determined by FTIR analysis.

**ADMINISTRATIVE****CPT Codes:**

82365

**LOINC:**

- 3154-2
- 14618-3
- 9795-6

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Determine composition of calculi.

**Test Code:**

CALCLI

**ARUP Test Code:**

0099460

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Reflectance Fourier Transform Infrared Spectroscopy / Quantitative Polarizing Microscopy

**Remarks:**

Calculi specimens transported in liquid, received in gel, or contaminated with blood require special handling which will delay analysis. Specimens that are wrapped in tape or embedded in wax will delay or prevent analysis and should not be submitted.

**Collect:**

Calculus specimen.

**Unacceptable Conditions:**

Any collection or shipping container with a needle attached.

**Specimen Preparation:**

Air dry calculi and transfer to an ARUP standard transport tube. Larger calculi specimens may be transferred to a clean, empty urine cup (150 mL) or similar container.

**Reference Interval:**

By report

**Interpretive Data:**

Calculi are the products of physiological processes that yield crystalline compounds in a matrix of biological compounds and blood. Matrix components are not reported. The clinically significant crystalline components identified in calculi specimens are reported. Gross description may not be consistent with the composition determined by FTIR analysis.



**Synonyms:**

- Bile Stone
- Calculus (Stone) Analysis
- Calculus Analysis
- Kidney Stone
- Prostatic Stones
- Renal Calculi
- Renal Stone
- Stone
- Urinary Calculi
- Urinary Stone Analysis
- Urinary Tract Stone
- CALCLI

**Storage/Transport Temperature:**

Room temperature. Also acceptable: Frozen or refrigerated.

**Stability (from collection to initiation):**

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

**Reported:**

1-4 days

**CPT Codes:**

82365

**LOINC:**

- 3154-2
- 14618-3
- 9795-6

**Notes:**

Calculi samples that are transported in liquid or gel and received wet or bloody will be dried for 48-72 hours prior to analysis.

One sample container will be tested per order. Please submit an order for each container submitted.

# Calculi Risk Assessment, Urine

LAB6818

## ORDERING

**Ordering Recommendations:**

Use for kidney stone risk assessment and monitoring. Panel includes calcium, chloride, citric acid, creatinine, magnesium, oxalate, pH, phosphorus, potassium, sodium, and uric acid.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon-Fri

**Methodology:**

Quantitative Spectrophotometry / Quantitative Enzymatic Assay / Quantitative Ion-Selective Electrode

**Reported:**

1-7 days

**Synonyms:**

- Renal Stone Risk Panel II (Kidney Stone Risk Panel II, Urine)
- CRA

## COLLECTION

**Label Abbreviation:**

CRA

**Collect:**

24-hour urine. Refrigerate during collection.

**Remarks:**

Record total volume and collection time interval on transport tube and test request form.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks

**Storage/Transport Temperature:**

Frozen.

## PROCESSING

**Test Code:**

CRA

**ARUP Test Code:**

2008708

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Thoroughly mix entire collection (24-hour) in one container. Transport four separate 4 mL aliquots of urine using Calculi Risk/Supersaturation Urine Collection Kit (ARUP supply# 46007). Available online through eSupply using ARUP Connect(TM) or contact Client Services at 800-522-2787. Do not exceed 4 mL in tubes.

Aliquot according to the following specifications:

1st aliquot (pH 2): Transfer 4 mL urine into a sulfamic acid tube. (Min: 4 mL) Mix well. Freeze immediately.

2nd aliquot (pH 2): Transfer 4 mL urine into a sulfamic acid tube. (Min: 4 mL) Mix well. Freeze immediately.

3rd aliquot (pH 9): Transfer 4 mL urine into a sodium carbonate tube. (Min: 4mL) Mix well. Freeze immediately.

4th aliquot: Transfer 4 mL urine into an unpreserved tube. (Min: 4 mL) Freeze immediately.

If collection kit is unavailable, transport four 4 mL unadjusted aliquots of urine.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks

**Storage/Transport Temperature:**

Frozen.

## RESULT INTERPRETATION

**Reference Interval:**

| Components                   | Reference Interval                        |                    |                                  |
|------------------------------|-------------------------------------------|--------------------|----------------------------------|
| Calcium, Urine - per 24h     | <b>Diet</b>                               |                    | <b>Reference Interval (mg/d)</b> |
|                              | Calcium-free diet                         |                    | 5-40                             |
|                              | Low calcium diet (less than 800 mg/d)     |                    | 50-150                           |
|                              | Average calcium diet (about 800 mg/d)     |                    | 100-250                          |
|                              | High calcium diet (greater than 800 mg/d) |                    | > 250                            |
| Creatinine, Urine - per 24h  | <b>Age</b>                                | <b>Male (mg/d)</b> | <b>Female (mg/d)</b>             |
|                              | 3-8 years                                 | 140-700            | 140-700                          |
|                              | 9-12 years                                | 300-1300           | 300-1300                         |
|                              | 13-17 years                               | 500-2300           | 400-1600                         |
|                              | 18-50 years                               | 1000-2500          | 700-1600                         |
|                              | 51-80 years                               | 800-2100           | 500-1400                         |
|                              | 81 years and older                        | 600-2000           | 400-1300                         |
| Magnesium, Urine per 24h     | 12-199 mg/d                               |                    |                                  |
| Phosphorus, Urine - per 24h  | 400-1300 mg/d                             |                    |                                  |
| Uric Acid, Urine - per 24h   | 250-750 mg/d                              |                    |                                  |
| Citric Acid, Urine - per 24h | 18 years and older: 320-1240 mg/d         |                    |                                  |
| Oxalate, Urine - per 24h     | <b>Age</b>                                | <b>Male (mg/d)</b> | <b>Female (mg/d)</b>             |
|                              | 0-12 years                                | 7-31               | 7-31                             |
|                              | 13 years and older                        | 16-49              | 13-40                            |
| Sodium, Urine - per 24h      | 51-286 mmol/d                             |                    |                                  |
| Potassium, Urine - per 24h   | 25-125 mmol/d                             |                    |                                  |
| Chloride, Urine - per 24h    | 140-250 mmol/d                            |                    |                                  |
| pH, Urine                    | 5.00-7.50                                 |                    |                                  |

**Interpretive Data:**

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

**ADMINISTRATIVE****CPT Codes:**

82340; 82436; 82507; 83735; 83945; 83986; 84105; 84133; 84300; 84560

**LOINC:**

- 2829-0
- 24447-5
- 35674-1
- 2701-1
- 2079-2
- 35675-8
- 2756-5
- 3087-4
- 2128-7
- 35673-3
- 30922-9
- 6687-8
- 2779-7
- 19153-6
- 27222-9
- 6874-2
- 2956-1
- 11502-2
- 3086-6
- 35678-2
- 35677-4
- 35676-6
- 2162-6
- 30211-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use for kidney stone risk assessment and monitoring. Panel includes calcium, chloride, citric acid, creatinine, magnesium, oxalate, pH, phosphorus, potassium, sodium, and uric acid.

**Test Code:**

CRA

**ARUP Test Code:**

2008708

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon-Fri

**Methodology:**

Quantitative Spectrophotometry / Quantitative Enzymatic Assay / Quantitative Ion-Selective Electrode

**Remarks:**

Record total volume and collection time interval on transport tube and test request form.

**Collect:**

24-hour urine. Refrigerate during collection.

**Specimen Preparation:**

Thoroughly mix entire collection (24-hour) in one container. Transport four separate 4 mL aliquots of urine using Calculi Risk/Supersaturation Urine Collection Kit (ARUP supply# 46007). Available online through eSupply using ARUP Connect(TM) or contact Client Services at 800-522-2787. Do not exceed 4 mL in tubes.

Aliquot according to the following specifications:

1st aliquot (pH 2): Transfer 4 mL urine into a sulfamic acid tube. (Min: 4 mL) Mix well. Freeze immediately.

2nd aliquot (pH 2): Transfer 4 mL urine into a sulfamic acid tube. (Min: 4 mL) Mix well. Freeze immediately.

3rd aliquot (pH 9): Transfer 4 mL urine into a sodium carbonate tube. (Min: 4mL) Mix well. Freeze immediately.

4th aliquot: Transfer 4 mL urine into an unpreserved tube. (Min: 4 mL) Freeze immediately.

If collection kit is unavailable, transport four 4 mL unadjusted aliquots of urine.

**Reference Interval:**

| Components                   | Reference Interval                        |                                  |                      |
|------------------------------|-------------------------------------------|----------------------------------|----------------------|
| Calcium, Urine - per 24h     | <b>Diet</b>                               | <b>Reference Interval (mg/d)</b> |                      |
|                              | Calcium-free diet                         | 5-40                             |                      |
|                              | Low calcium diet (less than 800 mg/d)     | 50-150                           |                      |
|                              | Average calcium diet (about 800 mg/d)     | 100-250                          |                      |
|                              | High calcium diet (greater than 800 mg/d) | > 250                            |                      |
| Creatinine, Urine - per 24h  | <b>Age</b>                                | <b>Male (mg/d)</b>               | <b>Female (mg/d)</b> |
|                              | 3-8 years                                 | 140-700                          | 140-700              |
|                              | 9-12 years                                | 300-1300                         | 300-1300             |
|                              | 13-17 years                               | 500-2300                         | 400-1600             |
|                              | 18-50 years                               | 1000-2500                        | 700-1600             |
|                              | 51-80 years                               | 800-2100                         | 500-1400             |
|                              | 81 years and older                        | 600-2000                         | 400-1300             |
| Magnesium, Urine per 24h     | 12-199 mg/d                               |                                  |                      |
| Phosphorus, Urine - per 24h  | 400-1300 mg/d                             |                                  |                      |
| Uric Acid, Urine - per 24h   | 250-750 mg/d                              |                                  |                      |
| Citric Acid, Urine - per 24h | 18 years and older: 320-1240 mg/d         |                                  |                      |
| Oxalate, Urine - per 24h     | <b>Age</b>                                | <b>Male (mg/d)</b>               | <b>Female (mg/d)</b> |
|                              | 0-12 years                                | 7-31                             | 7-31                 |
|                              | 13 years and older                        | 16-49                            | 13-40                |
| Sodium, Urine - per 24h      | 51-286 mmol/d                             |                                  |                      |
| Potassium, Urine - per 24h   | 25-125 mmol/d                             |                                  |                      |
| Chloride, Urine - per 24h    | 140-250 mmol/d                            |                                  |                      |
| pH, Urine                    | 5.00-7.50                                 |                                  |                      |

**Interpretive Data:**

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

**Synonyms:**

- Renal Stone Risk Panel II (Kidney Stone Risk Panel II, Urine)
- CRA

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks

**Reported:**

1-7 days

**CPT Codes:**

82340; 82436; 82507; 83735; 83945; 83986; 84105; 84133; 84300; 84560

**LOINC:**

- 2829-0
- 24447-5
- 35674-1
- 2701-1
- 2079-2
- 35675-8
- 2756-5
- 3087-4
- 2128-7
- 35673-3
- 30922-9
- 6687-8
- 2779-7
- 19153-6
- 27222-9
- 6874-2
- 2956-1
- 11502-2
- 3086-6
- 35678-2
- 35677-4
- 35676-6
- 2162-6
- 30211-7

**Notes:**

This panel includes the following tests: Calcium, Chloride, Citric Acid, Creatinine, Magnesium, Oxalate, pH, Phosphorus, Potassium, Sodium, and Uric Acid.

# Calprotectin, Fecal by Immunoassay

LAB5435

## ORDERING

**Ordering Recommendations:**

Aids in differentiation of inflammatory bowel disease (IBD) from irritable bowel syndrome (IBS) and other functional disorders of the gastrointestinal (GI) system. Aids in monitoring IBD and prediction of relapse.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Chemiluminescent Immunoassay (CLIA)

**Reported:**

1-4 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- Fecal calprotectin
- Cal pro
- Calpro
- Fecal Calprotectin
- IBD
- IBS
- Stool Calprotectin
- CPRN

## COLLECTION

**Sample Type:**

Stool

**Label Abbreviation:**

CPRN

**Collect:**

Stool.

**Amount to Collect:**

5 g stool

**Preferred Volume:**

5 g stool

**Minimum Volume:**

1 g stool

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 7 days; Frozen: 30 days

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Specimens in media or preservatives.

## PROCESSING

**Test Code:**

CPRN

**ARUP Test Code:**

3002859

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. (Min: 1 g)

**Preferred Volume:**

5 g stool

**Minimum Volume:**

1 g stool

**Unacceptable Conditions:**

Specimens in media or preservatives.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 7 days; Frozen: 30 days

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

|                 |                                                                |
|-----------------|----------------------------------------------------------------|
| 49 µg/g or less | Normal                                                         |
| 50-120 µg/g     | Borderline elevated, test should be re-evaluated in 4-6 weeks. |
| 121 µg/g        | Elevated                                                       |

**Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

Fecal Calprotectin is an indicator of the presence of neutrophils in stool and is not specific for IBD. Other intestinal ailments including GI infections and colorectal cancer can result in elevated concentrations of calprotectin. The diagnosis of IBD cannot be established solely on the basis of a positive calprotectin result. Patients with IBD fluctuate between active and inactive stages of disease. Calprotectin results may also fluctuate.

**ADMINISTRATIVE****CPT Codes:**

83993

**LOINC:**

- 38445-3

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aids in differentiation of inflammatory bowel disease (IBD) from irritable bowel syndrome (IBS) and other functional disorders of the gastrointestinal (GI) system. Aids in monitoring IBD and prediction of relapse.

**Test Code:**

CPRN

**ARUP Test Code:**

3002859

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Chemiluminescent Immunoassay (CLIA)

**Collect:**

Stool.

**Amount to Collect:**

5 g stool



**Sample Type:**

Stool

**Preferred Volume:**

5 g stool

**Minimum Volume:**

1 g stool

**Unacceptable Conditions:**

Specimens in media or preservatives.

**Specimen Preparation:**

Transfer 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. (Min: 1 g)

**Reference Interval:**

|                 |                                                                |
|-----------------|----------------------------------------------------------------|
| 49 µg/g or less | Normal                                                         |
| 50-120 µg/g     | Borderline elevated, test should be re-evaluated in 4-6 weeks. |
| 121 µg/g        | Elevated                                                       |

**Interpretive Data:**

Fecal Calprotectin is an indicator of the presence of neutrophils in stool and is not specific for IBD. Other intestinal ailments including GI infections and colorectal cancer can result in elevated concentrations of calprotectin. The diagnosis of IBD cannot be established solely on the basis of a positive calprotectin result. Patients with IBD fluctuate between active and inactive stages of disease. Calprotectin results may also fluctuate.

**Synonyms:**

- Fecal calprotectin
- Cal pro
- Calpro
- Fecal Calprotectin
- IBD
- IBS
- Stool Calprotectin
- CPRN

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 7 days; Frozen: 30 days

**Reported:**

1-4 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

83993

**LOINC:**

- 38445-3

# Calreticulin, Exon 9 Mutation Analysis

LAB5624

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Genomic Services - Molecular Diagnostics

**Performed:**

Batched assay performed once every 1-2 weeks

**Methodology:**

PCR/Fragment analysis and Direct Sequencing

**Reported:**

10-14 days

**Additional Information:**

Somatic calreticulin (CALR) exon 9 mutations have been reported in 70-84% of patients with essential thrombocythemia (ET) or primary myelofibrosis (PMF), without JAK2 or MPL mutations. The risk of thrombosis in patients with CALR-mutated ET was found to be significantly lower than in those with JAK2-mutated ET. These indel frameshift mutations occur in the C-terminus negatively charged domain of the CALR protein and result in a positively charged domain that exhibits cellular localization outside of the endoplasmic reticulum.

**Synonyms:**

- CALR

## COLLECTION

**Sample Type:**

Blood and bone marrow aspirates

**Collect:**

Lavender top

**Preferred Volume:**

Blood: 3 mL

Bone marrow aspirates: 1 mL

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirates: 0.5 mL

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Stability (from collection to initiation):**

Room temperature: 3 days

Refrigerated: 1 week

Frozen at -20C: Unacceptable.

**Unacceptable Conditions:**

Heparinized sample submitted.

## PROCESSING

**Test Code:**

CALR

**Performing Lab:**

Genomic Services - Molecular Diagnostics

**Specimen Preparation:**

Do not centrifuge. Refrigerate sample but do not freeze. Ship room temperature.

**Preferred Volume:**

Blood: 3 mL

Bone marrow aspirates: 1 mL

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirates: 0.5 mL

**Unacceptable Conditions:**

Heparinized sample submitted.

**Stability (from collection to initiation):**

Room temperature: 3 days  
 Refrigerated: 1 week  
 Frozen at -20C: Unacceptable.

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Somatic calreticulin (CALR) exon 9 mutations have been reported in 70-84% of patients with essential thrombocythemia (ET) or primary myelofibrosis (PMF), without JAK2 or MPL mutations. The risk of thrombosis in patients with CALR-mutated ET was found to be significantly lower than in those with JAK2-mutated ET. These indel frameshift mutations occur in the C-terminus negatively charged domain of the CALR protein and result in a positively charged domain that exhibits cellular localization outside of the endoplasmic reticulum.

**ADMINISTRATIVE****CPT Codes:**

81219

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CALR

**Performing Lab:**

Genomic Services - Molecular Diagnostics

**Performed:**

Batched assay performed once every 1-2 weeks

**Methodology:**

PCR/Fragment analysis and Direct Sequencing

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top

**Sample Type:**

Blood and bone marrow aspirates

**Preferred Volume:**

Blood: 3 mL  
 Bone marrow aspirates: 1 mL

**Minimum Volume:**

Blood: 1 mL  
 Bone marrow aspirates: 0.5 mL

**Unacceptable Conditions:**

Heparinized sample submitted.

**Specimen Preparation:**

Do not centrifuge. Refrigerate sample but do not freeze. Ship room temperature.

**Reference Interval:**

Negative

**Synonyms:**

- CALR

**Stability (from collection to initiation):**

Room temperature: 3 days  
 Refrigerated: 1 week  
 Frozen at -20C: Unacceptable.

**Reported:**

10-14 days

**Additional Information:**

Somatic calreticulin (CALR) exon 9 mutations have been reported in 70-84% of patients with essential thrombocythemia (ET) or primary myelofibrosis (PMF), without JAK2 or MPL mutations. The risk of thrombosis in patients with CALR-mutated ET was found to be significantly lower than in those with JAK2-mutated ET. These indel frameshift mutations occur in the C-terminus negatively charged domain of the CALR protein and result in a positively charged domain that exhibits cellular localization outside of the endoplasmic reticulum.

**CPT Codes:**

81219

**LDT or Modified FDA:**

Yes

# Cancer Antigen 125

LAB155

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday - Friday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

1-4 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on X3/19/2018. The Abbott Architect method reads approximately 30% higher than the Centaur method. No changes were made to the reference range.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The ARCHITECT CA 125 II Calibrators are manufactured volumetrically and are referenced to this standard prepared by Fujirebio Diagnostics, Inc. There is no internationally recognized CA 125 standard available at this time.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- CA125
- C125

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold or Red top preferred. Dark green or light green acceptable.

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-20°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells or serum separator gel.

Avoid multiple freeze-thaw cycles.

**Storage/Transport Temperature:**

-20°C or colder

## PROCESSING

**Test Code:**

C125

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Aliquot and refrigerate serum at 2-8°C.

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-20°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells or serum separator gel.

Avoid multiple freeze-thaw cycles.

**Storage/Transport Temperature:**

-20°C or colder

**RESULT INTERPRETATION****Units:**

U/mL

**Reference Interval:**

Adult Female Reference Range

| Age         | Reference Range (U/mL) |
|-------------|------------------------|
| >= 18 years | < 36                   |

Reference range adopted from Abbott (vendor) based on in-house verification study of 20 normal female normal volunteers (>18 years old) in the UCSF Laboratory.

Pediatric Female Reference Range

| Age                   | Reference Range (U/mL) |
|-----------------------|------------------------|
| 0 - < 4 months        | 2 - 22                 |
| 4 months - < 5 years  | 6-39                   |
| 5 years - < 11 years  | 5 - 30                 |
| 11 years - < 18 years | 8-33                   |

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay.

Reference range is not established for males.

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on X3/19/2018. The Abbott Architect method reads approximately 30% higher than the Centaur method. No changes were made to the reference range.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The ARCHITECT CA 125 II Calibrators are manufactured volumetrically and are referenced to this standard prepared by Fujirebio Diagnostics, Inc. There is no internationally recognized CA 125 standard available at this time.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

86304

**LOINC Codes:**

10334-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

C125

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday - Friday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Collect:**

Gold or Red top preferred. Dark green or light green acceptable.

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.1 mL serum

**Specimen Preparation:**

Aliquot and refrigerate serum at 2-8°C.

**Units:**

U/mL

**Reference Interval:**

Adult Female Reference Range

| Age         | Reference Range (U/mL) |
|-------------|------------------------|
| >= 18 years | < 36                   |

Reference range adopted from Abbott (vendor) based on in-house verification study of 20 normal female normal volunteers (>18 years old) in the UCSF Laboratory.

Pediatric Female Reference Range

| Age                   | Reference Range (U/mL) |
|-----------------------|------------------------|
| 0 - < 4 months        | 2 - 22                 |
| 4 months - < 5 years  | 6-39                   |
| 5 years - < 11 years  | 5 - 30                 |
| 11 years - < 18 years | 8-33                   |

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay.

Reference range is not established for males.

**Synonyms:**

- CA125
- C125

**Storage/Transport Temperature:**

-20°C or colder

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-20°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells or serum separator gel.

Avoid multiple freeze-thaw cycles.

**Reported:**

1-4 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on X3/19/2018. The Abbott Architect method reads approximately 30% higher than the Centaur method. No changes were made to the reference range.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The ARCHITECT CA 125 II Calibrators are manufactured volumetrically and are referenced to this standard prepared by Fujirebio Diagnostics, Inc. There is no internationally recognized CA 125 standard available at this time.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

86304

**LOINC Codes:**

10334-1



# Cancer Antigen 15-3

LAB776

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

1-8 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 3/26/18. The Abbott Architect method reads approximately 16% higher than the Centaur method. No significant changes to the reference range.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The calibrators for the ARCHITECT CA 15-3 assay are manufactured volumetrically and are referenced to this standard prepared by Fujirebio Diagnostics, Inc. There is no internationally recognized CA 15-3 standard available at this time.

CA 15-3 is a serum marker commonly elevated in patients with breast cancer. It is a useful prognostic marker with higher levels being associated with advanced disease stage, and it can be used to monitor patients during and following treatment. CA 15-3 is neither a sensitive nor specific marker for early disease and should not be used for screening purposes. A small proportion of apparently healthy individuals (up to 5% of the general population) have an elevated CA 15-3 level as well as some patients with liver disease and other types of carcinoma. Clin Chem 52:345-351 2006.

Not covered by Medicare for screening purposes (Medicare Bulletin 98-7, December, 1998)

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- CA15-3

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold or red top preferred.

Dark green or light green acceptable.

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

## PROCESSING

**Test Code:**

CA15

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Freeze serum at -20°C.

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**  
0.15 mL serum

## RESULT INTERPRETATION

**Units:**  
U/mL

**Reference Interval:**  
Adult Reference Range

| Age         | Reference Range (U/mL) |
|-------------|------------------------|
| >= 18 years | < 32                   |

Adult reference range adopted from Abbott (vendor) based on in-house verification studies of 25 ( 18 years old) normal volunteers in the UCSF Laboratory.

Pediatric Reference Range

| Age                 | Reference Range (U/mL) |
|---------------------|------------------------|
| 0 - < 1 week        | 3 - 24                 |
| 1 week - < 1 year   | 5 - 33                 |
| 1 year - < 18 years | 4 - 21                 |

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay.

### Additional Information:

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 3/26/18. The Abbott Architect method reads approximately 16% higher than the Centaur method. No significant changes to the reference range.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The calibrators for the ARCHITECT CA 15-3 assay are manufactured volumetrically and are referenced to this standard prepared by Fujirebio Diagnostics, Inc. There is no internationally recognized CA 15-3 standard available at this time.

CA 15-3 is a serum marker commonly elevated in patients with breast cancer. It is a useful prognostic marker with higher levels being associated with advanced disease stage, and it can be used to monitor patients during and following treatment. CA 15-3 is neither a sensitive nor specific marker for early disease and should not be used for screening purposes. A small proportion of apparently healthy individuals (up to 5% of the general population) have an elevated CA 15-3 level as well as some patients with liver disease and other types of carcinoma. Clin Chem 52:345-351 2006.

Not covered by Medicare for screening purposes (Medicare Bulletin 98-7, December, 1998)

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

## ADMINISTRATIVE

**CPT Codes:**  
86300

**LOINC Codes:**  
6875-9

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
CA15

**Performing Lab:**  
China Basin Chemistry

**Performed:**  
Monday, Wednesday, Friday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Collect:**

Gold or red top preferred.

Dark green or light green acceptable.

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Specimen Preparation:**

Freeze serum at -20°C.

**Units:**

U/mL

**Reference Interval:**

Adult Reference Range

| Age         | Reference Range (U/mL) |
|-------------|------------------------|
| >= 18 years | < 32                   |

Adult reference range adopted from Abbott (vendor) based on in-house verification studies of 25 ( 18 years old) normal volunteers in the UCSF Laboratory.

Pediatric Reference Range

| Age                 | Reference Range (U/mL) |
|---------------------|------------------------|
| 0 - < 1 week        | 3 - 24                 |
| 1 week - < 1 year   | 5 - 33                 |
| 1 year - < 18 years | 4 - 21                 |

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay.

**Synonyms:**

- CA15-3

**Reported:**

1-8 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 3/26/18. The Abbott Architect method reads approximately 16% higher than the Centaur method. No significant changes to the reference range.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The calibrators for the ARCHITECT CA 15-3 assay are manufactured volumetrically and are referenced to this standard prepared by Fujirebio Diagnostics, Inc. There is no internationally recognized CA 15-3 standard available at this time.

CA 15-3 is a serum marker commonly elevated in patients with breast cancer. It is a useful prognostic marker with higher levels being associated with advanced disease stage, and it can be used to monitor patients during and following treatment. CA 15-3 is neither a sensitive nor specific marker for early disease and should not be used for screening purposes. A small proportion of apparently healthy individuals (up to 5% of the general population) have an elevated CA 15-3 level as well as some patients with liver disease and other types of carcinoma. Clin Chem 52:345-351 2006.

Not covered by Medicare for screening purposes (Medicare Bulletin 98-7, December, 1998)

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

86300

**LOINC Codes:**  
6875-9

# Cancer Antigen 19-9

LAB777

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

1-8 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 4/24/18. The Abbott Architect method reads approximately 49% lower for results < 83 U/mL and runs 110% higher for results in the upper range (>83 U/mL) than the Centaur method. No significant changes were made to the reference range.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The ARCHITECT CA 19-9XR Calibrators are manufactured volumetrically and are referenced to this standard prepared by Fujirebio Diagnostics, Inc. There is no internationally recognized CA 19-9 standard available at this time.

CA 19-9 is a tumor-associated carbohydrate antigen that has been found to be elevated in the serum of some patients with cancers of the pancreas, stomach, colon, bile duct, ovaries, endometrium, or lung. The serum levels of this antigen can also be elevated in benign conditions such as pancreatitis, cholangitis, and endometriosis. Although the levels of CA19-9 tend to be higher in malignant versus benign conditions, there is a substantial overlap zone, and interlaboratory variability in the measurement of CA 19-9 appears to be substantial (CV ~30% in a recent CAP survey). In one recent study of patients with pancreatic cancer versus benign pancreatic disease, the sensitivity of an elevated CA 19-9 measurement was 76%, with a specificity of 87%.

Since the CA 19-9 antigen is closely related to the Lewis blood group antigens, patients who lack Lewis antigen (approximately 7% of the general public) cannot produce CA 19-9. Additionally, the secretor status of the patient will have an influence on CA 19-9 levels.

Internal Medicine 38: 840-841 (1999). Am. J. Gastroenterology 94:1941-1946 (1999). Clin Chem 45:54-61 (1999).

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- CA19-9
- CA19

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold or red top preferred.  
Dark green or light green acceptable.

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-20°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells or serum separator gel.

Avoid multiple freeze-thaw cycles.

**PROCESSING****Test Code:**

CA19

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Freeze serum at -20°C.

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-20°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells or serum separator gel.

Avoid multiple freeze-thaw cycles.

**RESULT INTERPRETATION****Units:**

U/mL

**Reference Interval:**

Adult Reference Range

| Age         | Reference Range (U/mL) |
|-------------|------------------------|
| >= 18 years | < 38                   |

Adult reference range adopted from Abbott (vendor) based on in-house verification studies of 24 ( 18 years old) normal volunteers in the UCSF Laboratory.

Pediatric Reference Range

| Age                 | Reference Range (U/mL) |
|---------------------|------------------------|
| 0 - < 1 year        | < 64                   |
| 1 year - < 18 years | < 41                   |

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay.

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 4/24/18. The Abbott Architect method reads approximately 49% lower for results < 83 U/mL and runs 110% higher for results in the upper range (>83 U/mL) than the Centaur method. No significant changes were made to the reference range.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The ARCHITECT CA 19-9XR Calibrators are manufactured volumetrically and are referenced to this standard prepared by Fujirebio Diagnostics, Inc. There is no internationally recognized CA 19-9 standard available at this time.

CA 19-9 is a tumor-associated carbohydrate antigen that has been found to be elevated in the serum of some patients with cancers of the pancreas, stomach, colon, bile duct, ovaries, endometrium, or lung. The serum levels of this antigen can also be elevated in benign conditions such as pancreatitis, cholangitis, and endometriosis. Although the levels of CA19-9 tend to be higher in malignant versus benign conditions, there is a substantial overlap zone, and interlaboratory variability in the measurement of CA 19-9 appears to be substantial (CV ~30% in a recent CAP survey). In one recent study of patients with pancreatic cancer versus benign pancreatic disease, the sensitivity of an elevated CA 19-9 measurement was 76%, with a specificity of 87%.

Since the CA 19-9 antigen is closely related to the Lewis blood group antigens, patients who lack Lewis antigen (approximately 7% of the general public) cannot produce CA 19-9. Additionally, the secretor status of the patient will have an influence on CA 19-9 levels.

Internal Medicine 38: 840-841 (1999). Am. J. Gastroenterology 94:1941-1946 (1999). Clin Chem 45:54-61 (1999).

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

86301

**LOINC Codes:**

24108-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CA19

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Collect:**

Gold or red top preferred.

Dark green or light green acceptable.

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Specimen Preparation:**

Freeze serum at -20°C.

**Units:**

U/mL

**Reference Interval:**

## Adult Reference Range

| Age         | Reference Range (U/mL) |
|-------------|------------------------|
| >= 18 years | < 38                   |

Adult reference range adopted from Abbott (vendor) based on in-house verification studies of 24 ( 18 years old) normal volunteers in the UCSF Laboratory.

## Pediatric Reference Range

| Age                 | Reference Range (U/mL) |
|---------------------|------------------------|
| 0 - < 1 year        | < 64                   |
| 1 year - < 18 years | < 41                   |

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay.

**Synonyms:**

- CA19-9
- CA19

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-20°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells or serum separator gel.

Avoid multiple freeze-thaw cycles.

**Reported:**

1-8 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 4/24/18. The Abbott Architect method reads approximately 49% lower for results < 83 U/mL and runs 110% higher for results in the upper range (>83 U/mL) than the Centaur method. No significant changes were made to the reference range.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The ARCHITECT CA 19-9XR Calibrators are manufactured volumetrically and are referenced to this standard prepared by Fujirebio Diagnostics, Inc. There is no internationally recognized CA 19-9 standard available at this time.

CA 19-9 is a tumor-associated carbohydrate antigen that has been found to be elevated in the serum of some patients with cancers of the pancreas, stomach, colon, bile duct, ovaries, endometrium, or lung. The serum levels of this antigen can also be elevated in benign conditions such as pancreatitis, cholangitis, and endometriosis. Although the levels of CA19-9 tend to be higher in malignant versus benign conditions, there is a substantial overlap zone, and interlaboratory variability in the measurement of CA 19-9 appears to be substantial (CV ~30% in a recent CAP survey). In one recent study of patients with pancreatic cancer versus benign pancreatic disease, the sensitivity of an elevated CA 19-9 measurement was 76%, with a specificity of 87%.

Since the CA 19-9 antigen is closely related to the Lewis blood group antigens, patients who lack Lewis antigen (approximately 7% of the general public) cannot produce CA 19-9. Additionally, the secretor status of the patient will have an influence on CA 19-9 levels.

Internal Medicine 38: 840-841 (1999). Am. J. Gastroenterology 94:1941-1946 (1999). Clin Chem 45:54-61 (1999).

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

86301

**LOINC Codes:**

24108-3



# Cancer Antigen 27.29

LAB853

## ORDERING

**Ordering Recommendations:**

Monitor therapy and identify disease recurrence in individuals with a metastatic breast cancer diagnosis. Do not use for diagnosis or screening of breast cancer.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Chemiluminescent Immunoassay

**Reported:**

Within 24 hours

**Synonyms:**

- Breast Cancer Tumor Markers
- Breast Carcinoma-Associated Antigen (CA 27.29), Serum
- CA 27-29
- CA 27.29
- MAM 6
- Milk Mucin
- C2729

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

C2729

**Collect:**

Plain red or serum separator tube or EDTA plasma.

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 8 hours; Refrigerated: 7 days; Frozen: 3 months

**Storage/Transport Temperature:**

Frozen.

## PROCESSING

**Test Code:**

C2729

**ARUP Test Code:**

0080392

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 8 hours; Refrigerated: 7 days; Frozen: 3 months

**Storage/Transport Temperature:**

Frozen.

**RESULT INTERPRETATION****Units:**

U/mL

**Reference Interval:**

Effective August 16, 2021

Less than or equal to 39 U/mL

**Interpretive Data:**

Test Information: The CA 27.29 assay is intended for use in monitoring: 1) disease progression and/or response to therapy in patients with metastatic disease, and 2) disease recurrence in patients treated previously for stages II or III breast carcinoma who are clinically free of the disease. Serial testing in patients who are clinically free of disease should be used in conjunction with other clinical methods for early detection of cancer recurrence.

Limitations: Patients with confirmed breast carcinoma frequently have CA 27.29 assay values in the same range as healthy individuals. Elevations may also be observed in patients with non-malignant disease. Results of this test must always be interpreted in the context of morphologic and other relevant data and should not be used alone for a diagnosis of malignancy.

Methodology: Siemens Atellica IM BR 27.29 (BR) chemiluminescent immunoassay was used. Results obtained with different assay methods or kits cannot be used interchangeably.

**ADMINISTRATIVE****CPT Codes:**

86300

**LOINC:**

- 17842-6

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Monitor therapy and identify disease recurrence in individuals with a metastatic breast cancer diagnosis. Do not use for diagnosis or screening of breast cancer.

**Test Code:**

C2729

**ARUP Test Code:**

0080392

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Chemiluminescent Immunoassay

**Collect:**

Plain red or serum separator tube or EDTA plasma.

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection.  
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

**Units:**

U/mL

**Reference Interval:**

Effective August 16, 2021  
Less than or equal to 39 U/mL

**Interpretive Data:**

Test Information: The CA 27.29 assay is intended for use in monitoring: 1) disease progression and/or response to therapy in patients with metastatic disease, and 2) disease recurrence in patients treated previously for stages II or III breast carcinoma who are clinically free of the disease. Serial testing in patients who are clinically free of disease should be used in conjunction with other clinical methods for early detection of cancer recurrence.

Limitations: Patients with confirmed breast carcinoma frequently have CA 27.29 assay values in the same range as healthy individuals. Elevations may also be observed in patients with non-malignant disease. Results of this test must always be interpreted in the context of morphologic and other relevant data and should not be used alone for a diagnosis of malignancy.

Methodology: Siemens Atellica IM BR 27.29 (BR) chemiluminescent immunoassay was used. Results obtained with different assay methods or kits cannot be used interchangeably.

**Synonyms:**

- Breast Cancer Tumor Markers
- Breast Carcinoma-Associated Antigen (CA 27.29), Serum
- CA 27-29
- CA 27.29
- MAM 6
- Milk Mucin
- C2729

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 8 hours; Refrigerated: 7 days; Frozen: 3 months

**Reported:**

Within 24 hours

**CPT Codes:**

86300

**LOINC:**

- 17842-6

# Candida auris by PCR

LAB999942

## ORDERING

**Available Stat:**

No

**Performing Lab:**

UCSF Clinical Microbiology Lab at China Basin

**Methodology:**

Real time PCR, qualitative

**Reported:**

1-2 days

**Synonyms:**

- Candida auris PCR
- auris surveillance
- AURISPCR

## COLLECTION

**Sample Type:**

Skin swab from Axilla and Groin

**Collect:**

ESwab - regular flocked swab with liquid Amies medium (PMM # 45258)

[Collection tip sheet](#)**Stability (from collection to initiation):**

5 days at room temp, 7 days refrigerated

**Storage/Transport Temperature:**

room temp or refrigerated (2-8 deg C)

## PROCESSING

**Performing Lab:**

UCSF Clinical Microbiology Lab at China Basin

**Stability (from collection to initiation):**

5 days at room temp, 7 days refrigerated

**Storage/Transport Temperature:**

room temp or refrigerated (2-8 deg C)

## RESULT INTERPRETATION

**Reference Interval:**

Not Detected

**Interpretive Data:**

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the U. S. Food and Drug Administration.

## ADMINISTRATIVE

**LDT or Modified FDA:**

Yes

## COMPLETE VIEW

**Available Stat:**

No

**Performing Lab:**

UCSF Clinical Microbiology Lab at China Basin

**Methodology:**

Real time PCR, qualitative

**Collect:**

ESwab - regular flocked swab with liquid Amies medium (PMM # 45258)

[Collection tip sheet](#)

**Sample Type:**

Skin swab from Axilla and Groin

**Reference Interval:**

Not Detected

**Interpretive Data:**

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the U. S. Food and Drug Administration.

**Synonyms:**

- Candida auris PCR
- auris surveillance
- AURISPCR

**Storage/Transport Temperature:**

room temp or refrigerated (2-8 deg C)

**Stability (from collection to initiation):**

5 days at room temp, 7 days refrigerated

**Reported:**

1-2 days

**LDT or Modified FDA:**

Yes

# Capillary Electrolytes, Whole Blood

LAB4444

## ORDERING

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Direct ion selective electrodes (ISE), Radiometer ABL 90 FLEX Plus

**Additional Information:**

This panel includes:

Sodium (NAWB), potassium (KSB), chloride (CLWB) and ionized calcium (CAIB)

Iodide, bromide, thiosulfate, salicylate and nitrate cause a positive interference on chloride measured by ABL blood gas analyzers.

Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292

Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79

ABL90 Flex Plus Instructions for Use Manual, Radiometer.

All reported values are corrected to 37C unless otherwise specified. Results beyond the linear range of the instrument will be reported as < or > the extreme of the linear range. Samples containing small bubbles may be run at the laboratory's discretion. If analyzed, a comment will be added to the result regarding the presence of bubbles in the sample.

**Synonyms:**

- sodium
- potassium
- chloride
- ionized calcium
- Na
- K
- Cl
- iCa
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV
- Blood gas
- ABG

## COLLECTION

**Sample Type:**

Heparinized whole blood (Blood gas syringe only)

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the "butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or "butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
- 8 Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, fingertip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

**Stability (from collection to initiation):**

10 min.

## PROCESSING

**Test Code:**

NLYTE

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Stability (from collection to initiation):**

10 min.

## RESULT INTERPRETATION

**Units:**

mmol/L

**Reference Interval:**

Please follow the following hyperlinks for reference intervals:

[Sodium](#)

[Potassium](#)

[Chloride](#)

[Ionized Calcium](#)

**Critical Values:**

See hyperlinks above.

Note: Panic values from Post-filter samples are not called.

**Additional Information:**

This panel includes:

Sodium (NAWB), potassium (KSB), chloride (CLWB) and ionized calcium (CAIB)

Iodide, bromide, thiosulfate, salicylate and nitrate cause a positive interference on chloride measured by ABL blood gas analyzers.

Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292

Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79

ABL90 Flex Plus Instructions for Use Manual, Radiometer.

All reported values are corrected to 37C unless otherwise specified. Results beyond the linear range of the instrument will be reported as < or > the extreme of the linear range. Samples containing small bubbles may be run at the laboratory's discretion. If analyzed, a comment will be added to the result regarding the presence of bubbles in the sample.

**ADMINISTRATIVE****LOINC Codes:**

55231-5

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Test Code:**

NLYTE

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Direct ion selective electrodes (ISE), Radiometer ABL 90 FLEX Plus



**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the "butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or "butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
- 8 Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, fingertip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Sample Type:**

Heparinized whole blood (Blood gas syringe only)

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Units:**

mmol/L

**Reference Interval:**

Please follow the following hyperlinks for reference intervals:

[Sodium](#)

[Potassium](#)

[Chloride](#)

[Ionized Calcium](#)

**Critical Values:**

See hyperlinks above.

Note: Panic values from Post-filter samples are not called.

**Synonyms:**

- sodium
- potassium
- chloride
- ionized calcium
- Na
- K
- Cl
- iCa
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV
- Blood gas
- ABG

**Stability (from collection to initiation):**

10 min.

**Additional Information:**

This panel includes:

Sodium (NAWB), potassium (KSB), chloride (CLWB) and ionized calcium (CAIB)

Iodide, bromide, thiosulfate, salicylate and nitrate cause a positive interference on chloride measured by ABL blood gas analyzers.

Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292

Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79

ABL90 Flex Plus Instructions for Use Manual, Radiometer.

All reported values are corrected to 37C unless otherwise specified. Results beyond the linear range of the instrument will be reported as < or > the extreme of the linear range. Samples containing small bubbles may be run at the laboratory's discretion. If analyzed, a comment will be added to the result regarding the presence of bubbles in the sample.

**LOINC Codes:**

55231-5

# Carbamazepine Level

LAB3040

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days a week

**Methodology:**

Homogeneous particle-enhanced turbidimetric inhibition immunoassay (PETINIA)

**Reported:**

STAT 1 hour, Routine 4 hours

Note: TAT for STAT samples drawn at Mt Zion, Saint Francis, and Saint Marys can be up to 3 hours.

**Additional Information:**

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**Synonyms:**

- Tegretol

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Remarks:**

Time to steady state: 2-5 days. Indicate time of draw on requisition.

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

## PROCESSING

**Test Code:**

CZP

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Specimen Preparation:**

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry. Request special STAT courier for STAT samples.

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

## RESULT INTERPRETATION

**Units:**

µg/mL

**Reference Interval:**

Therapeutic: 4-12 µg/mL

Source: Carbamazepine: Drug information copyright 1978-2012, Lexicomp, Inc. Accessed at UpToDate www.uptodate.com May 2019.

**Critical Values:**

&gt; 15 µg/mL

**Additional Information:**

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**ADMINISTRATIVE****CPT Codes:**

80156

**LOINC Codes:**

3432-2

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CZP

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days a week

**Methodology:**

Homogeneous particle-enhanced turbidimetric inhibition immunoassay (PETINIA)

**Remarks:**

Time to steady state: 2-5 days. Indicate time of draw on requisition.

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Specimen Preparation:**

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry. Request special STAT courier for STAT samples.

**Units:**

µg/mL

**Reference Interval:**

Therapeutic: 4-12 µg/mL

Source: Carbamazepine: Drug information copyright 1978-2012, Lexicomp, Inc. Accessed at UpToDate www.uptodate.com May 2019.

**Critical Values:**

&gt; 15 µg/mL

**Synonyms:**

- Tegretol

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

**Reported:**

STAT 1 hour, Routine 4 hours

Note: TAT for STAT samples drawn at Mt Zion, Saint Francis, and Saint Marys can be up to 3 hours.

**Additional Information:**

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**CPT Codes:**

80156

**LOINC Codes:**

3432-2

# Carbapenemase Surveillance

LAB999969

## ORDERING

**Ordering Recommendations:**

Test is ordered at the request of Hospital Epidemiology and Infection Prevention to guide in infection control investigations.

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily

**Methodology:**

PCR, culture if indicated

**Reported:**

Same or next day

**Reflex Testing:**

Culture will be performed on PCR-positive specimens in an attempt to isolate the resistant organism.

**Synonyms:**

- Carbapenemase
- KPC
- OXA48
- NDM
- VIM
- IMP-1
- CP-CRE
- CRE
- P112
- CRE Genes
- Carba Cx

## COLLECTION

**Sample Type:**

Rectal or Perirectal swab in Liquid Stuarts double swab

**Collect:**

Liquid Stuarts double swab

**Stability (from collection to initiation):**

5 days

**Storage/Transport Temperature:**

Room Temperature

## PROCESSING

**Test Code:**

1230202367

**Performing Lab:**

Microbiology

**Specimen Preparation:**

If a FecalSwab or Eswab is received, set up a Carbapenemase Surveillance culture. Plate Blood and MacConkey agars with Meropenem disks in the 2nd and 3rd quadrants.

**Stability (from collection to initiation):**

5 days

**Storage/Transport Temperature:**

Room Temperature

**RESULT INTERPRETATION****Reference Interval:**

No resistance genes detected

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Test is ordered at the request of Hospital Epidemiology and Infection Prevention to guide in infection control investigations.

**Test Code:**

1230202367

**Performing Lab:**

Microbiology

**Performed:**

Daily

**Methodology:**

PCR, culture if indicated

**Collect:**

Liquid Stuarts double swab

**Sample Type:**

Rectal or Perirectal swab in Liquid Stuarts double swab

**Specimen Preparation:**

If a FecalSwab or Eswab is received, set up a Carbapenemase Surveillance culture. Plate Blood and MacConkey agars with Meropenem disks in the 2nd and 3rd quadrants.

**Reference Interval:**

No resistance genes detected

**Synonyms:**

- Carbapenemase
- KPC
- OXA48
- NDM
- VIM
- IMP-1
- CP-CRE
- CRE
- P112
- CRE Genes
- Carba Cx

**Storage/Transport Temperature:**

Room Temperature

**Stability (from collection to initiation):**

5 days

**Reported:**

Same or next day

**Reflex Testing:**

Culture will be performed on PCR-positive specimens in an attempt to isolate the resistant organism.



# Carbohydrate deficient transferrin, for Alcohol Abuse

CDTA

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Affinity chromatography, Mass Spectroscopy

**Synonyms:**

- Transferrin electrophoresis
- glycosylation
- Transferrin isoforms

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top or Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.1 mL serum

**Rejection Criteria:**

Thawed, room temperature or refrigerated sample received.

## PROCESSING

**Test Code:**

CDTA

**Test Group:**

Transferrin

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Separate and freeze serum at -20C. Transport frozen. Order Mayo test # 82425 for CDT on Adults.

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.1 mL serum

**Rejection Criteria:**

Thawed, room temperature or refrigerated sample received.

## RESULT INTERPRETATION

**Units:**

Ratio

**Reference Interval:**

0.00-0.10

## ADMINISTRATIVE

**CPT Codes:**

82373-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CDTA

**Test Group:**

Transferrin

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Affinity chromatography, Mass Spectroscopy

**Collect:**

Gold top or Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.1 mL serum

**Rejection Criteria:**

Thawed, room temperature or refrigerated sample received.

**Specimen Preparation:**

Separate and freeze serum at -20C. Transport frozen. Order Mayo test # 82425 for CDT on Adults.

**Units:**

Ratio

**Reference Interval:**

0.00-0.10

**Synonyms:**

- Transferrin electrophoresis
- glycosylation
- Transferrin isoforms

**CPT Codes:**

82373-90

# Carbohydrate deficient transferrin, for Metabolic errors

LAB961

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Affinity chromatography ESI-MS

**Reported:**

Performed Monday, Wednesday, Friday. Turnaround 4-8 days

**Synonyms:**

- Transferrin electrophoresis
- glycosylation: Transferrin isoforms
- GLYCOSYLATION
- APO-CIII
- APOLIPOPROTEIN CIII
- TRANSFERRIN FOR CARBOHYDRATE DEFICIENT TRANSFERRIN (CDT)
- CONGENITAL DISORDERS OF GLYCOSYLATION (CDG)

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

CDG

**Collect:**

Red top, Gold top

**Amount to Collect:**

1.0 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Frozen at -20C indefinite.

**Rejection Criteria:**

Thawed, room temperature or refrigerated sample received.

## PROCESSING

**Test Code:**

CDT

**Test Group:**

Transferrin

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Separate and freeze serum at -20C. Transport frozen. Order Mayo test # 82414. Include patient age and reason for referral testing, if provided.

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Rejection Criteria:**

Thawed, room temperature or refrigerated sample received.

**Stability (from collection to initiation):**

Frozen at -20C indefinite.

**RESULT INTERPRETATION****Units:**

Ratio

**Reference Interval:****Congenital disorders of glycosylation:**Mono-oligosaccharide/Di-oligosaccharide:  $\leq 0.10$ A-oligosaccharide/Di-oligosaccharide:  $\leq 0.05$ **ADMINISTRATIVE****CPT Codes:**

82373-90

**LOINC Codes:**

13999-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CDT

**Test Group:**

Transferrin

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Affinity chromatography ESI-MS

**Collect:**

Red top, Gold top

**Amount to Collect:**

1.0 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Rejection Criteria:**

Thawed, room temperature or refrigerated sample received.

**Specimen Preparation:**

Separate and freeze serum at -20C. Transport frozen. Order Mayo test # 82414. Include patient age and reason for referral testing, if provided.

**Units:**

Ratio

**Reference Interval:****Congenital disorders of glycosylation:**Mono-oligosaccharide/Di-oligosaccharide:  $\leq 0.10$ A-oligosaccharide/Di-oligosaccharide:  $\leq 0.05$ **Synonyms:**

- Transferrin electrophoresis
- glycosylation: Transferrin isoforms
- GLYCOSYLATION
- APO-CIII
- APOLIPOPROTEIN CIII
- TRANSFERRIN FOR CARBOHYDRATE DEFICIENT TRANSFERRIN (CDT)
- CONGENITAL DISORDERS OF GLYCOSYLATION (CDG)

**Stability (from collection to initiation):**

Frozen at -20C indefinite.

**Reported:**

Performed Monday, Wednesday, Friday. Turnaround 4-8 days

**CPT Codes:**

82373-90

**LOINC Codes:**

13999-8

# Carbon Dioxide, Total

LAB55

## ORDERING

### Available Stat:

Yes

### Performing Lab:

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

### Performed:

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

### Methodology:

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: PEP Carboxylase on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: PEP Carboxylase on Roche cobas c311

### Reported:

STAT 1 hour, Routine 4 hours

### Additional Information:

Hypertriglyceridemia will tend to decrease the CO<sub>2</sub> results in both the Abbott and Roche assays. For every 1000 mg/dL increase in triglycerides, there is an approximate 10% decrease in CO<sub>2</sub>.

Abbott ref: Wiencek et al, Journal of Applied Laboratory Medicine, 2017, 02(01): 123-127.

Roche ref: Brock et al, Clinical Pathology and Research Journal, 2019, 3(1) (DOI: 10.23880/cprj-16000115).

If an interference in this total CO<sub>2</sub> assay is suspected, the sample can be checked for a calculated bicarbonate level using the blood gas analyzers. Normally, the calculated bicarbonate reads close to the total CO<sub>2</sub> concentration.

The anion gap is calculated from the serum Sodium, Chloride and Total CO<sub>2</sub> values using the equation:

$Na - (CL + CO_2)$

The calculation is automatic whenever **all three** of the electrolytes are ordered together. It is not a separately orderable test. For further information, please see the anion gap lab manual page.

### Synonyms:

- CO<sub>2</sub>
- Anion gap
- Bicarbonate

## COLLECTION

### Sample Type:

Plasma or serum

### Collect:

Light green top preferred, Gold top acceptable

### Amount to Collect:

1 mL blood

### Preferred Volume:

0.5 mL plasma or serum

### Minimum Volume:

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Keep tube tightly capped for storage. A consequent decrease in the CO<sub>2</sub> value of up to 6 mEq/L can occur in the course of an hour once the specimen has been exposed to ambient air.

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & St. Mary's Chemistry:  
Room temperature 8 hours, refrigerated 3 days, frozen at -20C 2 weeks

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Room temperature 1 day, refrigerated 7 days

**PROCESSING****Test Code:**

CO2AN

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Keep tube tightly capped for storage. A consequent decrease in the CO<sub>2</sub> value of up to 6 mEq/L can occur in the course of an hour once the specimen has been exposed to ambient air.

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & St. Mary's Chemistry:  
Room temperature 8 hours, refrigerated 3 days, frozen at -20C 2 weeks

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Room temperature 1 day, refrigerated 7 days

**RESULT INTERPRETATION****Units:**

mmol/L

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry

| Age               | mmol/L |
|-------------------|--------|
| 0 to 14 days      | 15-20  |
| 15 days to 4 year | 15-24  |
| 5 to 14 years     | 17-26  |
| 15 to 18 years    | 17-28  |
| >18 years         | 22-29  |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <https://caliper.research.sickkids.ca/#/>

UCSF Clinical Lab verified the adult reference ranges stated in the Abbott Carbon Dioxide package insert (March 2017) by running 20 male and 20 female lab volunteers.

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | mmol/L |
|-------------|--------|
| >= 19 years | 22-29  |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche CO<sub>2</sub>-L package insert by running 20 male and 20 female lab volunteers.

**Critical Values:**

< 15 mmol/L or > 40 mmol/L

**Additional Information:**

Hypertriglyceridemia will tend to decrease the CO<sub>2</sub> results in both the Abbott and Roche assays. For every 1000 mg/dL increase in triglycerides, there is an approximate 10% decrease in CO<sub>2</sub>.

Abbott ref: Wiencek et al, Journal of Applied Laboratory Medicine, 2017, 02(01): 123-127.

Roche ref: Brock et al, Clinical Pathology and Research Journal, 2019, 3(1) (DOI: 10.23880/cprj-16000115).

If an interference in this total CO<sub>2</sub> assay is suspected, the sample can be checked for a calculated bicarbonate level using the blood gas analyzers. Normally, the calculated bicarbonate reads close to the total CO<sub>2</sub> concentration.

The anion gap is calculated from the serum Sodium, Chloride and Total CO<sub>2</sub> values using the equation:

$$\text{Na} - (\text{CL} + \text{CO}_2)$$

The calculation is automatic whenever **all three** of the electrolytes are ordered together. It is not a separately orderable test. For further information, please see the anion gap lab manual page.

**ADMINISTRATIVE****CPT Codes:**

82374

**LOINC Codes:**

2028-9

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CO2AN

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry

Berkeley Outpatient Center

Peninsula Outpatient Center

Saint Francis Chemistry

Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week

Berkeley Outpatient Center (Mon-Fri 0800-1630)

Peninsula Outpatient Center (Mon-Fri 0800-1630)

Saint Francis Chemistry: Test available 24 hours per day 7 days per week

Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: PEP Carboxylase on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: PEP Carboxylase on Roche cobas c311

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

mmol/L



**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; Saint Marys Chemistry

| Age               | mmol/L |
|-------------------|--------|
| 0 to 14 days      | 15-20  |
| 15 days to 4 year | 15-24  |
| 5 to 14 years     | 17-26  |
| 15 to 18 years    | 17-28  |
| >18 years         | 22-29  |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <https://caliper.research.sickkids.ca/#/>

UCSF Clinical Lab verified the adult reference ranges stated in the Abbott Carbon Dioxide package insert (March 2017) by running 20 male and 20 female lab volunteers.

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | mmol/L |
|-------------|--------|
| >= 19 years | 22-29  |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche CO<sub>2</sub>-L package insert by running 20 male and 20 female lab volunteers.

**Critical Values:**

&lt; 15 mmol/L or &gt; 40 mmol/L

**Synonyms:**

- CO<sub>2</sub>
- Anion gap
- Bicarbonate

**Stability (from collection to initiation):**

Keep tube tightly capped for storage. A consequent decrease in the CO<sub>2</sub> value of up to 6 mEq/L can occur in the course of an hour once the specimen has been exposed to ambient air.

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & St. Mary's Chemistry:  
Room temperature 8 hours, refrigerated 3 days, frozen at -20C 2 weeks

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Room temperature 1 day, refrigerated 7 days

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Hypertriglyceridemia will tend to decrease the CO<sub>2</sub> results in both the Abbott and Roche assays. For every 1000 mg/dL increase in triglycerides, there is an approximate 10% decrease in CO<sub>2</sub>.

Abbott ref: Wiencek et al, Journal of Applied Laboratory Medicine, 2017, 02(01): 123-127.

Roche ref: Brock et al, Clinical Pathology and Research Journal, 2019, 3(1) (DOI: 10.23880/cprj-16000115).

If an interference in this total CO<sub>2</sub> assay is suspected, the sample can be checked for a calculated bicarbonate level using the blood gas analyzers. Normally, the calculated bicarbonate reads close to the total CO<sub>2</sub> concentration.

The anion gap is calculated from the serum Sodium, Chloride and Total CO<sub>2</sub> values using the equation:

$$\text{Na} - (\text{CL} + \text{CO}_2)$$

The calculation is automatic whenever **all three** of the electrolytes are ordered together. It is not a separately orderable test. For further information, please see the anion gap lab manual page.

**CPT Codes:**

82374

**LOINC Codes:**

2028-9

# Carcinoembryonic Antigen

LAB57

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

1-4 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 3/19/2018. The Abbott Architect method reads approximately 63% higher than the Centaur method. Please note that the reference ranges have changed.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The Architect CEA internal standards are traceable to the World Health Organization (WHO) 1st International Standard 73/601 for CEA at each concentration level. Architect CEA Calibrators are manufactured by dilution and tested against these internal reference standards.

**Synonyms:**

- CEA

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold or Red Top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room Temperature: 24 hours

Refrigerated (2-8°C): 7 days

If testing will be delayed more than 7 days, remove serum from clot, red blood cells, or serum separator gel and store at -20°C or colder.

Avoid more than 5 freeze/thaw cycles.

**Storage/Transport Temperature:**

-20°C or colder

## PROCESSING

**Test Code:**

CEA

**Test Group:**

Carcinoembryonic Antigen

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Aliquot and freeze at -20C.

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room Temperature: 24 hours

Refrigerated (2-8°C): 7 days

If testing will be delayed more than 7 days, remove serum from clot, red blood cells, or serum separator gel and store at -20°C or colder.

Avoid more than 5 freeze/thaw cycles.

**Storage/Transport Temperature:**

-20°C or colder

**RESULT INTERPRETATION****Units:**

µg/L

**Reference Interval:**

Adult Reference Range:

| Age         | Reference Range (ug/L) |
|-------------|------------------------|
| >= 18 years | < 5.1                  |

Reference range adopted from vendor (Abbott) based on in-house verification study of 24 lab (>18 years old) normal volunteers in the UCSF Laboratory.

Pediatric Reference Range:

| Age                  | Reference Range (ug/L) |
|----------------------|------------------------|
| 0 - < 7 days         | 8.1 - 62.0             |
| 7 days - < 2 years   | < 4.8                  |
| 2 years - < 18 years | < 2.7                  |

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay.

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 3/19/2018. The Abbott Architect method reads approximately 63% higher than the Centaur method. Please note that the reference ranges have changed.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The Architect CEA internal standards are traceable to the World Health Organization (WHO) 1st International Standard 73/601 for CEA at each concentration level. Architect CEA Calibrators are manufactured by dilution and tested against these internal reference standards.

**ADMINISTRATIVE****CPT Codes:**

82378

**LOINC Codes:**

2039-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CEA

**Test Group:**

Carcinoembryonic Antigen

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Collect:**

Gold or Red Top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.1 mL serum

**Specimen Preparation:**

Aliquot and freeze at -20C.

**Units:**

µg/L

**Reference Interval:**

Adult Reference Range:

| Age         | Reference Range (ug/L) |
|-------------|------------------------|
| >= 18 years | < 5.1                  |

Reference range adopted from vendor (Abbott) based on in-house verification study of 24 lab (>18 years old) normal volunteers in the UCSF Laboratory.

Pediatric Reference Range:

| Age                  | Reference Range (ug/L) |
|----------------------|------------------------|
| 0 - < 7 days         | 8.1 - 62.0             |
| 7 days - < 2 years   | < 4.8                  |
| 2 years - < 18 years | < 2.7                  |

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay.

**Synonyms:**

- CEA

**Storage/Transport Temperature:**

-20°C or colder

**Stability (from collection to initiation):**

Room Temperature: 24 hours

Refrigerated (2-8°C): 7 days

If testing will be delayed more than 7 days, remove serum from clot, red blood cells, or serum separator gel and store at -20°C or colder.

Avoid more than 5 freeze/thaw cycles.

**Reported:**

1-4 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 3/19/2018. The Abbott Architect method reads approximately 63% higher than the Centaur method. Please note that the reference ranges have changed.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The Architect CEA internal standards are traceable to the World Health Organization (WHO) 1st International Standard 73/601 for CEA at each concentration level. Architect CEA Calibrators are manufactured by dilution and tested against these internal reference standards.

**CPT Codes:**

82378

**LOINC Codes:**

2039-6

# Carcinoembryonic Antigen, Fluid

LAB2077

## ORDERING

**Ordering Recommendations:**

Refer to [aruplab.com/bodyfluids](https://aruplab.com/bodyfluids) for clinical indications and interpretive information.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Electrochemiluminescent Immunoassay

**Reported:**

Within 24 hours

**Synonyms:**

- Carcinoembryonic Antigen, fluid
- CEA
- CEAFL

## COLLECTION

**Sample Type:**

Body fluid in sterile container

**Label Abbreviation:**

CEAFL

**Collect:**

CSF, Pancreatic, Pericardial, Peritoneal/Ascites or Pleural fluid.

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Remarks:**

Specimen source must be provided.

**Stability (from collection to initiation):**

Ambient: 8 hours; Refrigerated: 1 week; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Specimen types other than those listed. Specimens too viscous to be aspirated by instrument.

## PROCESSING

**Test Code:**

CEAFL

**ARUP Test Code:**

0020742

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Centrifuge to remove cellular material. Transfer 1 mL body fluid to an ARUP Standard Transport Tube. (Min: 0.5 mL)

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Specimen types other than those listed. Specimens too viscous to be aspirated by instrument.

**Stability (from collection to initiation):**

Ambient: 8 hours; Refrigerated: 1 week; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Interpretive Data:**

The Roche CEA electrochemiluminescent immunoassay is used. Results obtained with different assay methods or kits cannot be used interchangeably. The CEA assay value, regardless of level, should not be interpreted as evidence for the presence or absence of malignant disease.

For information on body fluid reference ranges and/or interpretive guidance visit <http://aruplab.com/bodyfluids/>

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

82378

**LOINC:**

- 31208-2
- 12515-3

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Refer to [aruplab.com/bodyfluids](http://aruplab.com/bodyfluids) for clinical indications and interpretive information.

**Test Code:**

CEAFL

**ARUP Test Code:**

0020742

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Electrochemiluminescent Immunoassay

**Remarks:**

Specimen source must be provided.

**Collect:**

CSF, Pancreatic, Pericardial, Peritoneal/Ascites or Pleural fluid.

**Sample Type:**

Body fluid in sterile container

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Specimen types other than those listed. Specimens too viscous to be aspirated by instrument.

**Specimen Preparation:**

Centrifuge to remove cellular material. Transfer 1 mL body fluid to an ARUP Standard Transport Tube. (Min: 0.5 mL)

**Interpretive Data:**

The Roche CEA electrochemiluminescent immunoassay is used. Results obtained with different assay methods or kits cannot be used interchangeably. The CEA assay value, regardless of level, should not be interpreted as evidence for the presence or absence of malignant disease.

For information on body fluid reference ranges and/or interpretive guidance visit <http://aruplab.com/bodyfluids/>

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Carcinoembryonic Antigen, fluid
- CEA
- CEAFL

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: 8 hours; Refrigerated: 1 week; Frozen: 6 months

**Reported:**

Within 24 hours

**CPT Codes:**

82378

**LOINC:**

- 31208-2
- 12515-3

# Cardiolipin Antibody, IgA

LAB1734

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

ELISA

**Reported:**

Test is set up Monday-Saturday PM. Turnaround 2-3 days

**Synonyms:**

- anti-phospholipid antibody

## COLLECTION

**Sample Type:**

Serum, Citrated plasma

**Label Abbreviation:**

ACLA

**Collect:**

Gold top or Blue top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Remarks:**

If collecting in citrate, check the expiration date on the label of the blue top vacutainer before drawing the patient.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

## PROCESSING

**Test Code:**

ACLA

**Test Group:**

Anti-Cardiolipin

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**Freeze serum or plasma at -20C. Order Quest # 4661X. **Note:** For Brown and Toland patients: Test procedure code is BTMOLT, and 1.0 frozen serum is shipped to LabCorp, test code 161836**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

## RESULT INTERPRETATION

**Units:**

APL U/mL



**Reference Interval:**

Normal: < 10 APL U/mL  
Equivocal: 10-15 APL U/mL  
Positive: > 15 APL U/mL

**ADMINISTRATIVE****CPT Codes:**

86147-90

**LOINC Codes:**

5076-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ACLA

**Test Group:**

Anti-Cardiolipin

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

ELISA

**Remarks:**

If collecting in citrate, check the expiration date on the label of the blue top vacutainer before drawing the patient.

**Collect:**

Gold top or Blue top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum, Citrated plasma

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

**Specimen Preparation:**

Freeze serum or plasma at -20C. Order Quest # 4661X. **Note:** For Brown and Toland patients: Test procedure code is BTMOLT, and 1.0 frozen serum is shipped to LabCorp, test code 161836

**Units:**

APL U/mL

**Reference Interval:**

Normal: < 10 APL U/mL  
Equivocal: 10-15 APL U/mL  
Positive: > 15 APL U/mL

**Synonyms:**

- anti-phospholipid antibody

**Reported:**

Test is set up Monday-Saturday PM. Turnaround 2-3 days

**CPT Codes:**

86147-90

**LOINC Codes:**

5076-5

# Cardiolipin Antibody, IgG

LAB1735

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Thursday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

Test run weekly, turn around time 2-8 days

**Additional Information:**

Assays for antibodies to phospholipids are not well standardized and significant inter-laboratory variability exists. As such it is recommended that repeat testing be performed by the same method by the same laboratory. The units used do not correlate to a titer.

**Synonyms:**

- Anti-phospholipid antibody
- anticardiolipin antibody

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

## PROCESSING

**Test Code:**

ACLG

**Test Group:**

Anti-Cardiolipin

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze serum at -20C

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

## RESULT INTERPRETATION

**Units:**

C.U.

**Reference Interval:**

&lt;20.1 CU

**Additional Information:**

Assays for antibodies to phospholipids are not well standardized and significant inter-laboratory variability exists. As such it is recommended that repeat testing be performed by the same method by the same laboratory. The units used do not correlate to a titer.

## ADMINISTRATIVE

**CPT Codes:**

86147

**LOINC Codes:**

24385-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ACLG

**Test Group:**

Anti-Cardiolipin

**Performing Lab:**

Immunology

**Performed:**

Thursday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Freeze serum at -20C

**Units:**

C.U.

**Reference Interval:**

&lt;20.1 CU

**Synonyms:**

- Anti-phospholipid antibody
- anticardiolipin antibody

**Reported:**

Test run weekly, turn around time 2-8 days

**Additional Information:**

Assays for antibodies to phospholipids are not well standardized and significant inter-laboratory variability exists. As such it is recommended that repeat testing be performed by the same method by the same laboratory. The units used do not correlate to a titer.

**CPT Codes:**

86147

**LOINC Codes:**

24385-7

# Cardiolipin Antibody, IgM

LAB1736

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Thursday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

1-8 days

**Additional Information:**

Assays for antibodies to phospholipids are not well standardized and significant inter-laboratory variability exists. As such it is recommended that repeat testing be performed by the same method by the same laboratory. The units used do not correlate to a titer.

**Synonyms:**

- anti-phospholipid antibody

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

## PROCESSING

**Test Code:**

ACLM

**Test Group:**

Anti-Cardiolipin

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze serum at -20C

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

## RESULT INTERPRETATION

**Units:**

C.U.

**Reference Interval:**

&lt;20.1 CU

**Additional Information:**

Assays for antibodies to phospholipids are not well standardized and significant inter-laboratory variability exists. As such it is recommended that repeat testing be performed by the same method by the same laboratory. The units used do not correlate to a titer.

## ADMINISTRATIVE

**CPT Codes:**

86147

**LOINC Codes:**

24386-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ACLM

**Test Group:**

Anti-Cardiolipin

**Performing Lab:**

Immunology

**Performed:**

Thursday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Freeze serum at -20C

**Units:**

C.U.

**Reference Interval:**

&lt;20.1 CU

**Synonyms:**

- anti-phospholipid antibody

**Reported:**

1-8 days

**Additional Information:**

Assays for antibodies to phospholipids are not well standardized and significant inter-laboratory variability exists. As such it is recommended that repeat testing be performed by the same method by the same laboratory. The units used do not correlate to a titer.

**CPT Codes:**

86147

**LOINC Codes:**

24386-5

# Carnitine, plasma

LAB815

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Lucille Packard Children's Hospital

**Methodology:**

Stable isotope dilution LC-MS/MS

**Reported:**

Run 2x per week, turnaround 7-9 days

**Additional Information:**

Free and Total carnitine levels are measured. Results include a calculation of the ratio of acylcarnitine (esterified fraction) to free carnitine. The test is used to identify patients with either primary carnitine deficiency (i.e. carnitine uptake defect) or secondary carnitine deficiency arising from inherited defects in fatty acid or organic acid metabolism.

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Dark Green top, gold top or red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma/serum

**Minimum Volume:**

0.5 mL plasma/serum

## PROCESSING

**Test Code:**

CARN

**Test Group:**

Carnitine

**Sendout:**

Yes

**Performing Lab:**

Lucille Packard Children's Hospital

**Specimen Preparation:**

Separate plasma/serum and freeze at -20C. Ship frozen via Medical Courier to Lucille Packard Children's Hospital.

**Preferred Volume:**

1 mL plasma/serum

**Minimum Volume:**

0.5 mL plasma/serum

## RESULT INTERPRETATION

**Units:** $\mu\text{mol/L}$ **Reference Interval:**Total carnitine: 20-71  $\mu\text{mole/L}$ Free carnitine: 18-69  $\mu\text{mole/L}$ 

Acyl/Free ratio: 0.1-0.4

**Additional Information:**

Free and Total carnitine levels are measured. Results include a calculation of the ratio of acylcarnitine (esterified fraction) to free carnitine. The test is used to identify patients with either primary carnitine deficiency (i.e. carnitine uptake defect) or secondary carnitine deficiency arising from inherited defects in fatty acid or organic acid metabolism.

## ADMINISTRATIVE

**CPT Codes:**  
82379-90

**LOINC Codes:**  
14288-5

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
CARN

**Test Group:**  
Carnitine

**Performing Lab:**  
Lucille Packard Children's Hospital

**Sendout:**  
Yes

**Methodology:**  
Stable isotope dilution LC-MS/MS

**Collect:**  
Dark Green top, gold top or red top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Plasma or serum

**Preferred Volume:**  
1 mL plasma/serum

**Minimum Volume:**  
0.5 mL plasma/serum

**Specimen Preparation:**  
Separate plasma/serum and freeze at -20C. Ship frozen via Medical Courier to Lucille Packard Children's Hospital.

**Units:**  
μmol/L

**Reference Interval:**  
Total carnitine: 20-71 μmole/L  
Free carnitine: 18-69 μmole/L  
Acyl/Free ratio: 0.1-0.4

**Reported:**  
Run 2x per week, turnaround 7-9 days

**Additional Information:**  
Free and Total carnitine levels are measured. Results include a calculation of the ratio of acylcarnitine (esterified fraction) to free carnitine. The test is used to identify patients with either primary carnitine deficiency (i.e. carnitine uptake defect) or secondary carnitine deficiency arising from inherited defects in fatty acid or organic acid metabolism.

**CPT Codes:**  
82379-90

**LOINC Codes:**  
14288-5

# Carnitine, urine

LAB3514

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Lucille-Packard Children's Hospital

**Methodology:**

Stable Isotope Dilution, Tandem Mass Spec

**Reported:**

5-7 days

**Synonyms:**

- Free and total carnitine

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

4 mL

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

## PROCESSING

**Test Code:**

UCARN

**Test Group:**

Carnitine

**Sendout:**

Yes

**Performing Lab:**

Lucille-Packard Children's Hospital

**Specimen Preparation:**

Freeze at -20C and ship on dry ice to China Basin sendouts.

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

## RESULT INTERPRETATION

**Units:**

Free Carnitine, Urine: nmol/mg Creatinine

Total Carnitine, Urine: nmol/mg Creatinine

Acyl/Free Carnitine Ratio

**Reference Interval:**

Free Carnitine, Urine: 10-270 nmol/mg Cr

Total Carnitine, Urine: 75-500 nmol/mg Cr

Acyl/Free Carnitine Ratio, Urine: 0.5-5.0 ratio

## ADMINISTRATIVE

**CPT Codes:**

82379-90

**LOINC Codes:**

2047-9



**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

UCARN

**Test Group:**

Carnitine

**Performing Lab:**

Lucille-Packard Children's Hospital

**Sendout:**

Yes

**Methodology:**

Stable Isotope Dilution, Tandem Mass Spec

**Collect:**

Urine cup

**Amount to Collect:**

4 mL

**Sample Type:**

Random urine

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Specimen Preparation:**

Freeze at -20C and ship on dry ice to China Basin sendouts.

**Units:**

Free Carnitine, Urine: nmol/mg Creatinine

Total Carnitine, Urine: nmol/mg Creatinine

Acyl/Free Carnitine Ratio

**Reference Interval:**

Free Carnitine, Urine: 10-270 nmol/mg Cr

Total Carnitine, Urine: 75-500 nmol/mg Cr

Acyl/Free Carnitine Ratio, Urine: 0.5-5.0 ratio

**Synonyms:**

- Free and total carnitine

**Reported:**

5-7 days

**CPT Codes:**

82379-90

**LOINC Codes:**

2047-9

# Carotene

LAB702

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC

**Reported:**

Test run Monday-Friday. Turnaround time: 2-6 days.

**Additional Information:**

This test was developed and its performance characteristics determined by Quest Nichols Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Synonyms:**

- DECANT

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred

**Sample Type:**

Serum

**Label Abbreviation:**

CARO

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Wrap tube in Aluminum foil to protect from light.

## PROCESSING

**Test Code:**

CARO

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate serum as soon as possible after clotting. Wrap tube in Aluminum foil to protect from light and refrigerate. Order Quest # 20537P.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## RESULT INTERPRETATION

**Units:** $\mu\text{g/dL}$  (mcg/dL)

**Reference Interval:**

PEDIATRIC

9 mo-6 years: &lt; 48 µg/dL

7-17 years: &lt; 95 µg/dL

&gt;= 18 YEARS OLD

Males: 4-51 µg/dL

Females: 6-77 µg/dL

**Additional Information:**

This test was developed and its performance characteristics determined by Quest Nichols Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

82380-90

**LOINC Codes:**

2053-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CARO

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred

**Remarks:**

Wrap tube in Aluminum foil to protect from light.

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Separate serum as soon as possible after clotting. Wrap tube in Aluminum foil to protect from light and refrigerate. Order Quest # 20537P.

**Units:**

µg/dL (mcg/dL)

**Reference Interval:**

PEDIATRIC

9 mo-6 years: &lt; 48 µg/dL

7-17 years: &lt; 95 µg/dL

&gt;= 18 YEARS OLD

Males: 4-51 µg/dL

Females: 6-77 µg/dL

**Synonyms:**

- DECANT

**Reported:**

Test run Monday-Friday. Turnaround time: 2-6 days.

**Additional Information:**

This test was developed and its performance characteristics determined by Quest Nichols Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

82380-90

**LOINC Codes:**

2053-7

# Cashew Nut Component Panel

LAB6213

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Tuesday-Saturday

**Methodology:**

Immunoassay

**Reported:**

1-3 days

**Additional Information:**

This test tests for the Cashew Nut component (rAna o 3).

**Synonyms:**

- Cashew Nut Component IgE
- rAna o 3 Ab, IgE

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

CCOMP

**Collect:**

Gold or Red-top

**Amount to Collect:**

1.0 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room Temperature and Refrigerated: 14 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

## PROCESSING

**Test Code:**

CCOMP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze. Send to China Basin frozen. Order Quest test code 94470.

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room Temperature and Refrigerated: 14 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

kU/L

**Reference Interval:**

&lt; 0.10

**Additional Information:**

This test tests for the Cashew Nut component (rAna o 3).

**ADMINISTRATIVE****CPT Codes:**

86008

**LOINC Codes:**

82539-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CCOMP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Tuesday-Saturday

**Methodology:**

Immunoassay

**Collect:**

Gold or Red-top

**Amount to Collect:**

1.0 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Aliquot and freeze. Send to China Basin frozen. Order Quest test code 94470.

**Units:**

kU/L

**Reference Interval:**

&lt; 0.10

**Synonyms:**

- Cashew Nut Component IgE
- rAna o 3 Ab, IgE

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room Temperature and Refrigerated: 14 days

Frozen: 30 days

**Reported:**

1-3 days

**Additional Information:**

This test tests for the Cashew Nut component (rAna o 3).

**CPT Codes:**

86008

**LOINC Codes:**

82539-8

# Catecholamines Fractionated, Urine, Random

LAB3478

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC

**Reported:**

Set up 5x per week. Turnaround 5-7 days.

**Synonyms:**

- Adrenaline
- catechols
- dopamine
- noradrenaline
- norepinephrine
- epinephrine
- .PH, 2~5

## COLLECTION

**Patient Preparation:**

Preferable for patient to be off all medications for 3 days prior to collection. Common antihypertensives, diuretics, ACE inhibitors, calcium channel blockers, Alpha- and Beta- blockers cause minimal or no interference. Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection.

**Sample Type:**

Random urine

**Label Abbreviation:**

UCAFR

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Stability (from collection to initiation):**

Room temperature 1 week (if acidified), refrigerated 1 month (if acidified), frozen at -20C 7 weeks

## PROCESSING

**Test Code:**

UCAFR

**Test Group:**

Catecholamines

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Add 6N HCl to sample to maintain pH < 3 and freeze 10 mL aliquot. If 6N HCl is not available, freeze sample asap. order Quest test # 5244

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Stability (from collection to initiation):**

Room temperature 1 week (if acidified), refrigerated 1 month (if acidified), frozen at -20C 7 weeks

**RESULT INTERPRETATION****Units:**

µg/g Creatinine (mcg/g Creatinine)

**ADMINISTRATIVE****CPT Codes:**

82384-90, 82570-90

**LOINC Codes:**

2057-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

UCAFR

**Test Group:**

Catecholamines

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC

**Patient Preparation:**

Preferrable for patient to be off all medications for 3 days prior to collection. Common antihypertensives, diuretics, ACE inhibitors, calcium channel blockers, Alpha- and Beta- blockers cause minimal or no interference. Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection.

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Specimen Preparation:**

Add 6N HCl to sample to maintain pH < 3 and freeze 10 mL aliquot. If 6N HCl is not available, freeze sample asap. order Quest test # 5244

**Units:**

µg/g Creatinine (mcg/g Creatinine)

**Synonyms:**

- Adrenaline
- catechols
- dopamine
- noradrenaline
- norepinephrine
- epinephrine
- .PH, 2~5

**Stability (from collection to initiation):**

Room temperature 1 week (if acidified), refrigerated 1 month (if acidified), frozen at -20C 7 weeks

**Reported:**

Set up 5x per week. Turnaround 5-7 days.

**CPT Codes:**

82384-90, 82570-90

**LOINC Codes:**

2057-8



# CD3 dose estimation

CD3D

## ORDERING

**Available Stat:**

No

**Performing Lab:**

BMT Lab

**Performed:**

Test performed Monday-Friday at 0800, 1300, and 1500 hours.

**Methodology:**

Flow cytometry

**Reported:**

3 hours after receipt of sample or next day.

**Additional Information:**

This test can be ordered with the CD34 assay and performed on the same sample.

Immunology will report the percentage of the total WBCs which are CD3 cells. From the leukopheresis volume, the total leukocyte count in the pheresis, and the patient's weight, the Blood Bank will calculate the absolute number of CD3-positive cells (T lymphocytes) per kg to be infused into the patient.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Synonyms:**

- CD3% for dosing calculations
- flow cytometry

## COLLECTION

**Sample Type:**

EDTA whole blood or Apheresis sample

**Collect:**

Lavender top for blood or Yellow top (ACD) for pheresis sample.

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

**Remarks:**

Specimens must reach the main laboratory a minimum of 30 minutes prior to the next scheduled run.

Testing on Saturday requires prior arrangement with HPCT Lab.

## PROCESSING

**Test Code:**

CD3D

**Test Group:**

CD

**Performing Lab:**

BMT Lab

**Specimen Preparation:**

Notify HPCT (x31789) when a specimen arrives at Central Processing. Samples are prepared from leukopheresis and must be delivered to Immunology before 1200 hours.

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

## RESULT INTERPRETATION

**Reference Interval:**

Not applicable

**Additional Information:**

This test can be ordered with the CD34 assay and performed on the same sample.

Immunology will report the percentage of the total WBCs which are CD3 cells. From the leukopheresis volume, the total leukocyte count in the pheresis, and the patient's weight, the Blood Bank will calculate the absolute number of CD3-positive cells (T lymphocytes) per kg to be infused into the patient.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

86359

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

20599-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CD3D

**Test Group:**

CD

**Performing Lab:**

BMT Lab

**Performed:**

Test performed Monday-Friday at 0800, 1300, and 1500 hours.

**Methodology:**

Flow cytometry

**Remarks:**

Specimens must reach the main laboratory a minimum of 30 minutes prior to the next scheduled run.

Testing on Saturday requires prior arrangement with HPCT Lab.

**Collect:**

Lavender top for blood or Yellow top (ACD) for pheresis sample.

**Amount to Collect:**

1 mL blood

**Sample Type:**

EDTA whole blood or Apheresis sample

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

**Specimen Preparation:**

Notify HPCT (x31789) when a specimen arrives at Central Processing. Samples are prepared from leukopheresis and must be delivered to Immunology before 1200 hours.

**Reference Interval:**

Not applicable

**Synonyms:**

- CD3% for dosing calculations
- flow cytometry

**Reported:**

3 hours after receipt of sample or next day.

**Additional Information:**

This test can be ordered with the CD34 assay and performed on the same sample.

Immunology will report the percentage of the total WBCs which are CD3 cells. From the leukopheresis volume, the total leukocyte count in the pheresis, and the patient's weight, the Blood Bank will calculate the absolute number of CD3-positive cells (T lymphocytes) per kg to be infused into the patient.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

86359

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

20599-7

# Cell Count and Differential, Body Fluid

LAB4052

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Hemocytometer for cell count, Wright stained cytospin preparation for differential

**Reported:**

STAT 1 hour. Routine 4 hours

**Additional Information:**

Cell counts and differentials on biliary fluid have not proven to be useful, due to the disruption of the cellular elements by bile acids, and are thus not offered for this specimen type. An assessment for the presence of WBC in biliary drainage fluid is included in the examination of biliary fluid for crystals.

Note: Cell differentials are performed on a concentrated sample. Therefore a differential can be reported even if the reported WBC is  $0 \times 10^9/L$ .

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- Body fluid cell count
- pleural fluid cell count
- peritoneal fluid cell count
- synovial fluid cell count
- Pericardial fluid cell count
- joint fluid cell count

## COLLECTION

**Sample Type:**

Body Fluid

**Collect:**

Lavender top or Dark Green top

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

&gt; 2 mL fluid

**Minimum Volume:**

1 mL fluid

**Remarks:**

Deliver samples **IMMEDIATELY** to the laboratory. Specimen label must contain the date and time the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

**Pleural, Pericardial, Peritoneal & Bronchoalveolar Lavage (BAL):** Delay in analysis will cause cell lysis, cellular degeneration, and bacterial growth which can affect the test results. Samples received two (2) hours after collection are accepted but results modified as follows: Sample stability period exceeded or collection time unknown. Cellular degeneration can begin within one hour of collection, interpret results accordingly. See Lab Manual for Moffitt-Long and Mt. Zion for more information".

**Synovial:** Delayed interpretation of synovial fluids may lead to false-negative findings. Studies have shown that WBC's disintegrate with time. Based on a small in-house study performed on refrigerated samples, WBC decreased by ~10% at 6 hours; although the proportion of cell loss may depend on the types of WBC's present. Studies have also shown that crystals such as CPPD dissolve with time. MSU crystals remained stable for several weeks.

**Unacceptable Conditions:**

Sample received in a syringe with needle attached.

## PROCESSING

**Test Code:**

CCDB

**Test Group:**

Cell Count and Differential

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Hematology

**Specimen Preparation:**

Deliver sample immediately to Hematology for testing.

**Preferred Volume:**

&gt; 2 mL fluid

**Minimum Volume:**

1 mL fluid

**Unacceptable Conditions:**

Sample received in a syringe with needle attached.

**Stability (from collection to initiation):**

**Pleural, Pericardial, Peritoneal & Bronchoalveolar Lavage (BAL):** Delay in analysis will cause cell lysis, cellular degeneration, and bacterial growth which can affect the test results. Samples received two (2) hours after collection are accepted but results modified as follows: Sample stability period exceeded or collection time unknown. Cellular degeneration can begin within one hour of collection, interpret results accordingly. See Lab Manual for Moffitt-Long and Mt. Zion for more information".

**Synovial:** Delayed interpretation of synovial fluids may lead to false-negative findings. Studies have shown that WBC's disintegrate with time. Based on a small in-house study performed on refrigerated samples, WBC decreased by ~10% at 6 hours; although the proportion of cell loss may depend on the types of WBC's present. Studies have also shown that crystals such as CPPD dissolve with time. MSU crystals remained stable for several weeks.

**RESULT INTERPRETATION****Units:** $\times 10^9/\text{L}$  (this is equivalent to  $\times 10^3/\text{mm}^3$  or  $\times 10^3/\mu\text{L}$ )**Reference Interval:**

The reference range and other method performance specifications have not been established by the UCSF Clinical Laboratory for this body fluid. The test result must be integrated into the clinical context for interpretation.

**Critical Values:**

Samples positive for microorganisms from normally sterile sites

**Additional Information:**

Cell counts and differentials on biliary fluid have not proven to be useful, due to the disruption of the cellular elements by bile acids, and are thus not offered for this specimen type. An assessment for the presence of WBC in biliary drainage fluid is included in the examination of biliary fluid for crystals.

Note: Cell differentials are performed on a concentrated sample. Therefore a differential can be reported even if the reported WBC is  $0 \times 10^9/\text{L}$ .

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

89051

**LOINC Codes:**

34557-9

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CCDB

**Test Group:**

Cell Count and Differential

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Hemocytometer for cell count, Wright stained cytospin preparation for differential

**Remarks:**

Deliver samples **IMMEDIATELY** to the laboratory. Specimen label must contain the date and time the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Lavender top or Dark Green top

**Amount to Collect:**

See preferred volume

**Sample Type:**

Body Fluid

**Preferred Volume:**

> 2 mL fluid

**Minimum Volume:**

1 mL fluid

**Unacceptable Conditions:**

Sample received in a syringe with needle attached.

**Specimen Preparation:**

Deliver sample immediately to Hematology for testing.

**Units:**

$\times 10^9/L$  (this is equivalent to  $\times 10^3/mm^3$  or  $\times 10^3/\mu L$ )

**Reference Interval:**

The reference range and other method performance specifications have not been established by the UCSF Clinical Laboratory for this body fluid. The test result must be integrated into the clinical context for interpretation.

**Critical Values:**

Samples positive for microorganisms from normally sterile sites

**Synonyms:**

- Body fluid cell count
- pleural fluid cell count
- peritoneal fluid cell count
- synovial fluid cell count
- Pericardial fluid cell count
- joint fluid cell count

**Stability (from collection to initiation):**

**Pleural, Pericardial, Peritoneal & Bronchoalveolar Lavage (BAL):** Delay in analysis will cause cell lysis, cellular degeneration, and bacterial growth which can affect the test results. Samples received two (2) hours after collection are accepted but results modified as follows: Sample stability period exceeded or collection time unknown. Cellular degeneration can begin within one hour of collection, interpret results accordingly. See Lab Manual for Moffitt-Long and Mt. Zion for more information".

**Synovial:** Delayed interpretation of synovial fluids may lead to false-negative findings. Studies have shown that WBC's disintegrate with time. Based on a small in-house study performed on refrigerated samples, WBC decreased by ~10% at 6 hours; although the proportion of cell loss may depend on the types of WBC's present. Studies have also shown that crystals such as CPPD dissolve with time. MSU crystals remained stable for several weeks.

**Reported:**

STAT 1 hour. Routine 4 hours

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

Cell counts and differentials on biliary fluid have not proven to be useful, due to the disruption of the cellular elements by bile acids, and are thus not offered for this specimen type. An assessment for the presence of WBC in biliary drainage fluid is included in the examination of biliary fluid for crystals.

Note: Cell differentials are performed on a concentrated sample. Therefore a differential can be reported even if the reported WBC is  $0 \times 10^9/L$ .

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

89051

**LOINC Codes:**

34557-9

# Cell Count and Differential, CSF

LAB4053

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Hemocytometer for count and Wright stained cytocentrifuge preparation for differential

**Reported:**

Stat 1 hour, Routine 2 hours

**Additional Information:**

Count is performed on 3rd tube unless otherwise specified. Count not performed on first tube if it is grossly more bloody than tube #3 or if tube #3 count is  $< 7 \text{ RBC} \times 10^6/\text{L}$ .

If Pathologist review determines a # of cells reported in "Other Cells" are Blasts, the count will be moved from "Other Cells" to "Blasts" and the differential count updated. Per procedure, the lab will not notify the provider of this correction.

Note: Cell differentials are performed on a concentrated sample. Therefore a differential can be reported even if the TNC is  $0 \times 10^6/\text{L}$ .

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

## COLLECTION

**Sample Type:**

CSF

**Collect:**

LP kit tube #3 preferred, sterile collection tube acceptable

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL CSF

**Remarks:**

Number tubes in order of withdrawal; deliver IMMEDIATELY. Do not use Lavender top, which will alter cellular morphology. Specimen label must contain the date and time the sample was collected and the legible name of the person who collected the sample.

Cerebrospinal fluid (CSF) specimens should be transported at ambient temperature as soon as possible after collection. Cellular degeneration of CSF can begin within one hour of collection.

**Stability (from collection to initiation):**

Specimen should be evaluated within two (2) hours of collection. Cellular degeneration of CSF can occur within one hour of collection.

## PROCESSING

**Test Code:**

CCDC

**Test Group:**

Cell Count and Differential

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Hematology

**Specimen Preparation:**

Deliver to Hematology right after sample is received and entered in Sunquest.

**Preferred Volume:**

1 mL CSF

**Stability (from collection to initiation):**

Specimen should be evaluated within two (2) hours of collection. Cellular degeneration of CSF can occur within one hour of collection.

**RESULT INTERPRETATION****Units:**

$\times 10^6/\text{L}$  (this is equivalent to  $/\text{mm}^3$  or  $/\mu\text{L}$ )

**Reference Interval:**

Appearance: Clear  
 Xanthochromia: Negative  
 TNC:  $< 6 \times 10^6/\text{L}$   
 RBC: None  
 Neutrophils: None

A reference range has not been established by the UCSF Clinical Laboratory for CSF TNC differential, except for neutrophil parameter. Clinical correlation required for interpretation.

**Critical Values:**

Samples positive for microorganisms

**Additional Information:**

Count is performed on 3rd tube unless otherwise specified. Count not performed on first tube if it is grossly more bloody than tube #3 or if tube #3 count is  $< 7 \text{ RBC} \times 10^6/\text{L}$ .

If Pathologist review determines a # of cells reported in "Other Cells" are Blasts, the count will be moved from "Other Cells" to "Blasts" and the differential count updated. Per procedure, the lab will not notify the provider of this correction.

Note: Cell differentials are performed on a concentrated sample. Therefore a differential can be reported even if the TNC is  $0 \times 10^6/\text{L}$ .

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

89051

**LOINC Codes:**

34564-5

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CCDC

**Test Group:**

Cell Count and Differential

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Hemocytometer for count and Wright stained cytocentrifuge preparation for differential

**Remarks:**

Number tubes in order of withdrawal; deliver IMMEDIATELY. Do not use Lavender top, which will alter cellular morphology. Specimen label must contain the date and time the sample was collected and the legible name of the person who collected the sample.

Cerebrospinal fluid (CSF) specimens should be transported at ambient temperature as soon as possible after collection. Cellular degeneration of CSF can begin within one hour of collection.

**Collect:**

LP kit tube #3 preferred, sterile collection tube acceptable

**Amount to Collect:**

See preferred volume

**Sample Type:**

CSF



**Preferred Volume:**

1 mL CSF

**Specimen Preparation:**

Deliver to Hematology right after sample is received and entered in Sunquest.

**Units:**

$\times 10^6/\text{L}$  (this is equivalent to  $/\text{mm}^3$  or  $/\mu\text{L}$ )

**Reference Interval:**

Appearance: Clear

Xanthochromia: Negative

TNC:  $< 6 \times 10^6/\text{L}$

RBC: None

Neutrophils: None

A reference range has not been established by the UCSF Clinical Laboratory for CSF TNC differential, except for neutrophil parameter. Clinical correlation required for interpretation.

**Critical Values:**

Samples positive for microorganisms

**Stability (from collection to initiation):**

Specimen should be evaluated within two (2) hours of collection. Cellular degeneration of CSF can occur within one hour of collection.

**Reported:**

Stat 1 hour, Routine 2 hours

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

Count is performed on 3rd tube unless otherwise specified. Count not performed on first tube if it is grossly more bloody than tube #3 or if tube #3 count is  $< 7 \text{ RBC} \times 10^6/\text{L}$ .

If Pathologist review determines a # of cells reported in "Other Cells" are Blasts, the count will be moved from "Other Cells" to "Blasts" and the differential count updated. Per procedure, the lab will not notify the provider of this correction.

Note: Cell differentials are performed on a concentrated sample. Therefore a differential can be reported even if the TNC is  $0 \times 10^6/\text{L}$ .

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

89051

**LOINC Codes:**

34564-5

# Centromere 10 FISH

BCEP10, CEP10

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Performed:**

Monday - Friday 0900-1700

**Methodology:**

FISH

**Reported:**

1-2 weeks

**Synonyms:**

- CEP 10 FISH

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow, Bone marrow core biopsy

**Collect:**

Dark green top

**Amount to Collect:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

?Bone marrow biopsy: 1 cm

**Remarks:**

Mix sample well with anticoagulant. keep at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

BCEP10: Blood

CEP10: Bone marrow

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples. Transport to China Basin Cytogenetics asap.

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Stability (from collection to initiation):**

Room temperature 2 days

**ADMINISTRATIVE****CPT Codes:**

88271x1, 88275x1

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BCEP10: Blood

CEP10: Bone marrow

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Performed:**

Monday - Friday 0900-1700

**Methodology:**

FISH

**Remarks:**

Mix sample well with anticoagulant. keep at room temperature

**Collect:**

Dark green top

**Amount to Collect:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm

**Sample Type:**

Heparinized whole blood or bone marrow, Bone marrow core biopsy

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples. Transport to China Basin Cytogenetics asap.

**Synonyms:**

- CEP 10 FISH

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271x1, 88275x1

**LDT or Modified FDA:**

Yes

# Centromere 4 FISH

BCEP4, CEP4

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Performed:**

Monday - Friday 0900-1700

**Methodology:**

FISH

**Reported:**

1-2 weeks

**Synonyms:**

- CEP 4 FISH

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow, Bone marrow core biopsy

**Collect:**

Dark green top

**Amount to Collect:**

Blood: 2 mL

Bone marrow: 2 mL

?Bone marrow biopsy: 2 cm

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

?Bone marrow biopsy: 1 cm

**Remarks:**

Mix sample well with anticoagulant. keep at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

BCEP4: Blood

CEP4: Bone marrow

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples. Transport to China Basin Cytogenetics asap.

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Stability (from collection to initiation):**

Room temperature 2 days

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275x1

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BCEP4: Blood

CEP4: Bone marrow

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Performed:**

Monday - Friday 0900-1700

**Methodology:**

FISH

**Remarks:**

Mix sample well with anticoagulant. keep at room temperature

**Collect:**

Dark green top

**Amount to Collect:**

Blood: 2 mL

Bone marrow: 2 mL

?Bone marrow biopsy: 2 cm

**Sample Type:**

Heparinized whole blood or bone marrow, Bone marrow core biopsy

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples. Transport to China Basin Cytogenetics asap.

**Synonyms:**

- CEP 4 FISH

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x2, 88275x1

**LDT or Modified FDA:**

Yes

# Centromere Antibody, IgG

LAB20202

## ORDERING

**Ordering Recommendations:**

Aid in diagnosis of systemic sclerosis (SSc). Negative results do not rule out SSc. Preferred test is Comprehensive Systemic Sclerosis Panel (3000480).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Multiplex Bead Assay

**Reported:**

1-3 days

**Synonyms:**

- ACA
- Anti-centromere Antibodies
- Anti-Centromere Antibody
- Anticentromere Antibodies
- Centromere Antibodies, IgG
- CENTROMERE ANTIBODY
- Centromere Autoantibodies
- Centromere B
- CREST
- HEp-2
- ANTICENT

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ANTICENT

**Collect:**

Serum separator tube.

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Plasma. Contaminated, hemolyzed, or severely lipemic specimens.

## PROCESSING

**Test Code:**

CENTG

**ARUP Test Code:**

0050714

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Unacceptable Conditions:**

Plasma. Contaminated, hemolyzed, or severely lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

| Components         | Reference Interval |
|--------------------|--------------------|
| Centromere Ab, IgG | 0-40 AU/mL         |

**Interpretive Data:**

When detected by this multiplex bead assay, the presence of centromere antibodies is mainly associated with CREST syndrome, a variant of systemic sclerosis (SSc). These antibodies target the centromere B, a dominant antigen of the centromeric complex associated with the centromere pattern observed in antinuclear antibody (ANA) testing by IFA. Centromere antibodies may also be seen in a varying percentage of patients with other autoimmune diseases, including diffuse cutaneous SSc, Raynaud syndrome, interstitial pulmonary fibrosis, autoimmune liver disease, systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA).

A negative result indicates no detectable IgG antibodies to centromere B. If the result is negative but clinical suspicion for SSc is strong, consider testing for ANA by IFA along with other antibodies associated with SSc, including Scl-70, U3-RNP, PM/Scl, or Th/To.

| Component                | Interpretation                                                                     |
|--------------------------|------------------------------------------------------------------------------------|
| Centromere Antibody, IgG | 29 AU/mL or less Negative<br>30-40 AU/mL Equivocal<br>41 AU/mL or greater Positive |

**ADMINISTRATIVE****CPT Codes:**

83516

**LOINC:**

- 29966-9

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aid in diagnosis of systemic sclerosis (SSc). Negative results do not rule out SSc. Preferred test is Comprehensive Systemic Sclerosis Panel (3000480).

**Test Code:**

CENTG

**ARUP Test Code:**

0050714

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Multiplex Bead Assay

**Collect:**

Serum separator tube.

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Unacceptable Conditions:**

Plasma. Contaminated, hemolyzed, or severely lipemic specimens.

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL)

**Reference Interval:**

| Components         | Reference Interval |
|--------------------|--------------------|
| Centromere Ab, IgG | 0-40 AU/mL         |

**Interpretive Data:**

When detected by this multiplex bead assay, the presence of centromere antibodies is mainly associated with CREST syndrome, a variant of systemic sclerosis (SSc). These antibodies target the centromere B, a dominant antigen of the centromeric complex associated with the centromere pattern observed in antinuclear antibody (ANA) testing by IFA. Centromere antibodies may also be seen in a varying percentage of patients with other autoimmune diseases, including diffuse cutaneous SSc, Raynaud syndrome, interstitial pulmonary fibrosis, autoimmune liver disease, systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA).

A negative result indicates no detectable IgG antibodies to centromere B. If the result is negative but clinical suspicion for SSc is strong, consider testing for ANA by IFA along with other antibodies associated with SSc, including Scl-70, U3-RNP, PM/Scl, or Th/To.

| Component                | Interpretation                                                                     |
|--------------------------|------------------------------------------------------------------------------------|
| Centromere Antibody, IgG | 29 AU/mL or less Negative<br>30-40 AU/mL Equivocal<br>41 AU/mL or greater Positive |

**Synonyms:**

- ACA
- Anti-centromere Antibodies
- Anti-Centromere Antibody
- Anticentromere Antibodies
- Centromere Antibodies, IgG
- CENTROMERE ANTIBODY
- Centromere Autoantibodies
- Centromere B
- CREST
- HEp-2
- ANTICENT

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Reported:**

1-3 days

**CPT Codes:**

83516

**LOINC:**

- 29966-9



# CEP 11 FISH

BCEP11, CEP11

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7~14 days

**Synonyms:**

- Centromere 11 FISH tests for non-blood samples, Centromere 11 FISH test for Blood samples

## COLLECTION

**Collect:**

Dark Green top Sodium Heparin tube for bone marrow, sterile container with medium for bone core.

**Amount to Collect:**

2ml

**Minimum Volume:**

1ml

**Remarks:**

Mix well, do not spin, keep at room temperature.

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Leaking, frozen and unlabeled samples.

## PROCESSING

**Test Code:**

BCEP11: Blood

CEP11: Non-blood

**Test Group:**

Cytogenetics

**Performing Lab:**

Cytogenetics

**Specimen Preparation:**

Do not refrigerate or freeze sample, call lab before sample rejection.

**Minimum Volume:**

1ml

**Unacceptable Conditions:**

Leaking, frozen and unlabeled samples.

**Stability (from collection to initiation):**

48 hours

## ADMINISTRATIVE

**CPT Codes:**

88271x1, 88275x1

**LDT or Modified FDA:**

Yes

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

BCEP11: Blood  
CEP11: Non-blood

**Test Group:**

Cytogenetics

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri 9 am to 5 pm

**Methodology:**

FISH

**Remarks:**

Mix well, do not spin, keep at room temperature.

**Collect:**

Dark Green top Sodium Heparin tube for bone marrow, sterile container with medium for bone core.

**Amount to Collect:**

2ml

**Minimum Volume:**

1ml

**Unacceptable Conditions:**

Leaking, frozen and unlabeled samples.

**Specimen Preparation:**

Do not refrigerate or freeze sample, call lab before sample rejection.

**Synonyms:**

- Centromere 11 FISH tests for non-blood samples, Centromere 11 FISH test for Blood samples

**Stability (from collection to initiation):**

48 hours

**Reported:**

7~14 days

**CPT Codes:**

88271x1, 88275x1

**LDT or Modified FDA:**

Yes

# CEP 3 FISH

BCEP3, CEP3

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7~14 days

**Synonyms:**

- Centromere 3 FISH test

## COLLECTION

**Sample Type:**

Dark Green top Sodium Heparin tube for Bone marrow

**Collect:**

Dark Green top Sodium Heparin tube for bone marrow, Sterile container with medium for bone core.

**Amount to Collect:**

2ml

**Preferred Volume:**

2ml

**Minimum Volume:**

1ml

**Remarks:**

Mix well, do not spin, keep at room temperature.

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Leaking, frozen sample, unlabeled sample

## PROCESSING

**Test Code:**

BCEP3: Blood

CEP3: Non-blood

**Test Group:**

Cytogenetics

**Performing Lab:**

Cytogenetics

**Specimen Preparation:**

Do not refrigerate or freeze sample, call lab before rejection of sample

**Preferred Volume:**

2ml

**Minimum Volume:**

1ml

**Unacceptable Conditions:**

Leaking, frozen sample, unlabeled sample

**Stability (from collection to initiation):**

48 hours

## ADMINISTRATIVE

**CPT Codes:**

88271x1,88275x1

**LDT or Modified FDA:**  
Yes

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
BCEP3: Blood  
CEP3: Non-blood

**Test Group:**  
Cytogenetics

**Performing Lab:**  
Cytogenetics

**Performed:**  
Mon - Fri 9 am to 5 pm

**Methodology:**  
FISH

**Remarks:**  
Mix well, do not spin, keep at room temperature.

**Collect:**  
Dark Green top Sodium Heparin tube for bone marrow, Sterile container with medium for bone core.

**Amount to Collect:**  
2ml

**Sample Type:**  
Dark Green top Sodium Heparin tube for Bone marrow

**Preferred Volume:**  
2ml

**Minimum Volume:**  
1ml

**Unacceptable Conditions:**  
Leaking, frozen sample, unlabeled sample

**Specimen Preparation:**  
Do not refrigerate or freeze sample, call lab before rejection of sample

**Synonyms:**  

- Centromere 3 FISH test

**Stability (from collection to initiation):**  
48 hours

**Reported:**  
7~14 days

**CPT Codes:**  
88271x1,88275x1

**LDT or Modified FDA:**  
Yes

# CEP 7 FISH

BCEP7, CEP7

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon-Fri 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7~14 days

**Synonyms:**

- Centromere 7 FISH test

## COLLECTION

**Sample Type:**

Dark Green top Sodium Heparin

**Collect:**

Dark Green top Sodium Heparin tube for bone marrow, Sterile container with medium for bone core

**Amount to Collect:**

2ml

**Preferred Volume:**

2ml

**Minimum Volume:**

1ml

**Remarks:**

Mix well, do not spin, keep at room temperature

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Leaking, frozen samples, unlabeled samples

## PROCESSING

**Test Code:**

BCEP7: Blood

CEP7: Non-blood

**Test Group:**

Cytogenetics

**Performing Lab:**

Cytogenetics

**Specimen Preparation:**

Do not refrigerate or freeze sample, call lab before sample rejection

**Preferred Volume:**

2ml

**Minimum Volume:**

1ml

**Unacceptable Conditions:**

Leaking, frozen samples, unlabeled samples

**Stability (from collection to initiation):**

48 hours

## ADMINISTRATIVE

**CPT Codes:**

88271x1, 88275x1

**LDT or Modified FDA:**

yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BCEP7: Blood

CEP7: Non-blood

**Test Group:**

Cytogenetics

**Performing Lab:**

Cytogenetics

**Performed:**

Mon-Fri 9 am to 5 pm

**Methodology:**

FISH

**Remarks:**

Mix well, do not spin, keep at room temperature

**Collect:**

Dark Green top Sodium Heparin tube for bone marrow, Sterile container with medium for bone core

**Amount to Collect:**

2ml

**Sample Type:**

Dark Green top Sodium Heparin

**Preferred Volume:**

2ml

**Minimum Volume:**

1ml

**Unacceptable Conditions:**

Leaking, frozen samples, unlabeled samples

**Specimen Preparation:**

Do not refrigerate or freeze sample, call lab before sample rejection

**Synonyms:**

- Centromere 7 FISH test

**Stability (from collection to initiation):**

48 hours

**Reported:**

7~14 days

**CPT Codes:**

88271x1, 88275x1

**LDT or Modified FDA:**

yes

# Ceroid Lipofucinosi

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Anatomic pathology

**Methodology:**

Electron Microscopy

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

15-20 mL blood

**Preferred Volume:**

15-20 mL blood

**Minimum Volume:**

5 mL blood

**Remarks:**

Label tube with patient's name and medical record number. Complete a Surgical pathology consultation request and deliver asap (must be received before noon) to the Electron Microscopy Lab, room S-570 (415-353-2673)

**Unacceptable Conditions:**

Samples received after 1130.

## PROCESSING

**Performing Lab:**

Anatomic pathology

**Preferred Volume:**

15-20 mL blood

**Minimum Volume:**

5 mL blood

**Unacceptable Conditions:**

Samples received after 1130.

## ADMINISTRATIVE

**CPT Codes:**

88348

## COMPLETE VIEW

**Available Stat:**

No

**Performing Lab:**

Anatomic pathology

**Methodology:**

Electron Microscopy

**Remarks:**

Label tube with patient's name and medical record number. Complete a Surgical pathology consultation request and deliver asap (must be received before noon) to the Electron Microscopy Lab, room S-570 (415-353-2673)

**Collect:**

Lavender top

**Amount to Collect:**

15-20 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

15-20 mL blood

**Minimum Volume:**

5 mL blood

**Unacceptable Conditions:**

Samples received after 1130.

**CPT Codes:**

88348



# Ceruloplasmin

LAB703

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Turbidimetry

**Reported:**

2-5 days

**Additional Information:**

Levels are very low in 80% of patients with Wilson's disease and low-intermediate in 20% of carriers. The test is not diagnostic in infants < 6 months old, who normally have low levels. Lipemia interferes with the assay.

**Synonyms:**

- Ferroxidase

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Refrigerated 72 hours; Frozen for longer stability

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

## PROCESSING

**Test Code:**

CERU

**Performing Lab:**

Immunology

**Specimen Preparation:**

Frozen

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

**Stability (from collection to initiation):**

Refrigerated 72 hours; Frozen for longer stability

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

20-60 mg/dL

**Additional Information:**

Levels are very low in 80% of patients with Wilson's disease and low-intermediate in 20% of carriers. The test is not diagnostic in infants < 6 months old, who normally have low levels. Lipemia interferes with the assay.

**ADMINISTRATIVE****CPT Codes:**

82390

**LOINC Codes:**

2064-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CERU

**Performing Lab:**

Immunology

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Turbidimetry

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

**Specimen Preparation:**

Frozen

**Units:**

mg/dL

**Reference Interval:**

20-60 mg/dL

**Synonyms:**

- Ferroxidase

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Refrigerated 72 hours; Frozen for longer stability

**Reported:**

2-5 days

**Additional Information:**

Levels are very low in 80% of patients with Wilson's disease and low-intermediate in 20% of carriers. The test is not diagnostic in infants < 6 months old, who normally have low levels. Lipemia interferes with the assay.

**CPT Codes:**

82390

**LOINC Codes:**

2064-4

# Chemistry Special Study

see Test Codes

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Additional Information:**

This procedure is primarily ordered so the laboratory can obtain an additional blood sample to internally check the validity of a previously reported result (e.g, by repeat testing, parallel dilution testing, checking for an immunoassay interference from heterophile antibodies or cross-reacting substances, etc). There is no charge to the patient when this procedure is ordered. The findings are reported by sending a staff message in the Apex medical record to the ordering clinician, or by attaching a comment to a test result in the Apex medical record, and or by email to the ordering clinician.

**Synonyms:**

- SPCHR
- SPCHL
- SPCHLG
- SPCHG
- SPCHWB
- SPCHEM
- heterophile antibodies

## COLLECTION

**Sample Type:**

Plasma, Serum or whole blood

**Collect:**

Order Code: Tube Type:  
SPCHEM Light Green top (preferred)  
Gold top or Red top (acceptable)  
SPCHR Red top  
SPCHL Lavender top  
SPCHLG Light Green top  
SPCHG Gold top  
SPCHWB Lavender top (whole blood)

**Amount to Collect:**

Order Code: Volume:  
SPCHEM 5 mL blood  
SPCHR 5 mL blood  
SPCHL 2.5 mL blood  
SPCHLG 5 mL blood  
SPCHG 5 mL blood  
SPCHWB 2.5 mL blood

**Preferred Volume:**

Order Code: Volume:  
SPCHEM 3 mL plasma or serum  
SPCHR 3 mL serum  
SPCHL 1.5 mL plasma  
SPCHLG 3 mL plasma  
SPCHG 3 mL serum  
SPCHWB 2.5 mL whole blood

**Minimum Volume:**

Order Code: Volume:  
SPCHEM 1 mL plasma or serum  
SPCHR 1 mL serum  
SPCHL 0.5 mL plasma  
SPCHLG 1 mL plasma  
SPCHG 1 mL serum  
SPCHWB 1 mL whole blood

## PROCESSING

**Test Code:**

|                  |                                                                 |
|------------------|-----------------------------------------------------------------|
| SPCHEM (LAB6302) | Light Green Top (preferred)<br>Gold Top or Red Top (acceptable) |
| SPCHR (LAB1850)  | Red Top                                                         |
| SPCHL (LAB1851)  | Lavender Top                                                    |
| SPCHLG (LAB1852) | Light Green Top                                                 |
| SPCHG (LAB1853)  | Gold Top                                                        |
| SPCHWB (LAB1854) | Lavender Top (whole blood)                                      |

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Order Code: Specimen Preparation: SPCHEM Centrifuge sample and aliquot all plasma or serum. Store tightly capped at -20 C or colder.

Ship the primary tube and the aliquot tube to China Basin Chemistry.

SPCHR Centrifuge sample and aliquot all serum. Store tightly capped at -20 C or colder.

Ship the primary tube and the aliquot tube to China Basin Chemistry. SPCHL Centrifuge sample and aliquot all plasma. Store tightly capped at -20 C or colder.

Ship the primary tube and the aliquot tube to China Basin Chemistry.

SPCHLG Centrifuge sample and aliquot all plasma. Store tightly capped at -20 C or colder.

Ship the primary tube and the aliquot tube to China Basin Chemistry.

SPCHG Centrifuge sample and aliquot all serum. Store tightly capped at -20 C or colder.

Ship the primary tube and the aliquot tube to China Basin Chemistry.

SPCHWB Do NOT centrifuge. Keep at 2-8 C and ship to China Basin Chemistry

**Preferred Volume:**

Order Code: Volume:

SPCHEM 3 mL plasma or serum

SPCHR 3 mL serum

SPCHL 1.5 mL plasma

SPCHLG 3 mL plasma

SPCHG 3 mL serum

SPCHWB 2.5 mL whole blood

**Minimum Volume:**

Order Code: Volume:

SPCHEM 1 mL plasma or serum

SPCHR 1 mL serum

SPCHL 0.5 mL plasma

SPCHLG 1 mL plasma

SPCHG 1 mL serum

SPCHWB 1 mL whole blood

**RESULT INTERPRETATION****Additional Information:**

This procedure is primarily ordered so the laboratory can obtain an additional blood sample to internally check the validity of a previously reported result (e.g, by repeat testing, parallel dilution testing, checking for an immunoassay interference from heterophile antibodies or cross-reacting substances, etc). There is no charge to the patient when this procedure is ordered. The findings are reported by sending a staff message in the Apex medical record to the ordering clinician, or by attaching a comment to a test result in the Apex medical record, and or by email to the ordering clinician.

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

|                  |                                                                 |
|------------------|-----------------------------------------------------------------|
| SPCHEM (LAB6302) | Light Green Top (preferred)<br>Gold Top or Red Top (acceptable) |
| SPCHR (LAB1850)  | Red Top                                                         |
| SPCHL (LAB1851)  | Lavender Top                                                    |
| SPCHLG (LAB1852) | Light Green Top                                                 |
| SPCHG (LAB1853)  | Gold Top                                                        |
| SPCHWB (LAB1854) | Lavender Top (whole blood)                                      |

**Performing Lab:**

China Basin Chemistry

**Collect:**

Order Code: Tube Type:

SPCHEM Light Green top (preferred)

Gold top or Red top (acceptable)

SPCHR Red top

SPCHL Lavender top

SPCHLG Light Green top

SPCHG Gold top

SPCHWB Lavender top (whole blood)

**Amount to Collect:**

Order Code: Volume:

SPCHEM 5 mL blood

SPCHR 5 mL blood

SPCHL 2.5 mL blood

SPCHLG 5 mL blood

SPCHG 5 mL blood

SPCHWB 2.5 mL blood

**Sample Type:**

Plasma, Serum or whole blood

**Preferred Volume:**

Order Code: Volume:

SPCHEM 3 mL plasma or serum

SPCHR 3 mL serum

SPCHL 1.5 mL plasma

SPCHLG 3 mL plasma

SPCHG 3 mL serum

SPCHWB 2.5 mL whole blood

**Minimum Volume:**

Order Code: Volume:

SPCHEM 1 mL plasma or serum

SPCHR 1 mL serum

SPCHL 0.5 mL plasma

SPCHLG 1 mL plasma

SPCHG 1 mL serum

SPCHWB 1 mL whole blood

**Specimen Preparation:**

Order Code: Specimen Preparation: SPCHEM Centrifuge sample and aliquot all plasma or serum. Store tightly capped at -20 C or colder.

Ship the primary tube and the aliquot tube to China Basin Chemistry.

SPCHR Centrifuge sample and aliquot all serum. Store tightly capped at -20 C or colder.

Ship the primary tube and the aliquot tube to China Basin Chemistry. SPCHL Centrifuge sample and aliquot all plasma. Store

tightly capped at -20 C or colder.

Ship the primary tube and the aliquot tube to China Basin Chemistry.

SPCHLG Centrifuge sample and aliquot all plasma. Store

tightly capped at -20 C or colder.

Ship the primary tube and the aliquot tube to China Basin Chemistry.

SPCHG Centrifuge sample and aliquot all serum. Store

tightly capped at -20 C or colder.

Ship the primary tube and the aliquot tube to China Basin Chemistry.

SPCHWB Do NOT centrifuge. Keep at 2-8 C and ship to

China Basin Chemistry

**Synonyms:**

- SPCHR
- SPCHL
- SPCHLG
- SPCHG
- SPCHWB
- SPCHEM
- heterophile antibodies

**Additional Information:**

This procedure is primarily ordered so the laboratory can obtain an additional blood sample to internally check the validity of a previously reported result (e.g, by repeat testing, parallel dilution testing, checking for an immunoassay interference from heterophile antibodies or cross-reacting substances, etc). There is no charge to the patient when this procedure is ordered. The findings are reported by sending a staff message in the Apex medical record to the ordering clinician, or by attaching a comment to a test result in the Apex medical record, and or by email to the ordering clinician.

# Chikungunya Antibody Screen

LAB5688

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

Immunoassay

**Additional Information:**

Chikungunya virus is a mosquito-borne alphavirus associated with febrile illness in Africa, the Indian Ocean islands, India, Southeast Asia, and the Caribbean.

Symptoms include severe arthralgia, rash, and headache. U.S. cases have been associated with international travel to countries with endemic Chikungunya virus.

Detection of Chikungunya virus antibodies is a reliable indicator of Chikungunya virus infection. IgM detection suggests infection within the previous 3 months.

**Reflex Testing:**

If Chikungunya IgG Screen is Positive, Chikungunya IgG Titration will be performed at an additional charge (CPT code(s): 86790).

If Chikungunya IgM Screen is Positive, Chikungunya IgM Titration will be performed at an additional charge (CPT code(s): 86790).

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top or Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month

## PROCESSING

**Test Code:**

CHIKA

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Aliquot and freeze sample. Transport to CB frozen. Order Quest test code 70188X

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month

## RESULT INTERPRETATION

**Additional Information:**

Chikungunya virus is a mosquito-borne alphavirus associated with febrile illness in Africa, the Indian Ocean islands, India, Southeast Asia, and the Caribbean.

Symptoms include severe arthralgia, rash, and headache. U.S. cases have been associated with international travel to countries with endemic Chikungunya virus.

Detection of Chikungunya virus antibodies is a reliable indicator of Chikungunya virus infection. IgM detection suggests infection within the previous 3 months.

**ADMINISTRATIVE****CPT Codes:**

86790-90 x2

**LOINC Codes:**

56129-0, 56131-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CHIKA

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

Immunoassay

**Collect:**

Red top or Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.1 mL serum

**Specimen Preparation:**

Aliquot and freeze sample. Transport to CB frozen. Order Quest test code 70188X

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month

**Reflex Testing:**

If Chikungunya IgG Screen is Positive, Chikungunya IgG Titration will be performed at an additional charge (CPT code(s): 86790).

If Chikungunya IgM Screen is Positive, Chikungunya IgM Titration will be performed at an additional charge (CPT code(s): 86790).

**Additional Information:**

Chikungunya virus is a mosquito-borne alphavirus associated with febrile illness in Africa, the Indian Ocean islands, India, Southeast Asia, and the Caribbean.

Symptoms include severe arthralgia, rash, and headache. U.S. cases have been associated with international travel to countries with endemic Chikungunya virus.

Detection of Chikungunya virus antibodies is a reliable indicator of Chikungunya virus infection. IgM detection suggests infection within the previous 3 months.

**CPT Codes:**

86790-90 x2

**LOINC Codes:**

56129-0, 56131-6



# Chimerism Testing - CD14/15 Cell Subset

LAB5703

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

NGS

**Reported:**

Test run Monday - Friday.

Routine turnaround time: &lt;=11 working days.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- Monocytes
- Myeloid lineage

## COLLECTION

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Collect:**

Yellow-top tubes with ACD anticoagulant

ACD-A (8 mL) x1 or

ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Unacceptable Conditions:**

Low WBC count &lt;1,000

## PROCESSING

**Test Code:**

LAB5703 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**ADMINISTRATIVE****CPT Codes:**

81268

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LAB5703 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

NGS

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Collect:**

Yellow-top tubes with ACD anticoagulant  
ACD-A (8 mL) x1 or  
ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- Monocytes
- Myeloid lineage

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Reported:**

Test run Monday - Friday.

Routine turnaround time: ≤11 working days.

**CPT Codes:**

81268

# Chimerism Testing - CD19 Cell Subset

LAB5704

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

NGS

**Reported:**

Test run Monday - Friday.

Routine turnaround time: &lt;=11 working days.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- B cell subset

## COLLECTION

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Collect:**

Yellow-top tubes with ACD anticoagulant

ACD-A (8 mL) x1 or

ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Unacceptable Conditions:**

Low WBC count &lt;1,000

## PROCESSING

**Test Code:**

LAB5704 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**ADMINISTRATIVE****CPT Codes:**

81268

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LAB5704 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

NGS

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Collect:**

Yellow-top tubes with ACD anticoagulant  
ACD-A (8 mL) x1 or  
ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- B cell subset

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Reported:**

Test run Monday - Friday.

Routine turnaround time: ≤11 working days.

**CPT Codes:**

81268

# Chimerism Testing - CD3 Cell Subset

LAB5705

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

NGS

**Reported:**

Test run Monday - Friday.

Routine turnaround time: &lt;=11 working days.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- T cell subset

## COLLECTION

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Collect:**

Yellow-top tubes with ACD anticoagulant

ACD-A (8 mL) x1 or

ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Unacceptable Conditions:**

Low WBC count &lt;1,000

## PROCESSING

**Test Code:**

LAB5705 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**ADMINISTRATIVE****CPT Codes:**

81268

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LAB5705 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

NGS

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Collect:**

Yellow-top tubes with ACD anticoagulant  
ACD-A (8 mL) x1 or  
ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- T cell subset

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.



**Reported:**

Test run Monday - Friday.

Routine turnaround time: ≤11 working days.

**CPT Codes:**

81268

# Chimerism Testing - CD33 Cell Subset

LAB5706

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

NGS

**Reported:**

Test run Monday - Friday.

Routine turnaround time: &lt;=11 working days.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- Myeloid lineage

## COLLECTION

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Collect:**

Yellow-top tubes with ACD anticoagulant

ACD-A (8 mL) x1 or

ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Unacceptable Conditions:**

Low WBC count &lt;1,000

## PROCESSING

**Test Code:**

LAB5706 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**ADMINISTRATIVE****CPT Codes:**

81268

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LAB5706 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

NGS

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Collect:**

Yellow-top tubes with ACD anticoagulant  
ACD-A (8 mL) x1 or  
ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- Myeloid lineage

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Reported:**

Test run Monday - Friday.

Routine turnaround time: <=11 working days.

**CPT Codes:**

81268

# Chimerism Testing - CD34 Cell Subset

LAB5707

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

NGS

**Reported:**

Test run Monday - Friday.

Routine turnaround time: ≤11 working days.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- Early hematopoietic cells

## COLLECTION

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Collect:**

Yellow-top tubes with ACD anticoagulant

ACD-A (8 mL) x1 or

ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Unacceptable Conditions:**

Low WBC count &lt;1,000

## PROCESSING

**Test Code:**

LAB5707 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**ADMINISTRATIVE****CPT Codes:**

81268

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LAB5707 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

NGS

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Collect:**

Yellow-top tubes with ACD anticoagulant  
ACD-A (8 mL) x1 or  
ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- Early hematopoietic cells

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Reported:**

Test run Monday - Friday.

Routine turnaround time: <=11 working days.

**CPT Codes:**

81268

# Chimerism Testing - CD56 Cell Subset

LAB5708

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

NGS

**Reported:**

Test run Monday - Friday.

Routine turnaround time: &lt;=11 working days.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- NK cell subset

## COLLECTION

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Collect:**

Yellow-top tubes with ACD anticoagulant

ACD-A (8 mL) x1 or

ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Unacceptable Conditions:**

Low WBC count &lt;1,000

## PROCESSING

**Test Code:**

LAB5708 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.



**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**ADMINISTRATIVE****CPT Codes:**

81268

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LAB5708 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

NGS

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Collect:**

Yellow-top tubes with ACD anticoagulant  
ACD-A (8 mL) x1 or  
ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- NK cell subset

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Reported:**

Test run Monday - Friday.

Routine turnaround time: ≤11 working days.

**CPT Codes:**

81268

# Chimerism Testing - CD71 Cell Subset

LAB5709

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

NGS

**Reported:**

Test run Monday - Friday.

Routine turnaround time: ≤11 working days.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- Early erythroid cells

## COLLECTION

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Collect:**

Yellow-top tubes with ACD anticoagulant

ACD-A (8 mL) x1 or

ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Unacceptable Conditions:**

Low WBC count &lt;1,000

## PROCESSING

**Test Code:**

LAB5709 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**ADMINISTRATIVE****CPT Codes:**

81268

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LAB5709 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

NGS

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Collect:**

Yellow-top tubes with ACD anticoagulant  
ACD-A (8 mL) x1 or  
ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- Early erythroid cells

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Reported:**

Test run Monday - Friday.

Routine turnaround time: ≤11 working days.

**CPT Codes:**

81268

# Chimerism Testing - Granulocyte Cells Subset

LAB5710

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

NGS

**Reported:**

Test run Monday - Friday.

Routine turnaround time: &lt;=11 working days.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- Granulocyte cell subset

## COLLECTION

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Collect:**

Yellow-top tubes with ACD anticoagulant

ACD-A (8 mL) x1 or

ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Unacceptable Conditions:**

Low WBC count &lt;1,000

## PROCESSING

**Test Code:**

LAB5710 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**ADMINISTRATIVE****CPT Codes:**

81268

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LAB5710 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

NGS

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. Assuming a normal leukocyte count, 3 mL of sample is sufficient for a single cell subset test. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Collect:**

Yellow-top tubes with ACD anticoagulant  
ACD-A (8 mL) x1 or  
ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Specimen Preparation:**

Keep sample at room temperature;  
DO NOT refrigerate or centrifuge.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring
- Granulocyte cell subset

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Reported:**

Test run Monday - Friday.

Routine turnaround time: ≤11 working days.

**CPT Codes:**

81268



# Chimerism Testing - Informatives (Recipient and Donor)

LAB5711

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

NGS

**Reported:**

Test run Monday - Friday.

Routine turnaround time: &lt;=11 working days.

**Synonyms:**

- Chimerism baseline testing
- Pre-transplant engraftment testing

## COLLECTION

**Sample Type:**

ACD-anticoagulated whole blood

For other acceptable specimens (e.g., buccal swabs, cultured cells, and DNA), contact ITL at (415) (415) 476-3886.

**Collect:**

Yellow-top tubes with ACD anticoagulant

ACD-A (8 mL) x1 or

ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) (415) 476-3886 to discuss test needs.

**Minimum Volume:**

Half full ACD tube (ACD-A or ACD-B)

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Unacceptable Conditions:**

Low WBC count &lt;1,000

## PROCESSING

**Test Code:**

LAB5711 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at room temperature;

DO NOT refrigerate or centrifuge.

**Minimum Volume:**

Half full ACD tube (ACD-A or ACD-B)

**Unacceptable Conditions:**

Low WBC count &lt;1,000

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**ADMINISTRATIVE****CPT Codes:**

81265

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LAB5711 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

NGS

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

**Collect:**

Yellow-top tubes with ACD anticoagulant

ACD-A (8 mL) x1 or

ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) (415) 476-3886 to discuss test needs.

**Sample Type:**

ACD-anticoagulated whole blood

For other acceptable specimens (e.g., buccal swabs, cultured cells, and DNA), contact ITL at (415) (415) 476-3886.

**Minimum Volume:**

Half full ACD tube (ACD-A or ACD-B)

**Unacceptable Conditions:**

Low WBC count &lt;1,000

**Specimen Preparation:**

Keep sample at room temperature;

DO NOT refrigerate or centrifuge.

**Synonyms:**

- Chimerism baseline testing
- Pre-transplant engraftment testing

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Reported:**

Test run Monday - Friday.

Routine turnaround time: ≤11 working days.

**CPT Codes:**

81265

# Chimerism Testing - Whole Blood or Bone Marrow

LAB5712

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

NGS

**Reported:**

Test run Monday - Friday.

Routine turnaround time: &lt;=11 working days.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring

## COLLECTION

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Collect:**

Yellow-top tubes with ACD anticoagulant

ACD-A (8 mL) x1 or

ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Unacceptable Conditions:**

Low WBC count &lt;1,000

## PROCESSING

**Test Code:**

LAB5712 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at room temperature;

DO NOT refrigerate or centrifuge.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**ADMINISTRATIVE****CPT Codes:**

81267

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LAB5712 (Order Panel: LAB4343)

**Test Group:**

Chimerism Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

NGS

**Remarks:**

Fill ACD tubes completely. ACD-A tube holds up to 8 mL, and ACD-B tube holds up to 6 mL. Obtain ACD tubes from Specimen Receiving. If collected with other chimerism tests and blood counts are low, collect two ACD tubes.

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

For questions, contact ITL at (415) 476-3386.

NOTE: Because of limited stability, samples should be collected Monday through Friday avoiding holidays. If samples are collected on Friday, they must be delivered to the UCSF Clinical Laboratory/Central Processing Lab by 5:00 PM.

**Collect:**

Yellow-top tubes with ACD anticoagulant

ACD-A (8 mL) x1 or

ACD-B (6 mL) x1

**Amount to Collect:**

8.5 mL in ACD-A tube or 6 mL in ACD-B tube

If these volumes are difficult to obtain, contact ITL at (415) 476-3886 to discuss test needs.

**Sample Type:**

ACD-anticoagulated whole blood or bone marrow

For other acceptable specimens (e.g., cell suspension, DNA, and cerebrospinal fluid), contact ITL.

**Minimum Volume:**

Half-full ACD tube (ACD-A or ACD-B); For multiple chimerism tests, collect one full ACD tube instead of two partially filled tubes.

**Unacceptable Conditions:**

Low WBC count <1,000

**Specimen Preparation:**

Keep sample at room temperature;

DO NOT refrigerate or centrifuge.

**Synonyms:**

- Chimerism testing
- Post-transplant engraftment monitoring

**Stability (from collection to initiation):**

Stable at room temperature for up to 72 hours.

**Reported:**

Test run Monday - Friday.

Routine turnaround time: ≤11 working days.

**CPT Codes:**

81267

# Chlamydia Antibody (MIF)

CPNI, TWAR, CTRI, CPSI

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus Diagnostics via Quest

**Methodology:**

Micro-immunofluorescence assay (MIF)

**Reported:**

Test run 6x per week. Turnaround time 5-6 days.

**Additional Information:**

IgG, IgA and IgM antibody tests are performed for each organism requested.

The immunofluorescent antibody test is more sensitive than CF and is the best serologic test for diagnosing chlamydial infection, although seroconversion may be delayed, as with the CF test. Due to the prolonged incubation period often seen in acute disease, the usual criterion for acute infection of a 4 fold rise in titer may not be demonstrable.

In patients infected with *C. pneumoniae* (TWAR), 70% of whom develop IF antibody (compared with 50% for CF) a single IgM titer > 32 or an IgG titer > 512 suggests acute infection.

Because antibody persists from prior exposures, levels (even of IgM) are often unhelpful in the diagnosis of urethritis or cervicitis in adults, although very high titers suggest invasive disease, e.g., salpingitis, epididymitis or proctitis.

Transplacental passage of maternal antibody may interfere with serodiagnosis of acute infection in infants.

**Synonyms:**

- LGV
- Parrot fever
- Psittacosis
- congenital infection
- prenatal infection

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Remarks:**Request **MUST** specify the single organism sought**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month.

## PROCESSING

**Test Code:**CPNI (*C. pneumoniae* (TWAR)), CTRI (*C. trachomatis*), CPSI (*C. psittaci*)**Test Group:**

Chlamydia

**Sendout:**

Yes

**Performing Lab:**

Focus Diagnostics via Quest

**Specimen Preparation:**

Refrigerate sample. Enter the appropriate test code for the organism requested:

CPNI: Chlamydia pneumoniae

CTRI: Chlamydia trachomatis

CPSI: Chlamydia psittaci

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month.

**RESULT INTERPRETATION****Units:**

Titer

**Reference Interval:**

IgG: <1:64

IgA: <1:16

IgM: <1:10

**Additional Information:**

IgG, IgA and IgM antibody tests are performed for each organism requested.

The immunofluorescent antibody test is more sensitive than CF and is the best serologic test for diagnosing chlamydial infection, although seroconversion may be delayed, as with the CF test. Due to the prolonged incubation period often seen in acute disease, the usual criterion for acute infection of a 4 fold rise in titer may not be demonstrable.

In patients infected with *C. pneumoniae* (TWAR), 70% of whom develop IF antibody (compared with 50% for CF) a single IgM titer > 32 or an IgG titer > 512 suggests acute infection.

Because antibody persists from prior exposures, levels (even of IgM) are often unhelpful in the diagnosis of urethritis or cervicitis in adults, although very high titers suggest invasive disease, e.g., salpingitis, epididymitis or proctitis. Transplacental passage of maternal antibody may interfere with serodiagnosis of acute infection in infants.

**ADMINISTRATIVE****CPT Codes:**

86632-90, 86631-90 x2 for each organism tested.

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CPNI (*C. pneumoniae* (TWAR)), CTRI (*C. trachomatis*), CPSI (*C. psittaci*)

**Test Group:**

Chlamydia

**Performing Lab:**

Focus Diagnostics via Quest

**Sendout:**

Yes

**Methodology:**

Micro-immunofluorescence assay (MIF)

**Remarks:**

Request **MUST** specify the single organism sought

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Specimen Preparation:**

Refrigerate sample. Enter the appropriate test code for the organism requested:

CPNI: Chlamydia pneumoniae

CTRI: Chlamydia trachomatis

CPSI: Chlamydia psittaci

**Units:**

Titer

**Reference Interval:**

IgG: <1:64

IgA: <1:16

IgM: <1:10

**Synonyms:**

- LGV
- Parrot fever
- Psittacosis
- congenital infection
- prenatal infection

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month.

**Reported:**

Test run 6x per week. Turnaround time 5-6 days.

**Additional Information:**

IgG, IgA and IgM antibody tests are performed for each organism requested.

The immunofluorescent antibody test is more sensitive than CF and is the best serologic test for diagnosing chlamydial infection, although seroconversion may be delayed, as with the CF test. Due to the prolonged incubation period often seen in acute disease, the usual criterion for acute infection of a 4 fold rise in titer may not be demonstrable.

In patients infected with *C. pneumoniae* (TWAR), 70% of whom develop IF antibody (compared with 50% for CF) a single IgM titer > 32 or an IgG titer > 512 suggests acute infection.

Because antibody persists from prior exposures, levels (even of IgM) are often unhelpful in the diagnosis of urethritis or cervicitis in adults, although very high titers suggest invasive disease, e.g., salpingitis, epididymitis or proctitis.

Transplacental passage of maternal antibody may interfere with serodiagnosis of acute infection in infants.

**CPT Codes:**

86632-90, 86631-90 x2 for each organism tested.



# Chlamydia Trachomatis Culture

LAB244

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus Diagnostics

**Methodology:**

Tissue Culture, IFA

**Reported:**

3-7 days.

**Additional Information:**

Order P704 Chlamydia trachomatis / Neisseria gonorrhea RNA for the following sample types: cervical, urethral, rectal, pharyngeal, conjunctival, vaginal and urine. Nucleic acid detection is a sensitive method for diagnosis of CT / NG infections and is the recommended method for most patients.

Culture for Chlamydia trachomatis can be ordered to assess clinical treatment failure (where DNA may persist post-treatment), cases of suspected sexual abuse, or for sample types other than cervical, urethral, rectal, pharyngeal, vaginal and urine (e.g. tissue, extra-genital infection sites).

Chlamydia trachomatis is identified through the use of monoclonal antibodies specific for the major outer membrane protein present in all 15 known serovars of *C. trachomatis* but not *C. pneumoniae* or *C. psittaci*. Contact Microbiology if testing for the latter two species are clinically indicated. Substances that may interfere with growth or isolation of Chlamydia include antibiotics administered to the patient prior to specimen collection.

**Synonyms:**

- *C. pneumoniae*
- *C. psittaci*
- *C. trachomatis*
- TWAR agent
- Inclusion conjunctivitis
- Trachoma
- TRIC
- congenital infection
- prenatal infection

## COLLECTION

**Patient Preparation:**

Some spermicidal agents and feminine powder sprays interfere with Chlamydia testing and should not be used prior to specimen collection.

**Sample Type:**

Endocervical swab, urethral swab, conjunctival eye scraping (swab), rectal swab, lymph node aspirate/biopsy, biopsy, vaginal swab (<12 years old), nasopharyngeal swab (infants only), throat swab, and endotracheal aspirate (infants only)

**Collect:**

Swabs and tissue: Universal Transport Medium (UTM)

Other specimens: Sterile container

**Amount to Collect:**

Swab samples: One swab

Fluids: 3 mL

Tissue: 1 cu mm

**Preferred Volume:**

Swab samples: One swab

Fluids: 3 mL

?Tissue: 1 cu mm

**Minimum Volume:**

Swab samples: One swab

Fluids: 1 mL

?Tissue: 1 cu mm

**Remarks:**

Do not use wood swabs. Dacron or rayon on plastic or wire swabs are recommended for specimen collection. Specimen should contain columnar or cuboidal epithelial cells from the infected site.

Collection kits with Universal Transport Medium (UTM) can be obtained from Moffit-Long Laboratory or Mount Zion Laboratory. Break or bend swabs to fit inside UTM tube. Immerse biopsy in UTM tube

**Unacceptable Conditions:**

Collected with wooden handle swab

**PROCESSING****Test Code:**

P699

**Test Group:**

Chlamydia

**Sendout:**

Yes

**Performing Lab:**

Focus Diagnostics

**Specimen Preparation:**

If fluid, transfer 3 ml to UTM media or 1 part fluid to 1 part UTM media. Transport specimens in UTM to China Basin using cold packs. Freeze specimen at -70C upon receipt at China Basin, and ship frozen to reference lab. Focus test code 690.

**Preferred Volume:**

Swab samples: One swab

Fluids: 3 mL

?Tissue: 1 cu mm

**Minimum Volume:**

Swab samples: One swab

Fluids: 1 mL

?Tissue: 1 cu mm

**Unacceptable Conditions:**

Collected with wooden handle swab

**RESULT INTERPRETATION****Reference Interval:**

No Chlamydia isolated

**Additional Information:**

Order P704 Chlamydia trachomatis / Neisseria gonorrhea RNA for the following sample types: cervical, urethral, rectal, pharyngeal, conjunctival, vaginal and urine. Nucleic acid detection is a sensitive method for diagnosis of CT / NG infections and is the recommended method for most patients.

Culture for Chlamydia trachomatis can be ordered to assess clinical treatment failure (where DNA may persist post-treatment), cases of suspected sexual abuse, or for sample types other than cervical, urethral, rectal, pharyngeal, vaginal and urine (e.g. tissue, extra-genital infection sites).

Chlamydia trachomatis is identified through the use of monoclonal antibodies specific for the major outer membrane protein present in all 15 known serovars of *C. trachomatis* but not *C. pneumoniae* or *C. psittaci*. Contact Microbiology if testing for the latter two species are clinically indicated. Substances that may interfere with growth or isolation of Chlamydia include antibiotics administered to the patient prior to specimen collection.

**ADMINISTRATIVE****CPT Codes:**

87110-90, 87140-90

**LOINC Codes:**

560-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P699

**Test Group:**

Chlamydia

**Performing Lab:**

Focus Diagnostics

**Sendout:**

Yes

**Methodology:**

Tissue Culture, IFA

**Patient Preparation:**

Some spermicidal agents and feminine powder sprays interfere with Chlamydia testing and should not be used prior to specimen collection.

**Remarks:**

Do not use wood swabs. Dacron or rayon on plastic or wire swabs are recommended for specimen collection. Specimen should contain columnar or cuboidal epithelial cells from the infected site.

Collection kits with Universal Transport Medium (UTM) can be obtained from Moffit-Long Laboratory or Mount Zion Laboratory. Break or bend swabs to fit inside UTM tube. Immerse biopsy in UTM tube

**Collect:**

Swabs and tissue: Universal Transport Medium (UTM)

Other specimens: Sterile container

**Amount to Collect:**

Swab samples: One swab

Fluids: 3 mL

Tissue: 1 cu mm

**Sample Type:**

Endocervical swab, urethral swab, conjunctival eye scraping (swab), rectal swab, lymph node aspirate/biopsy, biopsy, vaginal swab (<12 years old), nasopharyngeal swab (infants only), throat swab, and endotracheal aspirate (infants only)

**Preferred Volume:**

Swab samples: One swab

Fluids: 3 mL

?Tissue: 1 cu mm

**Minimum Volume:**

Swab samples: One swab

Fluids: 1 mL

?Tissue: 1 cu mm

**Unacceptable Conditions:**

Collected with wooden handle swab

**Specimen Preparation:**

If fluid, transfer 3 ml to UTM media or 1 part fluid to 1 part UTM media. Transport specimens in UTM to China Basin using cold packs. Freeze specimen at -70C upon receipt at China Basin, and ship frozen to reference lab. Focus test code 690.

**Reference Interval:**

No Chlamydia isolated

**Synonyms:**

- C. pneumoniae
- C. psittaci
- C. trachomatis
- TWAR agent
- Inclusion conjunctivitis
- Trachoma
- TRIC
- congenital infection
- prenatal infection

**Reported:**

3-7 days.

**Additional Information:**

Order P704 Chlamydia trachomatis / Neisseria gonorrhea RNA for the following sample types: cervical, urethral, rectal, pharyngeal, conjunctival, vaginal and urine. Nucleic acid detection is a sensitive method for diagnosis of CT / NG infections and is the recommended method for most patients.

Culture for Chlamydia trachomatis can be ordered to assess clinical treatment failure (where DNA may persist post-treatment), cases of suspected sexual abuse, or for sample types other than cervical, urethral, rectal, pharyngeal, vaginal and urine (e.g. tissue, extra-genital infection sites).

Chlamydia trachomatis is identified through the use of monoclonal antibodies specific for the major outer membrane protein present in all 15 known serovars of C. trachomatis but not C. pneumoniae or C. psittaci. Contact Microbiology if testing for the latter two species are clinically indicated. Substances that may interfere with growth or isolation of Chlamydia include antibiotics administered to the patient prior to specimen collection.

**CPT Codes:**

87110-90, 87140-90

**LOINC Codes:**

560-3

# Chlamydia Trachomatis/Neisseria Gonorrhoeae RNA

LAB6053

## ORDERING

### Ordering Recommendations:

This assay is not intended for the evaluation of suspected sexual abuse or for other medico-legal indications.

### Available Stat:

No

### Performing Lab:

Microbiology

### Performed:

Test performed Monday - Friday

### Methodology:

Target capture, transcription mediated amplification, and dual kinetic assay technologies.

### Reported:

1 - 4 days

### Synonyms:

- STD, Sexually transmitted disease
- GC
- Gonorrhoeae
- N gonorrhoeae
- CT/GC RNA

## COLLECTION

### Sample Type:

Endocervical swab, male urethral swab, rectal swab, throat swab, vaginal swab or first-void urine, conjunctival swab

### Label Abbreviation:

CT/GC RNA

**Collect:**

- Swab: Gen-Probe Aptima Multitest kit (orange label, pink swab):
  - endocervical
  - male urethral
  - rectal
  - throat
  - conjunctiva
  - vaginal



- Urine: Urine cup or Hologic Urine Specimen Collection Kit (PMM # 59041)



**Amount to Collect:**

Swab samples: One swab  
Urine: > 3 mL

**Preferred Volume:**

Swab samples: One swab  
Urine: > 3 mL

**Minimum Volume:**

Swab samples: One swab  
Urine: 3 mL

**Remarks:**

Swab collection kits are available from Material Services (Multitest swab PMM# 59046). Do not use expired swab collection kits.

See the lab manual's Microbiology Guide for additional collection instructions.

**Stability (from collection to initiation):**

Swabs: Room temperature or Refrigerated 2 months  
Urine: Refrigerated 1 day

**Unacceptable Conditions:**

Other sample types, improperly collected specimens, leaky specimens with <1700 µL fluid in the transport tube, expired specimen collection kit used, cleaning swab (white shaft) submitted in the transport tube

**PROCESSING****Test Code:**

P704

**Test Group:**

STD

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Urine samples:

Enter urine volume in SDES.

- Place barcode label vertically at the top of the transport tube label.
- Transfer 2 mL urine to Urine Specimen Transport Tube on receipt in the lab/microbiology. The proper fill level should be noted between the black fill lines on the transport tube label.

If a call is received from a clinician or clinic because there is concern for sexual abuse, refer them to Child and Adolescent Sexual Abuse Resource Center at SFGH (415)206-8386. RNs are on call 24 hours.

If LGV PCR ordered on rectal swab, send out:

- Order Microbiology Test Not Listed in Apex (P319).
- Collect 2 swabs, one in VHM and the other in APTIMA Unisex swab collection kit.
- Send to SFDPH for testing.
- Freeze VHM at -70°C if not sent within 72 hrs.

**Preferred Volume:**

Swab samples: One swab

Urine: &gt; 3 mL

**Minimum Volume:**

Swab samples: One swab

Urine: 3 mL

**Unacceptable Conditions:**

Other sample types, improperly collected specimens, leaky specimens with <1700 µL fluid in the transport tube, expired specimen collection kit used, cleaning swab (white shaft) submitted in the transport tube

**Stability (from collection to initiation):**

Swabs: Room temperature or Refrigerated 2 months

Urine: Refrigerated 1 day

**RESULT INTERPRETATION****Reference Interval:**

Chlamydia: Not detected

N. gonorrhoeae: Not detected

**ADMINISTRATIVE****CPT Codes:**

87491, 87591

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

This assay is not intended for the evaluation of suspected sexual abuse or for other medico-legal indications.

**Test Code:**

P704

**Test Group:**

STD

**Performing Lab:**

Microbiology

**Performed:**

Test performed Monday - Friday

**Methodology:**

Target capture, transcription mediated amplification, and dual kinetic assay technologies.

**Remarks:**

Swab collection kits are available from Material Services (Multitest swab PMM# 59046). Do not use expired swab collection kits.

See the lab manual's Microbiology Guide for additional collection instructions.

**Collect:**

- Swab: Gen-Probe Aptima Multitest kit (orange label, pink swab):
  - endocervical
  - male urethral
  - rectal
  - throat
  - conjunctiva
  - vaginal



- Urine: Urine cup or Hologic Urine Specimen Collection Kit (PMM # 59041)

**Amount to Collect:**

Swab samples: One swab  
 Urine: > 3 mL

**Sample Type:**

Endocervical swab, male urethral swab, rectal swab, throat swab, vaginal swab or first-void urine, conjunctival swab

**Preferred Volume:**

Swab samples: One swab  
 Urine: > 3 mL

**Minimum Volume:**

Swab samples: One swab  
 Urine: 3 mL

**Unacceptable Conditions:**

Other sample types, improperly collected specimens, leaky specimens with <1700 µL fluid in the transport tube, expired specimen collection kit used, cleaning swab (white shaft) submitted in the transport tube

**Specimen Preparation:**

Urine samples:

Enter urine volume in SDES.

- Place barcode label vertically at the top of the transport tube label.
- Transfer 2 mL urine to Urine Specimen Transport Tube on receipt in the lab/microbiology. The proper fill level should be noted between the black fill lines on the transport tube label.

If a call is received from a clinician or clinic because there is concern for sexual abuse, refer them to Child and Adolescent Sexual Abuse Resource Center at SFGH (415)206-8386. RNs are on call 24 hours.

If LGV PCR ordered on rectal swab, send out:

- Order Microbiology Test Not Listed in Apex (P319).
- Collect 2 swabs, one in VHM and the other in APTIMA Unisex swab collection kit.
- Send to SFDPH for testing.
- Freeze VHM at -70°C if not sent within 72 hrs.

**Reference Interval:**

Chlamydia: Not detected

N. gonorrhoeae: Not detected

**Synonyms:**

- STD, Sexually transmitted disease
- GC
- Gonorrhoeae
- N gonorrhoeae
- CT/GC RNA

**Stability (from collection to initiation):**

Swabs: Room temperature or Refrigerated 2 months

Urine: Refrigerated 1 day

**Reported:**

1 - 4 days

**CPT Codes:**

87491, 87591

**LDT or Modified FDA:**

Yes



# Chloride, Body Fluid

LAB183

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Ag/AgCl solid-state electrode

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

Turbid samples, including watery stools, will be centrifuged and the test run on the supernatant.

Iodide, bromide and thiosulfate cause a positive interference in this chloride assay.

Salicylate and nitrate do not cause interference in this chloride assay.

*Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292*

*Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79*

**Synonyms:**

- Cl
- Cl-
- Body fluid electrolytes

## COLLECTION

**Sample Type:**

Body fluid

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

## PROCESSING

**Test Code:**

CLB

**Test Group:**

Chloride

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

## RESULT INTERPRETATION

**Units:**

mmol/L

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

Turbid samples, including watery stools, will be centrifuged and the test run on the supernatant.

Iodide, bromide and thiosulfate cause a positive interference in this chloride assay.

Salicylate and nitrate do not cause interference in this chloride assay.

Ha, L et al, *Annals Clin Biochem*, 2015, 52(2): 288-292

Wendroth, S et al, *Clin Chim Acta*, 2014, 431: 77-79

**ADMINISTRATIVE****CPT Codes:**

82438

**LOINC Codes:**

54370-2

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CLB

**Test Group:**

Chloride

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Ag/AgCl solid-state electrode

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Sample Type:**

Body fluid

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Units:**

mmol/L

**Synonyms:**

- Cl
- Cl-
- Body fluid electrolytes

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

Turbid samples, including watery stools, will be centrifuged and the test run on the supernatant.

Iodide, bromide and thiosulfate cause a positive interference in this chloride assay.

Salicylate and nitrate do not cause interference in this chloride assay.

*Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292*

*Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79*

**CPT Codes:**

82438

**LOINC Codes:**

54370-2

# Chloride, Fecal

LAB1000001

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Ion-Selective Electrode

**Reported:**

1-2 days

## COLLECTION

**Label Abbreviation:**

CHLF

**Collect:**

Liquid random stool.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Formed or viscous stool.

## PROCESSING

**Test Code:**

CHLF

**ARUP Test Code:**

0020381

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 5 g aliquot of liquid random stool to an unpreserved stool transport vial (ARUP Supply #40910). (Min: 1 g) Do not add saline or water to liquefy specimen.

**Unacceptable Conditions:**

Formed or viscous stool.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**

A reference interval has not been established for fecal specimens.

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

## ADMINISTRATIVE

**CPT Codes:**

82438

**LOINC:**

- 15158-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CHLF

**ARUP Test Code:**

0020381

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Ion-Selective Electrode

**Collect:**

Liquid random stool.

**Unacceptable Conditions:**

Formed or viscous stool.

**Specimen Preparation:**

Transfer 5 g aliquot of liquid random stool to an unpreserved stool transport vial (ARUP Supply #40910). (Min: 1 g) Do not add saline or water to liquefy specimen.

**Reference Interval:**

A reference interval has not been established for fecal specimens.

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

**Reported:**

1-2 days

**CPT Codes:**

82438

**LOINC:**

- 15158-9

# Chloride, Serum/Plasma

LAB59

## ORDERING

### Available Stat:

Yes

### Performing Lab:

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

### Performed:

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

### Methodology:

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Ag/AgCl solid-state electrode on Abbott Architect  
 Berkeley Outpatient Center and Peninsula Outpatient Center: Indirect ISE on Roche cobas c311

### Reported:

STAT 1 hour, Routine 4 hours

### Additional Information:

The anion gap is calculated from the serum Sodium, Chloride and Total CO<sub>2</sub> values using the equation: Na-(CL+CO<sub>2</sub>). The calculation is automatic whenever all three of the electrolytes are ordered together. It is not a separately orderable test. For further information, please see the anion gap lab manual page.

Iodide, bromide and thiosulfate can cause positive interference in the Abbott chloride assay.

Salicylate and nitrate do not interfere in the Abbott chloride assay.

Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292

Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79

The chloride assay on the Roche Cobas analyzer may be susceptible to interference by perchlorate, thiosulfate, iodide, nitrate, salicylate, bicarbonate and bromide depending on concentration of the interferent and age of the chloride electrode.

Wiederkehr M, Am J Medicine 2021; 134:1170-1174

Monteyne T et al. Ann Lab Med 2022; 42:566-574

### Synonyms:

- Cl
- Cl<sup>-</sup>
- Electrolytes
- Anion gap

## COLLECTION

### Sample Type:

Plasma or serum

### Collect:

Light green top preferred, Gold top acceptable

### Amount to Collect:

1 mL blood

### Preferred Volume:

0.5 mL plasma or serum

### Minimum Volume:

0.2 mL plasma or serum

### Stability (from collection to initiation):

Parnassus, Mission Bay, Mt. Zion, St Mary, and St Francis, Berkeley Outpatient Center, and Peninsula Outpatient Center:  
 Room temperature 7 days, refrigerated 7 days, frozen at -20C >1 year

## PROCESSING

### Test Code:

CL

**Test Group:**

Chloride

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, St Mary, and St Francis, Berkeley Outpatient Center, and Peninsula Outpatient Center:  
 Room temperature 7 days, refrigerated 7 days, frozen at -20C >1 year

**RESULT INTERPRETATION****Units:**

mmol/L

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry  
 Cord: 96-104 mmol/L  
 Newborn (0 to 30 days): 98-113 mmol/L  
 >30 days: 101-110 mmol/L

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | mmol/L |
|-------------|--------|
| >= 19 years | 98-107 |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche ISE indirect package insert by running 20 male and 20 female lab volunteers.

**Additional Information:**

The anion gap is calculated from the serum Sodium, Chloride and Total CO<sub>2</sub> values using the equation: Na-(CL+CO<sub>2</sub>). The calculation is automatic whenever all three of the electrolytes are ordered together. It is not a separately orderable test. For further information, please see the anion gap lab manual page.

Iodide, bromide and thiosulfate can cause positive interference in the Abbott chloride assay.

Salicylate and nitrate do not interfere in the Abbott chloride assay.

Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292

Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79

The chloride assay on the Roche Cobas analyzer may be susceptible to interference by perchlorate, thiosulfate, iodide, nitrate, salicylate, bicarbonate and bromide depending on concentration of the interferent and age of the chloride electrode.  
 Wiederkehr M, Am J Medicine 2021; 134:1170-1174  
 Monteyne T et al. Ann Lab Med 2022; 42:566-574

**ADMINISTRATIVE****CPT Codes:**

82435

**LOINC Codes:**

2075-0

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CL

**Test Group:**

Chloride

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Ag/AgCl solid-state electrode on Abbott Architect  
 Berkeley Outpatient Center and Peninsula Outpatient Center: Indirect ISE on Roche cobas c311

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

mmol/L

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry  
 Cord: 96-104 mmol/L  
 Newborn (0 to 30 days): 98-113 mmol/L  
 >30 days: 101-110 mmol/L

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | mmol/L |
|-------------|--------|
| >= 19 years | 98-107 |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche ISE indirect package insert by running 20 male and 20 female lab volunteers.

**Synonyms:**

- Cl
- Cl-
- Electrolytes
- Anion gap

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, St Mary, and St Francis, Berkeley Outpatient Center, and Peninsula Outpatient Center:  
 Room temperature 7 days, refrigerated 7 days, frozen at -20C >1 year

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

The anion gap is calculated from the serum Sodium, Chloride and Total CO<sub>2</sub> values using the equation: Na-(Cl+CO<sub>2</sub>). The calculation is automatic whenever all three of the electrolytes are ordered together. It is not a separately orderable test. For further information, please see the anion gap lab manual page.

Iodide, bromide and thiosulfate can cause positive interference in the Abbott chloride assay.

Salicylate and nitrate do not interfere in the Abbott chloride assay.

Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292

Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79

The chloride assay on the Roche Cobas analyzer may be susceptible to interference by perchlorate, thiosulfate, iodide, nitrate, salicylate, bicarbonate and bromide depending on concentration of the interferent and age of the chloride electrode.

Wiederkehr M, Am J Medicine 2021; 134:1170-1174

Monteyne T et al. Ann Lab Med 2022; 42:566-574



**CPT Codes:**

82435

**LOINC Codes:**

2075-0

# Chloride, Urine, 24 Hour

LAB375

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Ag/AgCl solid-state electrode

**Reported:**

Test run 2X daily. Turnaround time: 1 day

**Additional Information:**

Output varies with diet.

Iodide, bromide and thiosulfate but not salicylate, bicarbonate or nitrate cause positive interference in this chloride assay. Note, that salicylate, bicarbonate and nitrate cause a positive interference on chloride measured by the ABL blood gas analyzers.

Ha, L et al, *Annals Clin Biochem*, 2015, 52(2): 288-292

Wendroth, S et al, *Clin Chim Acta*, 2014, 431: 77-79

**Synonyms:**

- Cl
- Cl-
- Urine electrolytes
- CLU

## COLLECTION

**Sample Type:**

24 hour urine collection or random urine

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output.

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Remarks:**

Refrigerate the collection container during the period of the collection.

**Stability (from collection to initiation):**

Room temperature, refrigerated or frozen at -20C, 7 days

## PROCESSING

**Test Code:**

CLU

**Test Group:**

Chloride

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature, refrigerated or frozen at -20C, 7 days

**RESULT INTERPRETATION****Units:**

mmol/D

**Reference Interval:**

Usually 50-250 mmol/D

**Additional Information:**

Output varies with diet.

Iodide, bromide and thiosulfate but not salicylate, bicarbonate or nitrate cause positive interference in this chloride assay. Note, that salicylate, bicarbonate and nitrate cause a positive interference on chloride measured by the ABL blood gas analyzers.

*Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292*

*Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79*

**ADMINISTRATIVE****CPT Codes:**

82436

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CLU

**Test Group:**

Chloride

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Ag/AgCl solid-state electrode

**Remarks:**

Refrigerate the collection container during the period of the collection.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output.

**Sample Type:**

24 hour urine collection or random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Units:**

mmol/D

**Reference Interval:**

Usually 50-250 mmol/D

**Synonyms:**

- Cl
- Cl-
- Urine electrolytes
- CLU

**Stability (from collection to initiation):**

Room temperature, refrigerated or frozen at -20C, 7 days

**Reported:**

Test run 2X daily. Turnaround time: 1 day

**Additional Information:**

Output varies with diet.

Iodide, bromide and thiosulfate but not salicylate, bicarbonate or nitrate cause positive interference in this chloride assay. Note, that salicylate, bicarbonate and nitrate cause a positive interference on chloride measured by the ABL blood gas analyzers.

*Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292*

*Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79*

**CPT Codes:**

82436

# Chloride, Urine, Random

LAB3035

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Ag/AgCl solid-state electrode

**Reported:**

Test run 2X daily. Turnaround time: 1 day

**Additional Information:**

Output varies with diet.

Iodide, bromide and thiosulfate but not salicylate, bicarbonate or nitrate cause positive interference in this chloride assay. Note, that salicylate, bicarbonate and nitrate cause a positive interference on chloride measured by the ABL blood gas analyzers.

Ha, L et al, *Annals Clin Biochem*, 2015, 52(2): 288-292

Wendroth, S et al, *Clin Chim Acta*, 2014, 431: 77-79

**Synonyms:**

- Cl
- Cl-
- Urine electrolytes
- CLUR

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature, refrigerated or frozen at -20C, 7 days.

## PROCESSING

**Test Code:**

CLUR

**Test Group:**

Chloride

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature, refrigerated or frozen at -20C, 7 days.

## RESULT INTERPRETATION

**Units:**

mmol/L

**Additional Information:**

Output varies with diet.

Iodide, bromide and thiosulfate but not salicylate, bicarbonate or nitrate cause positive interference in this chloride assay. Note, that salicylate, bicarbonate and nitrate cause a positive interference on chloride measured by the ABL blood gas analyzers.

*Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292*

*Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79*

**ADMINISTRATIVE****CPT Codes:**

82436

**LOINC Codes:**

2078-4

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CLUR

**Test Group:**

Chloride

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, & Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Ag/AgCl solid-state electrode

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Units:**

mmol/L

**Synonyms:**

- Cl
- Cl-
- Urine electrolytes
- CLUR

**Stability (from collection to initiation):**

Room temperature, refrigerated or frozen at -20C, 7 days.

**Reported:**

Test run 2X daily. Turnaround time: 1 day

**Additional Information:**

Output varies with diet.

Iodide, bromide and thiosulfate but not salicylate, bicarbonate or nitrate cause positive interference in this chloride assay. Note, that salicylate, bicarbonate and nitrate cause a positive interference on chloride measured by the ABL blood gas analyzers.

*Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292*

*Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79*

**CPT Codes:**

82436

**LOINC Codes:**

2078-4

# Chloride, Whole Blood

CLWB

## ORDERING

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Potentiometry, Radiometer ABL 90 FLEX Plus

**Reported:**

STAT: 15 mins

Routine: 30 mins

**Additional Information:**

Iodide, bromide, thiosulfate, salicylate and nitrate cause a positive interference on chloride measured by ABL blood gas analyzers.

*Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292*

*Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79*

*ABL90 Flex Plus Instructions for Use Manual, Radiometer.*

**Synonyms:**

- Cl
- Cl-
- Electrolytes
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV
- Blood gas
- ABG

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, fingertip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab >30 minutes after collection may yield erroneous results.

**Unacceptable Conditions:**

Samples with needle attached, containing large bubbles, unlabeled, mislabeled, clotted or of insufficient volume for testing.

**PROCESSING****Test Code:**

CLWB

**Test Group:**

Chloride

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Samples with needle attached, containing large bubbles, unlabeled, mislabeled, clotted or of insufficient volume for testing.



**RESULT INTERPRETATION****Units:**

mmol/L

**Reference Interval:**

99-108 mmol/L

Based on the venous whole blood reference range of Ress KL et al (101-110 mmol/L), Pathology 2018 volume 50, supplement page S94 with adjustments for bias between the ABL 90 Flex Plus and the ABL 800 series blood gas analyzer.

**Additional Information:**

Iodide, bromide, thiosulfate, salicylate and nitrate cause a positive interference on chloride measured by ABL blood gas analyzers.

*Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292*

*Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79*

*ABL90 Flex Plus Instructions for Use Manual, Radiometer.*

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Test Code:**

CLWB

**Test Group:**

Chloride

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Potentiometry, Radiometer ABL 90 FLEX Plus

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, fingertip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab >30 minutes after collection may yield erroneous results.

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Samples with needle attached, containing large bubbles, unlabeled, mislabeled, clotted or of insufficient volume for testing.

**Units:**

mmol/L

**Reference Interval:**

99-108 mmol/L

Based on the venous whole blood reference range of Ress KL et al (101-110 mmol/L), Pathology 2018 volume 50, supplement page S94 with adjustments for bias between the ABL 90 Flex Plus and the ABL 800 series blood gas analyzer.

**Synonyms:**

- Cl
- Cl-
- Electrolytes
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV
- Blood gas
- ABG

**Reported:**

STAT: 15 mins

Routine: 30 mins

**Additional Information:**

Iodide, bromide, thiosulfate, salicylate and nitrate cause a positive interference on chloride measured by ABL blood gas analyzers.

*Ha, L et al, Annals Clin Biochem, 2015, 52(2): 288-292*

*Wendroth, S et al, Clin Chim Acta, 2014, 431: 77-79*

*ABL90 Flex Plus Instructions for Use Manual, Radiometer.*

# Cholesterol, HDL

LAB101

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Direct homogeneous enzymatic spectrophotometric assay

**Reported:**

4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.0259.

The HDL result may be falsely elevated when triglyceride concentrations exceed 1000 mg/dL. The HDL result may be falsely low when conjugated bilirubin concentrations exceed 33 mg/dL.

Monoclonal proteins have been reported to cause falsely low HDL results in a variety of direct HDL methods.

According to the Abbott Architect package insert, using three homogenous HDL assays, Camps, et al. have reported artificially low HDL results in patients with liver cirrhosis. Published studies are not available that define the severity of liver disease necessary to affect lipoprotein and HDL metabolism, or establish other possible patterns of interference with HDL results. When an HDL result is diagnostically critical with concomitant clinically relevant liver disease, use a recognized precipitation or ultracentrifugation HDL reference method for confirmation. Artificially decreased or increased HDL values in the presence of dyslipidemias have been reported. N-Acetyl-L-Cysteine at elevated concentrations may lead to falsely low results.

**Synonyms:**

- High density lipoprotein
- HDL cholesterol
- Coronary risk panel

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

## PROCESSING

**Test Code:**

HDL

**Test Group:**

Cholesterol

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:****Adults (>=20 years old):**

|             |            |
|-------------|------------|
| Acceptable  | > 39 mg/dL |
| Higher Risk | < 40 mg/dL |
| Lower Risk  | > 59 mg/dL |

**Children and Adolescents (<20 years old):**

|             |             |
|-------------|-------------|
| Acceptable  | > 45 mg/dL  |
| Higher Risk | < 40 mg/dL  |
| Lower Risk  | 40-45 mg/dL |

Adults: Risk classifications based on combination of NCEP-ATPIII guidelines JAMA, 2001:2486-2497 and Knosian B et al., Ann Intern Med. 1994;121:641-647

Pediatrics: Risk classifications based on The NHLBI Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Pediatrics 2011; 128: S213.

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.0259.

The HDL result may be falsely elevated when triglyceride concentrations exceed 1000 mg/dL. The HDL result may be falsely low when conjugated bilirubin concentrations exceed 33 mg/dL.

Monoclonal proteins have been reported to cause falsely low HDL results in a variety of direct HDL methods.

According to the Abbott Architect package insert, using three homogenous HDL assays, Camps, et al. have reported artificially low HDL results in patients with liver cirrhosis. Published studies are not available that define the severity of liver disease necessary to affect lipoprotein and HDL metabolism, or establish other possible patterns of interference with HDL results. When an HDL result is diagnostically critical with concomitant clinically relevant liver disease, use a recognized precipitation or ultracentrifugation HDL reference method for confirmation. Artificially decreased or increased HDL values in the presence of dyslipidemias have been reported. N-Acetyl-L-Cysteine at elevated concentrations may lead to falsely low results.

**ADMINISTRATIVE****CPT Codes:**

83718

**LOINC Codes:**

2085-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HDL

**Test Group:**

Cholesterol

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Direct homogeneous enzymatic spectrophotometric assay

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Units:**

mg/dL

**Reference Interval:****Adults (>=20 years old):**

|             |            |
|-------------|------------|
| Acceptable  | > 39 mg/dL |
| Higher Risk | < 40 mg/dL |
| Lower Risk  | > 59 mg/dL |

**Children and Adolescents (<20 years old):**

|             |             |
|-------------|-------------|
| Acceptable  | > 45 mg/dL  |
| Higher Risk | < 40 mg/dL  |
| Lower Risk  | 40-45 mg/dL |

Adults: Risk classifications based on combination of NCEP-ATPIII guidelines JAMA, 2001;2486-2497 and Knosian B et al., Ann Intern Med. 1994;121:641-647

Pediatrics: Risk classifications based on The NHLBI Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Pediatrics 2011; 128: S213.

**Synonyms:**

- High density lipoprotein
- HDL cholesterol
- Coronary risk panel

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

**Reported:**

4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.0259.

The HDL result may be falsely elevated when triglyceride concentrations exceed 1000 mg/dL. The HDL result may be falsely low when conjugated bilirubin concentrations exceed 33 mg/dL.

Monoclonal proteins have been reported to cause falsely low HDL results in a variety of direct HDL methods.

According to the Abbott Architect package insert, using three homogenous HDL assays, Camps, et al. have reported artificially low HDL results in patients with liver cirrhosis. Published studies are not available that define the severity of liver disease necessary to affect lipoprotein and HDL metabolism, or establish other possible patterns of interference with HDL results. When an HDL result is diagnostically critical with concomitant clinically relevant liver disease, use a recognized precipitation or ultracentrifugation HDL reference method for confirmation. Artificially decreased or increased HDL values in the presence of dyslipidemias have been reported. N-Acetyl-L-Cysteine at elevated concentrations may lead to falsely low results.

**CPT Codes:**

83718

**LOINC Codes:**

2085-9

# Cholesterol, Pleural Fluid

LAB11500

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus and Mission Bay Chemistry

**Performed:**

24 hours per day 7 days per week

**Methodology:**

Enzymatic (cholesterol esterase &amp; cholesterol oxidase)

**Reported:**

4 hours

## COLLECTION

**Sample Type:**

Pleural fluid

**Collect:**

Red top or clean container

**Amount to Collect:**

3.0 mL

**Preferred Volume:**

1.0 mL

**Minimum Volume:**

0.3 mL

**Stability (from collection to initiation):**

Room temperature 24 hours, refrigerated 1 week, frozen at -20°C 3 months

## PROCESSING

**Test Code:**

CHOLPF

**Test Group:**

Cholesterol

**Performing Lab:**

Parnassus and Mission Bay Chemistry

**Specimen Preparation:**

Centrifuge to remove cellular material

**Preferred Volume:**

1.0 mL

**Minimum Volume:**

0.3 mL

**Stability (from collection to initiation):**

Room temperature 24 hours, refrigerated 1 week, frozen at -20°C 3 months

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

**Interpretive Data:**

To convert mg/dL to mmol/L (SI units) multiply by 0.0113.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

## ADMINISTRATIVE

**CPT Codes:**

84311

**LOINC Codes:**

12183-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CHOLPF

**Test Group:**

Cholesterol

**Performing Lab:**

Parnassus and Mission Bay Chemistry

**Performed:**

24 hours per day 7 days per week

**Methodology:**

Enzymatic (cholesterol esterase &amp; cholesterol oxidase)

**Collect:**

Red top or clean container

**Amount to Collect:**

3.0 mL

**Sample Type:**

Pleural fluid

**Preferred Volume:**

1.0 mL

**Minimum Volume:**

0.3 mL

**Specimen Preparation:**

Centrifuge to remove cellular material

**Units:**

mg/dL

**Reference Interval:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

**Interpretive Data:**

To convert mg/dL to mmol/L (SI units) multiply by 0.0113.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

**Stability (from collection to initiation):**

Room temperature 24 hours, refrigerated 1 week, frozen at -20°C 3 months

**Reported:**

4 hours

**CPT Codes:**

84311

**LOINC Codes:**

12183-0



# Cholesterol, Total

LAB60

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzymatic (cholesterol esterase &amp; cholesterol oxidase)

**Reported:**

4 hours

**Synonyms:**

- Coronary risk panel

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Room Temperature: 7 days

Refrigerated (2-8C): 7 days

Frozen (-20C): 3 months

## PROCESSING

**Test Code:**

CHOL

**Test Group:**

Cholesterol

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Room Temperature: 7 days

Refrigerated (2-8C): 7 days

Frozen (-20C): 3 months

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**Adults ( $\geq 20$  years old):

|            | mg/dL   |
|------------|---------|
| Desirable  | <200    |
| Borderline | 200-239 |
| High       | >239    |

Children and Adolescents (&lt;20 years old):

|            | mg/dL   |
|------------|---------|
| Acceptable | <170    |
| Borderline | 170-199 |
| High       | >199    |

Adults: Risk classifications based on combination of NCEP-ATPIII guidelines JAMA, 2001;2486-2497 and Knosian B et al., Ann Intern Med. 1994;121:641-647

Pediatrics: Risk classifications based on The NHLBI Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Pediatrics 2011; 128: S213.

**ADMINISTRATIVE****CPT Codes:**

82465

**LOINC Codes:**

2093-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CHOL

**Test Group:**

Cholesterol

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzymatic (cholesterol esterase &amp; cholesterol oxidase)

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Units:**

mg/dL

**Reference Interval:**

Adults (&gt;=20 years old):

|            |         |
|------------|---------|
|            | mg/dL   |
| Desirable  | <200    |
| Borderline | 200-239 |
| High       | >239    |

Children and Adolescents (&lt;20 years old):

|            |         |
|------------|---------|
|            | mg/dL   |
| Acceptable | <170    |
| Borderline | 170-199 |
| High       | >199    |

Adults: Risk classifications based on combination of NCEP-ATPIII guidelines JAMA, 2001;2486-2497 and Knosian B et al., Ann Intern Med. 1994;121:641-647

Pediatrics: Risk classifications based on The NHLBI Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Pediatrics 2011; 128: S213.

**Synonyms:**

- Coronary risk panel

**Stability (from collection to initiation):**

Room Temperature: 7 days

Refrigerated (2-8C): 7 days

Frozen (-20C): 3 months

**Reported:**

4 hours

**CPT Codes:**

82465

**LOINC Codes:**

2093-3

# Cholesterol, VLDL

## ORDERING

**Available Stat:**

No

**Additional Information:**

The calculated result for VLDL is not reported by the laboratory but can be estimated by dividing the triglyceride value by 5 (triglyceride/5; also see the calculation for LDL Cholesterol). When triglycerides exceed 400 mg/dL, this calculation may overestimate the VLDL and should not be used. Precise measurement may require ultracentrifugation if the triglyceride level exceeds 400 mg/dL.

**Synonyms:**

- very low density lipoprotein
- VLDL cholesterol

## PROCESSING

**Test Group:**

Cholesterol

## RESULT INTERPRETATION

**Additional Information:**

The calculated result for VLDL is not reported by the laboratory but can be estimated by dividing the triglyceride value by 5 (triglyceride/5; also see the calculation for LDL Cholesterol). When triglycerides exceed 400 mg/dL, this calculation may overestimate the VLDL and should not be used. Precise measurement may require ultracentrifugation if the triglyceride level exceeds 400 mg/dL.

## COMPLETE VIEW

**Available Stat:**

No

**Test Group:**

Cholesterol

**Synonyms:**

- very low density lipoprotein
- VLDL cholesterol

**Additional Information:**

The calculated result for VLDL is not reported by the laboratory but can be estimated by dividing the triglyceride value by 5 (triglyceride/5; also see the calculation for LDL Cholesterol). When triglycerides exceed 400 mg/dL, this calculation may overestimate the VLDL and should not be used. Precise measurement may require ultracentrifugation if the triglyceride level exceeds 400 mg/dL.

# Cholinesterase, RBC and Plasma

CPR

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enzymatic, colorimetric

**Reported:**

Test run Monday-Friday. Turnaround time: 1-4 days.

**Additional Information:**

Decreased in organophosphate poisoning. Hemolysis can lead to apparent increases in plasma cholinesterase activity, and could mask an enzyme deficiency.

**Synonyms:**

- Acetylcholinesterase
- organophosphate
- poisoning

## COLLECTION

**Sample Type:**EDTA whole blood **AND** EDTA Plasma**Collect:**

Lavender top x2

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL blood

3 mL plasma

**Minimum Volume:**

2 mL blood

2 mL plasma

**Remarks:**

Transport immediately to laboratory

**Unacceptable Conditions:**

Hemolyzed or lipemic sample(s)

**Rejection Criteria:**

Sample received either frozen or at room temperature. Failure to provide both plasma and whole blood sample.

## PROCESSING

**Test Code:**

CPR

**Test Group:**

Cholinesterase

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Centrifuge one tube within one hour of collection and pour off separated plasma into a plastic tube. Avoid hemolysis. Do not send packed cells. Send whole blood and plasma samples refrigerated. Order Quest test # 338 and if patient is Brown & Toland, order LabCorp test # 214007

**Preferred Volume:**

3 mL blood

3 mL plasma

**Minimum Volume:**

2 mL blood

2 mL plasma

**Unacceptable Conditions:**

Hemolyzed or lipemic sample(s)

**Rejection Criteria:**

Sample received either frozen or at room temperature. Failure to provide both plasma and whole blood sample.

**RESULT INTERPRETATION****Units:**

IU/L

**Reference Interval:**

RBC Cholinesterase: 9572-15031 IU/L

Plasma cholinesterase:

Male: 3334-7031 IU/L

Female: 2504-6297 IU/L

**Additional Information:**

Decreased in organophosphate poisoning. Hemolysis can lead to apparent increases in plasma cholinesterase activity, and could mask an enzyme deficiency.

**ADMINISTRATIVE****CPT Codes:**

82482-90, 82480-90

**LOINC Codes:**

2099-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CPR

**Test Group:**

Cholinesterase

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Enzymatic, colorimetric

**Remarks:**

Transport immediately to laboratory

**Collect:**

Lavender top x2

**Amount to Collect:**

6 mL blood

**Sample Type:**EDTA whole blood **AND** EDTA Plasma**Preferred Volume:**

3 mL blood

3 mL plasma

**Minimum Volume:**

2 mL blood

2 mL plasma

**Rejection Criteria:**

Sample received either frozen or at room temperature. Failure to provide both plasma and whole blood sample.

**Unacceptable Conditions:**

Hemolyzed or lipemic sample(s)

**Specimen Preparation:**

Centrifuge one tube within one hour of collection and pour off separated plasma into a plastic tube. Avoid hemolysis. Do not send packed cells. Send whole blood and plasma samples refrigerated. Order Quest test # 338 and if patient is Brown &amp; Toland, order LabCorp test # 214007

**Units:**

IU/L

**Reference Interval:**

RBC Cholinesterase: 9572-15031 IU/L

Plasma cholinesterase:

Male: 3334-7031 IU/L

Female: 2504-6297 IU/L

**Synonyms:**

- Acetylcholinesterase
- organophosphate
- poisoning

**Reported:**

Test run Monday-Friday. Turnaround time: 1-4 days.

**Additional Information:**

Decreased in organophosphate poisoning. Hemolysis can lead to apparent increases in plasma cholinesterase activity, and could mask an enzyme deficiency.

**CPT Codes:**

82482-90, 82480-90

**LOINC Codes:**

2099-0

# Chorionic Villus Sampling, Chromosome Analysis

LAB3103

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily, Monday-Friday

**Methodology:**

Giemsa banding and brightfield microscopy

**Reported:**

7-14 days

**Additional Information:**

Minimum volume for an optimal result is greater than or equal to 5 mg. Samples less than 5 mg may result in inconclusive results and a repeat sample may be requested.

**Reflex Testing:**

If an abnormality is detected the Cytogenetics Director will determine the appropriate additional studies (e.g. C-banding, NOR) to be performed to characterize the abnormality.

If additional metaphases are required for final interpretation additional counts will be performed and billed for.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**Synonyms:**

- Cytogenetic analysis
- Prenatal Cytogenetics
- Chorionic villi
- CVS
- Karyotype
- Karyotyping

## COLLECTION

**Sample Type:**

CVS

**Collect:**

15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

25 mg chorionic villi

**Preferred Volume:**

25 mg chorionic villi

**Minimum Volume:**

5 mg chorionic villi

**Remarks:**

Collect 25 mg and distribute into two 15 mL orange screw top polypropylene tubes that are filled with transport media. Discard and remove visible maternal deciduas prior to collecting in transport tubes.

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason.

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## PROCESSING

**Test Code:**

CYCV

**Test Group:**

Chromosome Analysis

**Performing Lab:**

Medical Genomics - Cytogenetics



**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Preferred Volume:**

25 mg chorionic villi

**Minimum Volume:**

5 mg chorionic villi

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**RESULT INTERPRETATION****Reference Interval:**

46,XY normal male  
46,XX normal female

**Additional Information:**

Minimum volume for an optimal result is greater than or equal to 5 mg. Samples less than 5 mg may result in inconclusive results and a repeat sample may be requested.

**ADMINISTRATIVE****CPT Codes:**

88235, 88267, 88280

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

48818-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CYCV

**Test Group:**

Chromosome Analysis

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily, Monday-Friday

**Methodology:**

Giemsa banding and brightfield microscopy

**Remarks:**

Collect 25 mg and distribute into two 15 mL orange screw top polypropylene tubes that are filled with transport media. Discard and remove visible maternal deciduas prior to collecting in transport tubes.

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason.

**Collect:**

15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

25 mg chorionic villi

**Sample Type:**

CVS

**Preferred Volume:**

25 mg chorionic villi

**Minimum Volume:**

5 mg chorionic villi

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Reference Interval:**

46,XY normal male  
46,XX normal female

**Synonyms:**

- Cytogenetic analysis
- Prenatal Cytogenetics
- Chorionic villi
- CVS
- Karyotype
- Karyotyping

**Reported:**

7-14 days

**Reflex Testing:**

If an abnormality is detected the Cytogenetics Director will determine the appropriate additional studies (e.g. C-banding, NOR) to be performed to characterize the abnormality.

If additional metaphases are required for final interpretation additional counts will be performed and billed for.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**Additional Information:**

Minimum volume for an optimal result is greater than or equal to 5 mg. Samples less than 5 mg may result in inconclusive results and a repeat sample may be requested.

**CPT Codes:**

88235, 88267, 88280

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

48818-9

# Chromium, 24 hour urine

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Atomic Absorption

**Reported:**

Test run Monday, Wednesday, Friday. Turnaround time: 2-5 days.

**Additional Information:**

To convert µg/L to nmol/L (SI units) multiply by 19.2.

**Synonyms:**

- Cr

## COLLECTION

**Sample Type:**

24 hour urine collection.

**Collect:**

Acid Wash Container Required

**Amount to Collect:**

Entire 24 hour urine output.

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Chromium

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Refrigerate aliquot. For 24 hour urine order Quest # 10944X.

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

## RESULT INTERPRETATION

**Units:**

µg/L (mcg/L)

**Reference Interval:**

&lt;= 2 µg/L

**Additional Information:**

To convert µg/L to nmol/L (SI units) multiply by 19.2.

## ADMINISTRATIVE

**CPT Codes:**

82495-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Chromium

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Atomic Absorption

**Collect:**

Acid Wash Container Required

**Amount to Collect:**

Entire 24 hour urine output.

**Sample Type:**

24 hour urine collection.

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Refrigerate aliquot. For 24 hour urine order Quest # 10944X.

**Units:**

µg/L (mcg/L)

**Reference Interval:**

&lt;= 2 µg/L

**Synonyms:**

- Cr

**Reported:**

Test run Monday, Wednesday, Friday. Turnaround time: 2-5 days.

**Additional Information:**

To convert µg/L to nmol/L (SI units) multiply by 19.2.

**CPT Codes:**

82495-90

# Chromium, Plasma

LAB967

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Atomic Absorption Spectrometry with Zeeman Background Correction

**Reported:**

Run 2x per week. Turnaround 4-6 days

**Synonyms:**

- Cr
- DECANT

## COLLECTION

**Patient Preparation:**

Patient should refrain from taking vitamins, mineral or herbal supplements at least one week prior to specimen collection.

**Sample Type:**

EDTA Plasma

**Label Abbreviation:**

CHRO

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

5 mL blood

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

1 mL plasma

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 1 week, frozen at -20C 2 weeks.

## PROCESSING

**Test Code:**

CHRO

**Test Group:**

Chromium

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Centrifuge and pour off plasma into a trace metal free container. Transport to China Basin sendouts refrigerated. Order Quest #95019P. For B&amp;T patients order LabCorp test #071522

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

1 mL plasma

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 1 week, frozen at -20C 2 weeks.

## RESULT INTERPRETATION

**Units:**

µg/L (mcg/L)

**Reference Interval:**

&lt;= 3.5 µg/L

**ADMINISTRATIVE**

**CPT Codes:**  
82495-90

**LOINC Codes:**  
5622-6

**COMPLETE VIEW**

**Available Stat:**  
No

**Test Code:**  
CHRO

**Test Group:**  
Chromium

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Atomic Absorption Spectrometry with Zeeman Background Correction

**Patient Preparation:**  
Patient should refrain from taking vitamins, mineral or herbal supplements at least one week prior to specimen collection.

**Collect:**  
Navy blue top (EDTA) tube

**Amount to Collect:**  
5 mL blood

**Sample Type:**  
EDTA Plasma

**Preferred Volume:**  
2 mL plasma

**Minimum Volume:**  
1 mL plasma

**Specimen Preparation:**  
Centrifuge and pour off plasma into a trace metal free container. Transport to China Basin sendouts refrigerated. Order Quest #95019P. For B&T patients order LabCorp test #071522

**Units:**  
µg/L (mcg/L)

**Reference Interval:**  
≤ 3.5 µg/L

**Synonyms:**

- Cr
- DECANT

**Stability (from collection to initiation):**  
Room temperature 1 day, refrigerated 1 week, frozen at -20C 2 weeks.

**Reported:**  
Run 2x per week. Turnaround 4-6 days

**CPT Codes:**  
82495-90

**LOINC Codes:**  
5622-6

# Chromium, random urine

CHROR

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Atomic Absorption

**Reported:**

Performed once per week, Turnaround 7-14 days.

**Synonyms:**

- Cr

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

5 mL urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks.

## PROCESSING

**Test Code:**

CHROR

**Test Group:**

Chromium

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot into an acid-washed container. Refrigerate urine aliquot at 4C. Order Quest test # 11278x

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks.

## RESULT INTERPRETATION

**Units:**

ng/mL

**Reference Interval:**

Chromium: &lt;2.0 ng/mL

Chromium:Creatinine ratio: &lt;5

## ADMINISTRATIVE

**CPT Codes:**

82495-90, 82570-90

**LOINC Codes:**  
5623-4

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
CHROR

**Test Group:**  
Chromium

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Atomic Absorption

**Collect:**  
Urine cup

**Amount to Collect:**  
5 mL urine

**Sample Type:**  
Random urine

**Preferred Volume:**  
5 mL urine

**Minimum Volume:**  
0.5 mL urine

**Specimen Preparation:**  
Aliquot into an acid-washed container. Refrigerate urine aliquot at 4C. Order Quest test # 11278x

**Units:**  
ng/mL

**Reference Interval:**  
Chromium: <2.0 ng/mL  
Chromium:Creatinine ratio: <5

**Synonyms:**

- Cr

**Stability (from collection to initiation):**  
Room temperature 3 days, refrigerated 2 weeks.

**Reported:**  
Performed once per week, Turnaround 7-14 days.

**CPT Codes:**  
82495-90, 82570-90

**LOINC Codes:**  
5623-4



# Chromogranin A, Serum

LAB3348

## ORDERING

**Ordering Recommendations:**

Aids in monitoring but is not recommended for diagnosis of carcinoid tumors. May be useful in monitoring nonsecretory sympathetic and parasympathetic neuroendocrine tumors.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Immunofluorescence

**Reported:**

1-4 days

**Synonyms:**

- CgA
- Chromogranin
- CGA

## COLLECTION

**Label Abbreviation:**

CGA

**Collect:**

Serum separator tube or plain red.

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

After separation from cells: Room Temperature: 48 hours; Refrigerated: 3 days; Frozen: 3 months

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Plasma

## PROCESSING

**Test Code:**

CGA

**ARUP Test Code:**

3002867

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Allow serum specimen to clot completely at room temperature. Transfer 1 mL serum to an ARUP standard transport tube.  
(Min: 0.5 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Plasma

**Stability (from collection to initiation):**

After separation from cells: Room Temperature: 48 hours; Refrigerated: 3 days; Frozen: 3 months

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Reference Interval:**

0-187 ng/mL

**Interpretive Data:**

This test is performed using the BRAHMS CGA II Kryptor kit. Results obtained with different methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease and should be evaluated in combination with clinical symptoms, diagnostic evidence, and/or other laboratory parameters. The change of CgA concentration over time provides diagnostic information whether a tumor progression has occurred.

An increase of CgA serum concentrations of more than 50% to a value of greater than 100 ng/mL between consecutive monitoring visits defines a positive test result, representing a higher probability that a tumor progression has occurred.

A change of CgA serum concentrations of equal or less than 50% increase between monitoring visits or to a value of 100 ng/mL or less defines a negative test result, representing a lower probability that a tumor progression has occurred. Nontumor related elevations of Chromogranin A can be observed in gastrointestinal, cardiovascular, and renal disorders, cancers other than neuroendocrine tumors, as well as with proton pump inhibitor (PPI) therapy. It is recommended to stop PPI treatment for at least 14 days prior to testing.

**ADMINISTRATIVE****CPT Codes:**

86316

**LOINC:**

- 9811-1

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aids in monitoring but is not recommended for diagnosis of carcinoid tumors. May be useful in monitoring nonsecretory sympathetic and parasympathetic neuroendocrine tumors.

**Test Code:**

CGA

**ARUP Test Code:**

3002867

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Immunofluorescence

**Collect:**

Serum separator tube or plain red.

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Plasma

**Specimen Preparation:**

Allow serum specimen to clot completely at room temperature. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)

**Reference Interval:**

0-187 ng/mL

**Interpretive Data:**

This test is performed using the BRAHMS CGA II Kryptor kit. Results obtained with different methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease and should be evaluated in combination with clinical symptoms, diagnostic evidence, and/or other laboratory parameters. The change of CgA concentration over time provides diagnostic information whether a tumor progression has occurred.

An increase of CgA serum concentrations of more than 50% to a value of greater than 100 ng/mL between consecutive monitoring visits defines a positive test result, representing a higher probability that a tumor progression has occurred.

A change of CgA serum concentrations of equal or less than 50% increase between monitoring visits or to a value of 100 ng/mL or less defines a negative test result, representing a lower probability that a tumor progression has occurred. Nontumor related elevations of Chromogranin A can be observed in gastrointestinal, cardiovascular, and renal disorders, cancers other than neuroendocrine tumors, as well as with proton pump inhibitor (PPI) therapy. It is recommended to stop PPI treatment for at least 14 days prior to testing.

**Synonyms:**

- CgA
- Chromogranin
- CGA

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

After separation from cells: Room Temperature: 48 hours; Refrigerated: 3 days; Frozen: 3 months

**Reported:**

1-4 days

**CPT Codes:**

86316

**LOINC:**

- 9811-1

# Chronic Lymphocytic Leukemia FISH Panel

CYCLL, BCYCLL

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Monday - Friday day shift only

**Methodology:**

Fluorescence in situ Hybridization (FISH)

**Reported:**

1-2 weeks

**Additional Information:**

Includes FISH probes for the following markers: Del11q, Trisomy 12, Del13q and Del17p, Translocation (11;14)

**Synonyms:**

- CLL Fish Panel
- Del11q
- Trisomy 12
- Del13q
- Del17p
- CYCLL
- BCYCLL
- TR1114

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow aspirate or bone marrow core biopsy

**Collect:**

Dark green top

**Amount to Collect:**

Heparinized whole blood: 2 mL

Heparinized bone marrow aspirate: 2 mL

Bone marrow core biopsy: 2 cm

**Preferred Volume:**

Heparinized whole blood: 2 mL

Heparinized bone marrow aspirate: 2 mL

?Bone marrow core biopsy: 2 cm

**Minimum Volume:**

Heparinized whole blood: 1 mL

Heparinized bone marrow aspirate: 1 mL

?Bone marrow core biopsy: 1 cm

**Remarks:**

Mix blood or marrow samples well to prevent clotting.

**Stability (from collection to initiation):**

2 days

## PROCESSING

**Test Code:**

BCYCLL: Blood

CYCLL: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Store at room temperature, do not centrifuge. Send to Cytogenetics asap.

**Preferred Volume:**

Heparinized whole blood: 2 mL

Heparinized bone marrow aspirate: 2 mL

?Bone marrow core biopsy: 2 cm

**Minimum Volume:**

Heparinized whole blood: 1 mL  
 Heparinized bone marrow aspirate: 1 mL  
 ?Bone marrow core biopsy: 1 cm

**Stability (from collection to initiation):**

2 days

**RESULT INTERPRETATION****Additional Information:**

Includes FISH probes for the following markers: Del11q, Trisomy 12, Del13q and Del17p, Translocation (11;14)

**ADMINISTRATIVE****CPT Codes:**

88271 x9, 88275 x5

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BCYCLL: Blood  
 CYCLL: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Monday - Friday day shift only

**Methodology:**

Fluorescence in situ Hybridization (FISH)

**Remarks:**

Mix blood or marrow samples well to prevent clotting.

**Collect:**

Dark green top

**Amount to Collect:**

Heparinized whole blood: 2 mL  
 Heparinized bone marrow aspirate: 2 mL  
 Bone marrow core biopsy: 2 cm

**Sample Type:**

Heparinized whole blood, bone marrow aspirate or bone marrow core biopsy

**Preferred Volume:**

Heparinized whole blood: 2 mL  
 Heparinized bone marrow aspirate: 2 mL  
 ?Bone marrow core biopsy: 2 cm

**Minimum Volume:**

Heparinized whole blood: 1 mL  
 Heparinized bone marrow aspirate: 1 mL  
 ?Bone marrow core biopsy: 1 cm

**Specimen Preparation:**

Store at room temperature, do not centrifuge. Send to Cytogenetics asap.

**Synonyms:**

- CLL Fish Panel
- Del11q
- Trisomy 12
- Del13q
- Del17p
- CYCLL
- BCYCLL
- TR1114

**Stability (from collection to initiation):**

2 days

**Reported:**

1-2 weeks

**Additional Information:**

Includes FISH probes for the following markers: Del11q, Trisomy 12, Del13q and Del17p, Translocation (11;14)

**CPT Codes:**

88271 x9, 88275 x5

**LDT or Modified FDA:**

Yes

# Chronic Lymphocytic Leukemia, IgVH Mutation Status

LAB5587

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

PCR, gene sequencing

**Reported:**

Test performed once per week. Turnaround time 3-10 days.

**Additional Information:**

Provides prognostic information for patients who have B-cell chronic lymphocytic leukemia. Patients with mutated IgH variable gene region required minimal or no chemotherapy and had prolonged survival. Patients with unmutated IgH variable gene region responded poorly to continuous multi-regimen chemotherapy and shorter survival. The delineation of mutation status is based on the degree of homology to the germline sequence. A 97% homology cut-off was found to provide a good discrimination.

**Synonyms:**

- B cell heavy chain mutation
- Ig heavy chain mutation

## COLLECTION

**Sample Type:**

Whole blood, bone marrow

**Label Abbreviation:**

IGVHM

**Collect:**

Blood: Lavender top preferred, Dark green top or Yellow (ACD) top acceptable

Bone marrow: Lavender top preferred, Dark green top acceptable

**Preferred Volume:**

Blood: 5 mL

Bone marrow: 3 mL

**Minimum Volume:**

Blood: 4 mL

Bone marrow: 3 mL

**Remarks:**

Due to limited sample stability, collect samples Monday-Thursday only and avoiding holidays.

**Stability (from collection to initiation):**

Refrigerated 3 days

**Unacceptable Conditions:**

Clotted sample

**Rejection Criteria:**

Clotted or frozen sample

## PROCESSING

**Test Code:**

IGVHM

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Do NOT centrifuge samples. Store and ship refrigerated. Order Quest test # 15480X

**Preferred Volume:**

Blood: 5 mL

Bone marrow: 3 mL

**Minimum Volume:**

Blood: 4 mL  
Bone marrow: 3 mL

**Unacceptable Conditions:**

Clotted sample

**Rejection Criteria:**

Clotted or frozen sample

**Stability (from collection to initiation):**

Refrigerated 3 days

**RESULT INTERPRETATION****Additional Information:**

Provides prognostic information for patients who have B-cell chronic lymphocytic leukemia. Patients with mutated IgH variable gene region required minimal or no chemotherapy and had prolonged survival. Patients with unmutated IgH variable gene region responded poorly to continuous multi-regimen chemotherapy and shorter survival. The delineation of mutation status is based on the degree of homology to the germline sequence. A 97% homology cut-off was found to provide a good discrimination.

**ADMINISTRATIVE****CPT Codes:**

83891-90, 83894-90, 83900-90, 83901-90 x4, 83902-90, 83904-90, 83909-90, 83912-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IGVHM

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

PCR, gene sequencing

**Remarks:**

Due to limited sample stability, collect samples Monday-Thursday only and avoiding holidays.

**Collect:**

Blood: Lavender top preferred, Dark green top or Yellow (ACD) top acceptable  
Bone marrow: Lavender top preferred, Dark green top acceptable

**Sample Type:**

Whole blood, bone marrow

**Preferred Volume:**

Blood: 5 mL  
Bone marrow: 3 mL

**Minimum Volume:**

Blood: 4 mL  
Bone marrow: 3 mL

**Rejection Criteria:**

Clotted or frozen sample

**Unacceptable Conditions:**

Clotted sample

**Specimen Preparation:**

Do NOT centrifuge samples. Store and ship refrigerated. Order Quest test # 15480X

**Synonyms:**

- B cell heavy chain mutation
- Ig heavy chain mutation

**Stability (from collection to initiation):**

Refrigerated 3 days

**Reported:**

Test performed once per week. Turnaround time 3-10 days.



**Additional Information:**

Provides prognostic information for patients who have B-cell chronic lymphocytic leukemia. Patients with mutated IgH variable gene region required minimal or no chemotherapy and had prolonged survival. Patients with unmutated IgH variable gene region responded poorly to continuous multi-regimen chemotherapy and shorter survival. The delineation of mutation status is based on the degree of homology to the germline sequence. A 97% homology cut-off was found to provide a good discrimination.

**CPT Codes:**

83891-90, 83894-90, 83900-90, 83901-90 x4, 83902-90, 83904-90, 83909-90, 83912-90

# Citrate, 24 Hour Urine

LAB3402

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Spectrophotometric, enzymatic

**Reported:**

Test run Tuesday-Saturday. Turnaround time: 2-5 days

**Synonyms:**

- Citric acid

## COLLECTION

**Sample Type:**

24 hour urine collection

**Label Abbreviation:**

CITU

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Remarks:**

Refrigerate container before and after collection.

Instruct patient to NOT include first morning specimen at the beginning of the collection (i.e. DISCARD), and to begin to collect all subsequent voiding until the same time the next morning, INCLUDING the first morning specimen at the end of the 24 hour. collection. Submit specimen to Laboratory for processing.

**Unacceptable Conditions:**

Container not refrigerated during collection

## PROCESSING

**Test Code:**

CITU

**Test Group:**

Citrate

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Record total volume collected on request. Mix collection well, aliquot 10 mL and refrigerate. Order Quest #3095N.

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection

## RESULT INTERPRETATION

**Units:**

mg/24 h

**Reference Interval:**

100-1300 mg/d

**ADMINISTRATIVE****CPT Codes:**

82507-90, 82570-90

**LOINC Codes:**

6687-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CITU

**Test Group:**

Citrate

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Spectrophotometric, enzymatic

**Remarks:**

Refrigerate container before and after collection.

Instruct patient to NOT include first morning specimen at the beginning of the collection (i.e. DISCARD), and to begin to collect all subsequent voiding until the same time the next morning, INCLUDING the first morning specimen at the end of the 24 hour. collection. Submit specimen to Laboratory for processing.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection

**Specimen Preparation:**

Record total volume collected on request. Mix collection well, aliquot 10 mL and refrigerate. Order Quest #3095N.

**Units:**

mg/24 h

**Reference Interval:**

100-1300 mg/d

**Synonyms:**

- Citric acid

**Reported:**

Test run Tuesday-Saturday. Turnaround time: 2-5 days

**CPT Codes:**

82507-90, 82570-90

**LOINC Codes:**

6687-8

**Citrate, random urine**

LAB3524

**ORDERING****Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Spectrophotometry, enzymatic

**Synonyms:**

- citric acid urine

**COLLECTION****Sample Type:**

Random urine

**Label Abbreviation:**

CITUR

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**PROCESSING****Test Code:**

CITUR

**Test Group:**

Citrate

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest test #11004X

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**RESULT INTERPRETATION****Units:**

mg/g creatinine

**Reference Interval:**

Pediatric:

|               |                            |  |
|---------------|----------------------------|--|
| < 1 month     | NOT ESTABLISHED            |  |
| 1-11 months   | 235 - 4069 mg/g creatinine |  |
| 1 - 9 years   | 11 - 1136 mg/g creatinine  |  |
| 10 - 17 years | 55 - 845 mg/g creatinine   |  |

&gt;= 18 year olds:

|         |                         |
|---------|-------------------------|
| Females | 125-900 mg/g creatinine |
| Males   | 65-650 mg/g creatinine  |

**ADMINISTRATIVE****CPT Codes:**

82507-90, 82570-90

**LOINC Codes:**

13722-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CITUR

**Test Group:**

Citrate

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Spectrophotometry, enzymatic

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Specimen Preparation:**

Refrigerate. Order Quest test #11004X

**Units:**

mg/g creatinine

**Reference Interval:**

Pediatric:

|               |                            |  |
|---------------|----------------------------|--|
| < 1 month     | NOT ESTABLISHED            |  |
| 1-11 months   | 235 - 4069 mg/g creatinine |  |
| 1 - 9 years   | 11 - 1136 mg/g creatinine  |  |
| 10 - 17 years | 55 - 845 mg/g creatinine   |  |

&gt;= 18 year olds:

|         |                         |
|---------|-------------------------|
| Females | 125-900 mg/g creatinine |
| Males   | 65-650 mg/g creatinine  |

**Synonyms:**

- citric acid urine

**CPT Codes:**

82507-90, 82570-90

**LOINC Codes:**

13722-4

# Citrate, serum

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Spectrophotometric, enzymatic

**Reported:**

Test performed Tuesday-Saturday. Turnaround time: 2-4 days.

**Synonyms:**

- Citric acid

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Remarks:**

Deliver immediately to Specimen Receiving.

**Unacceptable Conditions:**

Delivered to lab &gt; 30 min after collection

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Citrate

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Centrifuge and refrigerate serum.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Delivered to lab &gt; 30 min after collection

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

1.7-3.0 mg/dL (85-156 µmol/L)

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Citrate

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Spectrophotometric, enzymatic

**Remarks:**

Deliver immediately to Specimen Receiving.

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Delivered to lab > 30 min after collection

**Specimen Preparation:**

Centrifuge and refrigerate serum.

**Units:**

mg/dL

**Reference Interval:**

1.7-3.0 mg/dL (85-156 µmol/L)

**Synonyms:**

- Citric acid

**Reported:**

Test performed Tuesday-Saturday. Turnaround time: 2-4 days.

# Citrated Platelet Count

LAB6220

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Mount Zion

**Performed:**

24 hours per day, 7 days per week

**Methodology:**

Flow cytometry

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

CBC, CBCD, Blood Smear Morphology, and RETIC may not be added to this test.

If adding on COAG tests, please refer to stability for individual test.

This test may be ordered when platelets show clumping in EDTA anticoagulant, or clumping is suspected. Platelet clumping is not always corrected with Sodium Citrate anticoagulant and should not be routinely ordered if no clumping issues are present.

## COLLECTION

**Sample Type:**

Citrated whole blood

**Collect:**

Blue (2.7 mL) or Lt. Blue (1.8mL) top filled to full extent or vacuum

**Amount to Collect:**

Blue top: 2.7mL blood

Lt. Blue top: 1.8 mL blood

**Rejection Criteria:**

Short draws and clotted samples are unacceptable and will be rejected.

## PROCESSING

**Test Code:**

PLTCIT

**Performing Lab:**

Parnassus, Mission Bay, Mount Zion

**Rejection Criteria:**

Short draws and clotted samples are unacceptable and will be rejected.

## RESULT INTERPRETATION

**Units:** $\times 10^9/L$ **Reference Interval:**140-450  $\times 10^9/L$ **Critical Values:** $\leq 10 \times 10^9/L$ : Always called $\leq 25 \times 10^9/L$ : Called if new finding within previous 24 hours.**Additional Information:**

CBC, CBCD, Blood Smear Morphology, and RETIC may not be added to this test.

If adding on COAG tests, please refer to stability for individual test.

This test may be ordered when platelets show clumping in EDTA anticoagulant, or clumping is suspected. Platelet clumping is not always corrected with Sodium Citrate anticoagulant and should not be routinely ordered if no clumping issues are present.



**Interpretive Data:**

Due to the dilution factor of the liquid anticoagulant, platelet counts obtained in Sodium Citrate may be different from platelet counts obtained in EDTA anticoagulant. Platelet clumping is not always corrected with Sodium Citrate. Clinical correlation is recommended.

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

PLTCIT

**Performing Lab:**

Parnassus, Mission Bay, Mount Zion

**Performed:**

24 hours per day, 7 days per week

**Methodology:**

Flow cytometry

**Collect:**

Blue (2.7 mL) or Lt. Blue (1.8mL) top filled to full extent or vacuum

**Amount to Collect:**

Blue top: 2.7mL blood

Lt. Blue top: 1.8 mL blood

**Sample Type:**

Citrated whole blood

**Rejection Criteria:**

Short draws and clotted samples are unacceptable and will be rejected.

**Units:**

$\times 10^9/L$

**Reference Interval:**

140-450  $\times 10^9/L$

**Critical Values:**

$\leq 10 \times 10^9/L$ : Always called

$\leq 25 \times 10^9/L$ : Called if new finding within previous 24 hours.

**Interpretive Data:**

Due to the dilution factor of the liquid anticoagulant, platelet counts obtained in Sodium Citrate may be different from platelet counts obtained in EDTA anticoagulant. Platelet clumping is not always corrected with Sodium Citrate. Clinical correlation is recommended.

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

CBC, CBCD, Blood Smear Morphology, and RETIC may not be added to this test.

If adding on COAG tests, please refer to stability for individual test.

This test may be ordered when platelets show clumping in EDTA anticoagulant, or clumping is suspected. Platelet clumping is not always corrected with Sodium Citrate anticoagulant and should not be routinely ordered if no clumping issues are present.

# cKIT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Clinical Cancer Genomics Lab (CCGL)

**Methodology:**

PCR, sequencing

**Reported:**

2 weeks

**Additional Information:**

In this assay, DNA is chosen as a starting material for detection of c-kit mutations. Because this assay relies on sequencing methodology, it should be performed on diagnostic specimens in which percent involvement is high, so optimally at diagnosis. (Sequencing assay methodology requires ~20% involvement for mutation detection). This assay is not appropriate for detection of minimal residual disease.

**Synonyms:**

- c-KIT
- Mast/stem cell growth factor receptor
- SCFR
- proto-oncogene c-Kit
- tyrosine-protein kinase
- CD117

## COLLECTION

**Sample Type:**

EDTA whole blood or bone marrow aspirate Note: If blood or marrow aspirate is not available formalin fixed paraffin embedded tissue can be submitted

**Collect:**

Lavendar top

**Amount to Collect:**

EDTA whole blood 5 mL

Bone marrow aspirate in EDTA 3 mL

**Preferred Volume:**

EDTA whole blood 5 mL

Bone marrow aspirate in EDTA 3 mL

**Minimum Volume:**

EDTA whole blood 1 mL

Bone marrow aspirate in EDTA 1 mL

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks

## PROCESSING

**Test Group:**

AML molecular markers

**Sendout:**

Yes

**Performing Lab:**

Clinical Cancer Genomics Lab (CCGL)

**Specimen Preparation:**

Do not freeze whole blood. Ship sample to CCGL at Mt Zion as soon as possible.

**Preferred Volume:**

EDTA whole blood 5 mL

Bone marrow aspirate in EDTA 3 mL

**Minimum Volume:**

EDTA whole blood 1 mL

Bone marrow aspirate in EDTA 1 mL

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks

**RESULT INTERPRETATION****Reference Interval:**

Negative for mutations of exons tested.

**Additional Information:**

In this assay, DNA is chosen as a starting material for detection of c-kit mutations. Because this assay relies on sequencing methodology, it should be performed on diagnostic specimens in which percent involvement is high, so optimally at diagnosis. (Sequencing assay methodology requires ~20% involvement for mutation detection). This assay is not appropriate for detection of minimal residual disease.

**ADMINISTRATIVE****CPT Codes:**

83891, 83892, 83898, 83904, 83909, 83912

**COMPLETE VIEW****Available Stat:**

No

**Test Group:**

AML molecular markers

**Performing Lab:**

Clinical Cancer Genomics Lab (CCGL)

**Sendout:**

Yes

**Methodology:**

PCR, sequencing

**Collect:**

Lavendar top

**Amount to Collect:**

EDTA whole blood 5 mL

Bone marrow aspirate in EDTA 3 mL

**Sample Type:**

EDTA whole blood or bone marrow aspirate Note: If blood or marrow aspirate is not available formalin fixed paraffin embedded tissue can be submitted

**Preferred Volume:**

EDTA whole blood 5 mL

Bone marrow aspirate in EDTA 3 mL

**Minimum Volume:**

EDTA whole blood 1 mL

Bone marrow aspirate in EDTA 1 mL

**Specimen Preparation:**

Do not freeze whole blood. Ship sample to CCGL at Mt Zion as soon as possible.

**Reference Interval:**

Negative for mutations of exons tested.

**Synonyms:**

- c-KIT
- Mast/stem cell growth factor receptor
- SCFR
- proto-oncogene c-Kit
- tyrosine-protein kinase
- CD117

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks

**Reported:**

2 weeks

**Additional Information:**

In this assay, DNA is chosen as a starting material for detection of c-kit mutations. Because this assay relies on sequencing methodology, it should be performed on diagnostic specimens in which percent involvement is high, so optimally at diagnosis. (Sequencing assay methodology requires ~20% involvement for mutation detection). This assay is not appropriate for detection of minimal residual disease.

**CPT Codes:**

83891, 83892, 83898, 83904, 83909, 83912

# Clomipramine

LAB3558

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Liquid Chromatography Tandem Mass Spectrometry

**Reported:**

Test run Wednesday. Turnaround time: 3-8 days.

**Additional Information:**

Includes desmethyl metabolite.

Neuroleptic drugs cause increased N-Desmethyl Clomipramine.

There is great variability of N-Desmethyl Clomipramine to Clomipramine ratio of approximately 2-6:1. The reference ranges are a consensus of several publications. The distribution of individual patient concentrations is not normal. The most common side effects are dry mouth, somnolence, and tremor.

**Synonyms:**

- Anafranil

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

CLMP

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Remarks:**

Do NOT use serum separator tube. Optimum time to sample is 12-14 hours after oral dose.

**Stability (from collection to initiation):**

Room temperature 1 hour, refrigerated 5 days, frozen at -20C 1 month.

**Unacceptable Conditions:**

Sample collected in Gold top

## PROCESSING

**Test Code:**

CLMP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate and refrigerate serum as soon as possible.

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top

**Stability (from collection to initiation):**

Room temperature 1 hour, refrigerated 5 days, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

µg/L (mcg/L)

**Reference Interval:**

Clomipramine: 50-250 µg/L

DM-clomipramine: 150-350 µg/L

Total: 200-600 µg/L

**Critical Values:**

Quest Priority-1: >= 600 µg/L

**Additional Information:**

Includes desmethyl metabolite.

Neuroleptic drugs cause increased N-Desmethyl Clomipramine.

There is great variability of N-Desmethyl Clomipramine to Clomipramine ratio of approximately 2-6:1. The reference ranges are a consensus of several publications. The distribution of individual patient concentrations is not normal. The most common side effects are dry mouth, somnolence, and tremor.

**ADMINISTRATIVE****CPT Codes:**

80299

**LOINC Codes:**

3491-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CLMP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Liquid Chromatography Tandem Mass Spectrometry

**Remarks:**

Do NOT use serum separator tube. Optimum time to sample is 12-14 hours after oral dose.

**Collect:**

Red top (Gold top **NOT** acceptable)

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top

**Specimen Preparation:**

Separate and refrigerate serum as soon as possible.

**Units:**

µg/L (mcg/L)

**Reference Interval:**

Clomipramine: 50-250 µg/L

DM-clomipramine: 150-350 µg/L

Total: 200-600 µg/L

**Critical Values:**

Quest Priority-1: >= 600 µg/L

**Synonyms:**

- Anafranil

**Stability (from collection to initiation):**

Room temperature 1 hour, refrigerated 5 days, frozen at -20C 1 month.

**Reported:**

Test run Wednesday. Turnaround time: 3-8 days.

**Additional Information:**

Includes desmethyl metabolite.

Neuroleptic drugs cause increased N-Desmethyl Clomipramine.

There is great variability of N-Desmethyl Clomipramine to Clomipramine ratio of approximately 2-6:1. The reference ranges are a consensus of several publications. The distribution of individual patient concentrations is not normal. The most common side effects are dry mouth, somnolence, and tremor.

**CPT Codes:**

80299

**LOINC Codes:**

3491-8

# Clonazepam

CLON

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS

**Reported:**

Test run 4x per week. Turnaround time: 3-5 days.

**Synonyms:**

- Klonopin

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Remarks:**

Do NOT use serum separator tube.

**Unacceptable Conditions:**

Sample collected in Gold top

## PROCESSING

**Test Code:**

CLON

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze at -20C.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top

## RESULT INTERPRETATION

**Units:**

µg/L (mcg/L)

**Reference Interval:**

Therapeutic: 30-60 µg/L

Potentially toxic: &gt; 70 µg/L.

## ADMINISTRATIVE

**CPT Codes:**

80346-90

**LOINC Codes:**  
3494-2

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
CLON

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
LC/MS

**Remarks:**  
Do NOT use serum separator tube.

**Collect:**  
Red top

**Amount to Collect:**  
4 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
2 mL serum

**Minimum Volume:**  
1 mL serum

**Unacceptable Conditions:**  
Sample collected in Gold top

**Specimen Preparation:**  
Freeze at -20C.

**Units:**  
µg/L (mcg/L)

**Reference Interval:**  
Therapeutic: 30-60 µg/L  
Potentially toxic: > 70 µg/L.

**Synonyms:**

- Klonopin

**Reported:**  
Test run 4x per week. Turnaround time: 3-5 days.

**CPT Codes:**  
80346-90

**LOINC Codes:**  
3494-2



**ClonoSEQ (Formerly 'ClonoSight')**

MOLT

**ORDERING****Approval Required:**

Yes, for inpatient orders.

**Available Stat:**

No

**Performing Lab:**

Adaptive Biotechnologies

**Methodology:**

PCR and next-generation sequencing

**Reported:**

7 days for fresh specimens; 14 days for archived specimens

**Additional Information:**

The previous lab (Sequentia; South San Francisco) that performed the ClonoSight test was purchased by Adaptive Biotechnologies (Seattle) in May of 2015 and is no longer accepting samples. The ClonoSight test has been replaced by the ClonoSeq assay, which is the name of a similar test that Adaptive Biotechnologies offers. These assays have been shown to be highly concordant.

All samples for clonoSEQ testing should be sent to Adaptive Biotechnologies in Seattle, WA.

For patients who were originally evaluated (had malignant clones identified) using Sequentia's ClonoSight assay, additional steps may be required prior to continuing with MRD testing on the Adaptive Biotechnologies clonoSEQ assay. It is imperative that the sendout lab be notified if a patient falls into this category so that they can work with Adaptive to transition the patient's testing to clonoSEQ.

**Synonyms:**

- Molecular Minimal residual disease testing
- MRD
- ClonoSight
- LymphoSight

**COLLECTION****Sample Type:**

EDTA anticoagulated blood or bone marrow

**Collect:**

Lavender top

**Amount to Collect:**

Blood: 10 mL

Bone marrow: 3 mL

**Preferred Volume:**

Blood: 10 mL

Bone marrow: 3 mL

**Minimum Volume:**

Blood: 10 mL

Bone marrow: 3 mL

**Remarks:**

All samples for clonoSEQ testing should be sent to Adaptive Biotechnologies in Seattle, WA.

Due to limited sample stability, collect samples Monday-Friday only and send via FedEx overnight, avoiding holidays. Samples are accepted by Adaptive Biotechnologies Monday through Saturday from 8AM to 5PM PT.

See Adaptive Biotechnologies website for additional specimen requirements.

**Stability (from collection to initiation):**

4 days at room temperature

7 days at 4C

**PROCESSING****Test Code:**

MOLT

**Sendout:**

Yes

**Performing Lab:**

Adaptive Biotechnologies

**Specimen Preparation:**

Keep samples at room temperature. Forward to CB at room temperature.

**Preferred Volume:**

Blood: 10 mL

Bone marrow: 3 mL

**Minimum Volume:**

Blood: 10 mL

Bone marrow: 3 mL

**Stability (from collection to initiation):**

4 days at room temperature

7 days at 4C

**RESULT INTERPRETATION****Additional Information:**

The previous lab (Sequentia; South San Francisco) that performed the ClonoSight test was purchased by Adaptive Biotechnologies (Seattle) in May of 2015 and is no longer accepting samples. The ClonoSight test has been replaced by the ClonoSeq assay, which is the name of a similar test that Adaptive Biotechnologies offers. These assays have been shown to be highly concordant.

All samples for clonoSEQ testing should be sent to Adaptive Biotechnologies in Seattle, WA.

For patients who were originally evaluated (had malignant clones identified) using Sequentia's ClonoSight assay, additional steps may be required prior to continuing with MRD testing on the Adaptive Biotechnologies clonoSEQ assay. It is imperative that the sendout lab be notified if a patient falls into this category so that they can work with Adaptive to transition the patient's testing to clonoSEQ.

**COMPLETE VIEW****Approval Required:**

Yes, for inpatient orders.

**Available Stat:**

No

**Test Code:**

MOLT

**Performing Lab:**

Adaptive Biotechnologies

**Sendout:**

Yes

**Methodology:**

PCR and next-generation sequencing

**Remarks:**

All samples for clonoSEQ testing should be sent to Adaptive Biotechnologies in Seattle, WA.

Due to limited sample stability, collect samples Monday-Friday only and send via FedEx overnight, avoiding holidays. Samples are accepted by Adaptive Biotechnologies Monday through Saturday from 8AM to 5PM PT.

See Adaptive Biotechnologies website for additional specimen requirements.

**Collect:**

Lavender top

**Amount to Collect:**

Blood: 10 mL

Bone marrow: 3 mL

**Sample Type:**

EDTA anticoagulated blood or bone marrow

**Preferred Volume:**

Blood: 10 mL

Bone marrow: 3 mL

**Minimum Volume:**

Blood: 10 mL

Bone marrow: 3 mL

**Specimen Preparation:**

Keep samples at room temperature. Forward to CB at room temperature.

**Synonyms:**

- Molecular Minimal residual disease testing
- MRD
- ClonoSight
- LymphoSight

**Stability (from collection to initiation):**

4 days at room temperature  
7 days at 4C

**Reported:**

7 days for fresh specimens; 14 days for archived specimens

**Additional Information:**

The previous lab (Sequentia; South San Francisco) that performed the ClonoSight test was purchased by Adaptive Biotechnologies (Seattle) in May of 2015 and is no longer accepting samples. The ClonoSight test has been replaced by the ClonoSeq assay, which is the name of a similar test that Adaptive Biotechnologies offers. These assays have been shown to be highly concordant.

All samples for clonoSEQ testing should be sent to Adaptive Biotechnologies in Seattle, WA.

For patients who were originally evaluated (had malignant clones identified) using Sequentia's ClonoSight assay, additional steps may be required prior to continuing with MRD testing on the Adaptive Biotechnologies clonoSEQ assay. It is imperative that the sendout lab be notified if a patient falls into this category so that they can work with Adaptive to transition the patient's testing to clonoSEQ.

# ClonoSEQ Clonality (ID) Report

LAB21894

## ORDERING

**Additional Information:**

Please see ClonoSEQ Clonality (ID) Report [Test Requirements](#) for information regarding this test.

**Synonyms:**

- CLID

## COLLECTION

**Label Abbreviation:**

CLID

## RESULT INTERPRETATION

**Additional Information:**

Please see ClonoSEQ Clonality (ID) Report [Test Requirements](#) for information regarding this test.

## COMPLETE VIEW

**Synonyms:**

- CLID

**Additional Information:**

Please see ClonoSEQ Clonality (ID) Report [Test Requirements](#) for information regarding this test.

# ClonoSEQ Tracking (MRD) Report

LAB21896

## ORDERING

**Additional Information:**  
Please see ClonoSEQ Tracking (MRD) Report [Test Requirements](#) for information regarding this test.

**Synonyms:**

- CLMRD

## COLLECTION

**Label Abbreviation:**  
CLMRD

## RESULT INTERPRETATION

**Additional Information:**  
Please see ClonoSEQ Tracking (MRD) Report [Test Requirements](#) for information regarding this test.

## COMPLETE VIEW

**Synonyms:**

- CLMRD

**Additional Information:**  
Please see ClonoSEQ Tracking (MRD) Report [Test Requirements](#) for information regarding this test.

# Clorazepate

NORDP

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC

**Reported:**

7-10 days

**Additional Information:**

Oxazepam (Serax(R)), an antianxiety agent, is an active but less potent metabolite of diazepam, nordiazepam, and chlordiazepoxide. Clorazepate is a benzodiazepine used to treat anxiety. It has CNS depressant effects. The primary metabolite, nordiazepam is measured by this assay.

**Synonyms:**

- Tranzene
- Desmethyldiazepam
- Nordiazepam
- Tranxene

## COLLECTION

**Sample Type:**

Serum

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

5 mL blood

**Preferred Volume:**

2.5 mL serum

**Minimum Volume:**

1 mL serum

**Remarks:**

Do NOT use serum separator tube.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen at -20C 1 month

**Unacceptable Conditions:**

Sample collected in Gold top.

## PROCESSING

**Test Code:**

NORDP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze at -20C. Test code NORDP orders both Clorazepate (Quest # 5274X) and Oxazepam (Quest # 808X) as a package.

**Preferred Volume:**

2.5 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen at -20C 1 month

## RESULT INTERPRETATION

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

0.1-2.0 ug/mL

**Additional Information:**

Oxazepam (Serax(R)), an antianxiety agent, is an active but less potent metabolite of diazepam, nordiazepam, and chlordiazepoxide. Clorazepate is a benzodiazepine used to treat anxiety. It has CNS depressant effects. The primary metabolite, nordiazepam is measured by this assay.

**ADMINISTRATIVE****CPT Codes:**

80154-90 x2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

NORDP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC

**Remarks:**

Do NOT use serum separator tube.

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

5 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2.5 ml serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top.

**Specimen Preparation:**

Freeze at -20C. Test code NORDP orders both Clorazepate (Quest # 5274X) and Oxazepam (Quest # 808X) as a package.

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

0.1-2.0 ug/mL

**Synonyms:**

- Tranzene
- Desmethyldiazepam
- Nordiazepam
- Tranxene

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen at -20C 1 month

**Reported:**

7-10 days

**Additional Information:**

Oxazepam (Serax(R)), an antianxiety agent, is an active but less potent metabolite of diazepam, nordiazepam, and chlordiazepoxide. Clorazepate is a benzodiazepine used to treat anxiety. It has CNS depressant effects. The primary metabolite, nordiazepam is measured by this assay.

**CPT Codes:**

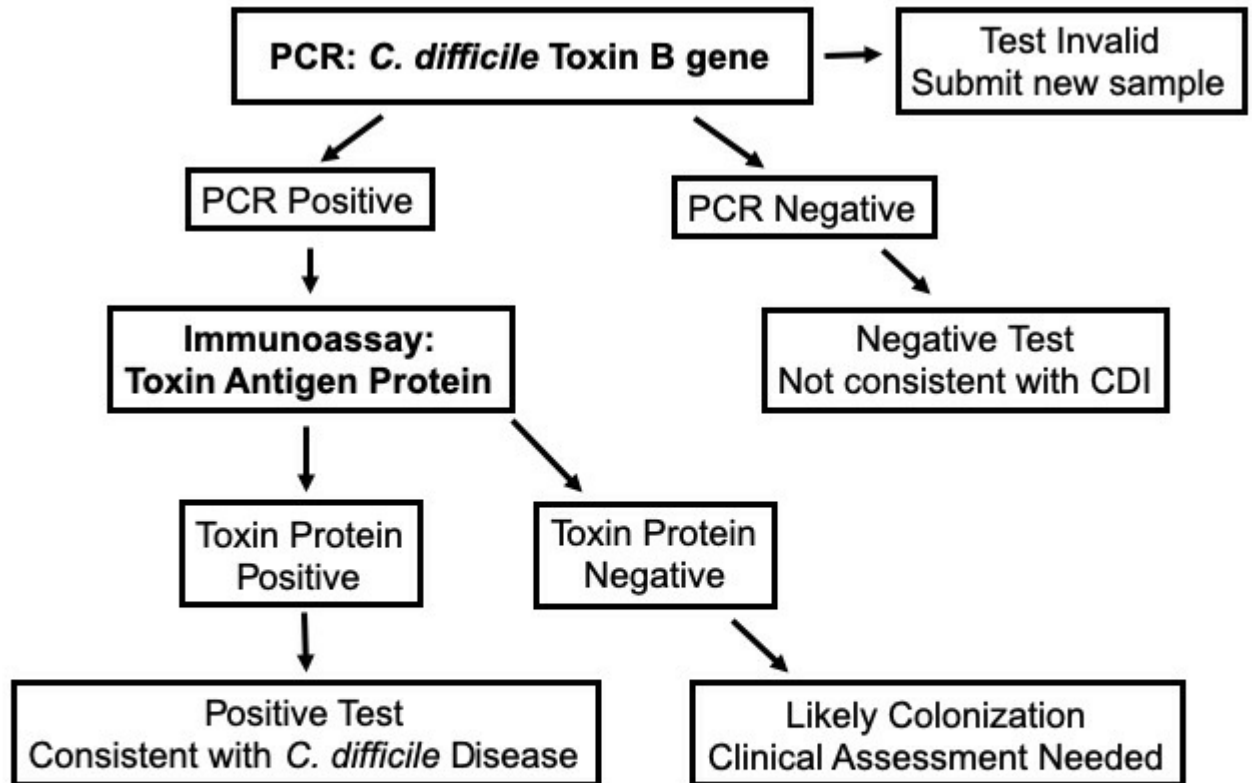
80154-90 x2

**Clostridioides difficile Toxigenic PCR with Reflex to Toxin Immunoassay**

LAB5020

**ORDERING****Ordering Recommendations:**

Testing algorithm:

**Approval Required:**

Repeat testing within 7 days is discouraged since infection status rarely changes in this time frame. Enter the reason for testing in the comment field on the order entry screen in APeX.

Contact Pediatric Infectious Disease to obtain approval to do testing on patient's < 1 year old. Testing for NAP1 epidemic strain of *C. difficile* is available with Infectious Disease approval.

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily, all shifts

**Methodology:**

PCR, rapid membrane EIA

**Reported:**

Same or next day



**Additional Information:**

Asymptomatic carriage is common, so only symptomatic patients should be tested. Submit stools from patients with diarrhea ONLY ( $\geq 3$  unformed stools in  $\leq 24$  hours, stool must conform to shape of container). Patients with ileus will also be tested - note this in Apex. Most patients with clinical C. difficile associated diarrhea have had prior antimicrobial therapy.

Repeat testing within 7 days is not recommended since infection status rarely changes in this time frame. Enter the reason for testing in the comment field on the order entry screen.

Due to high rates of colonization in children, C. difficile testing will not be performed on children  $< 12$  months old unless prior approval is obtained from pediatric infectious disease service.

Patients may be colonized with toxigenic C. difficile without having clinical disease. Recent studies indicate that patients who carry C. difficile with toxin gene (identified via PCR), but without detectable toxin protein production (detected by immunoassay) are most likely colonized and may not need treatment directed at the C. difficile (Polage 2015).

Enteric contact isolation will still be necessary for patient with diarrhea who are colonized with toxigenic C. difficile since there can be transmission to other patients. Continue isolation until the patient has formed stool for at least 48 hours, is bathed, and is moved to clean linens in a clean room.

Patients with ileus will also be tested - note this in Apex. If C. difficile is clinically suspected in a patient with ileus, a rectal swab may be submitted. The swab should be visibly soiled with stool and submitted in a clean container.

Testing for the NAP1 epidemic strain of C. difficile is available with Infectious Disease approval.

**Reflex Testing:**

Immunoassay for toxin antigen protein will be performed, and billed separately, when the PCR for toxin is positive.

**Synonyms:**

- Clostridium difficile Ag
- Enterocolitis
- Pseudomembranous enterocolitis
- Clostridium difficile toxin
- enterotoxin
- CDI
- C.diff
- C DIFF PCR

**COLLECTION**

**Sample Type:**

Bristol Stool Chart types 6 and 7 are acceptable.

Patients with ileus may submit a visibly soiled rectal swab in a clean container.

## Bristol Stool Chart

|               |                                                                                     |                                                           |
|---------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>Type 1</b> |    | <b>Separate hard lumps, like nuts<br/>(hard to pass)</b>  |
| <b>Type 2</b> |    | <b>Sausage-shaped but lumpy</b>                           |
| <b>Type 3</b> |    | <b>Like a sausage but with<br/>cracks on the surface</b>  |
| <b>Type 4</b> |    | <b>Like a sausage or snake<br/>smooth and soft</b>        |
| <b>Type 5</b> |   | <b>Soft blobs with clear-cut<br/>edges</b>                |
| <b>Type 6</b> |  | <b>Fluffy pieces with ragged<br/>edges, a mushy stool</b> |
| <b>Type 7</b> |  | <b>Watery, no solid pieces,<br/>Entirely Liquid</b>       |

**Type 6 & 7 are considered “loose” and/or “watery”  
and are suitable *C. difficile* specimens.**

**Collect:**

Sterile container

**Amount to Collect:**

2 ml stool

**Preferred Volume:**

2 mL stool

**Minimum Volume:**

1 mL stool

**Remarks:**

Potentially interfering substances include Vagisil cream and zinc oxide paste.

If *C. difficile* is clinically suspected in a patient with ileus, a rectal swab may be submitted. The swab should be visibly soiled with stool and submitted in a clean container.

**Stability (from collection to initiation):**

Room temperature 24 hours, refrigerated 3 days

**Unacceptable Conditions:**

Bristol Stool Chart types 1 - 5.  
 More than 1 sample in 7 days.  
 Samples on patients < 1 year old.

**PROCESSING****Test Code:**

P328

**Test Group:**

Clostridium difficile

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Repeat testing within 7 days will be accepted if provider has entered a reason for testing in the comment field on the order entry screen in APeX. This will display on the requisition.

Samples from children < 1 year old: TND as CONSUL and add code CDPED C. difficile testing not performed on children < 12 month old unless prior approval obtained from Pediatric ID Service.

**Preferred Volume:**

2 mL stool

**Minimum Volume:**

1 mL stool

**Unacceptable Conditions:**

Bristol Stool Chart types 1 - 5.  
 More than 1 sample in 7 days.  
 Samples on patients < 1 year old.

**Stability (from collection to initiation):**

Room temperature 24 hours, refrigerated 3 days

**RESULT INTERPRETATION****Reference Interval:**

Negative for C. difficile

**Critical Values:**

First sample positive for C. difficile toxin on an inpatient or patient currently in ED

**Additional Information:**

Asymptomatic carriage is common, so only symptomatic patients should be tested. Submit stools from patients with diarrhea ONLY ( $\geq 3$  unformed stools in  $\leq 24$  hours, stool must conform to shape of container). Patients with ileus will also be tested - note this in Apex. Most patients with clinical C. difficile associated diarrhea have had prior antimicrobial therapy.

Repeat testing within 7 days is not recommended since infection status rarely changes in this time frame. Enter the reason for testing in the comment field on the order entry screen.

Due to high rates of colonization in children, C. difficile testing will not be performed on children < 12 months old unless prior approval is obtained from pediatric infectious disease service. Patients may be colonized with toxigenic C. difficile without having clinical disease. Recent studies indicate that patients who carry C. difficile with toxin gene (identified via PCR), but without detectable toxin protein production (detected by immunoassay) are most likely colonized and may not need treatment directed at the C. difficile (Polage 2015). Enteric contact isolation will still be necessary for patient with diarrhea who are colonized with toxigenic C. difficile since there can be transmission to other patients. Continue isolation until the patient has formed stool for at least 48 hours, is bathed, and is moved to clean linens in a clean room.

Patients with ileus will also be tested - note this in Apex. If C. difficile is clinically suspected in a patient with ileus, a rectal swab may be submitted. The swab should be visibly soiled with stool and submitted in a clean container.

Testing for the NAP1 epidemic strain of C. difficile is available with Infectious Disease approval.

**ADMINISTRATIVE****CPT Codes:**

Rapid membrane EIA: 87324, 87449PCR: 87493

**LOINC Codes:**

31308-0

**COMPLETE VIEW**

**Approval Required:**

Repeat testing within 7 days is discouraged since infection status rarely changes in this time frame. Enter the reason for testing in the comment field on the order entry screen in APeX.

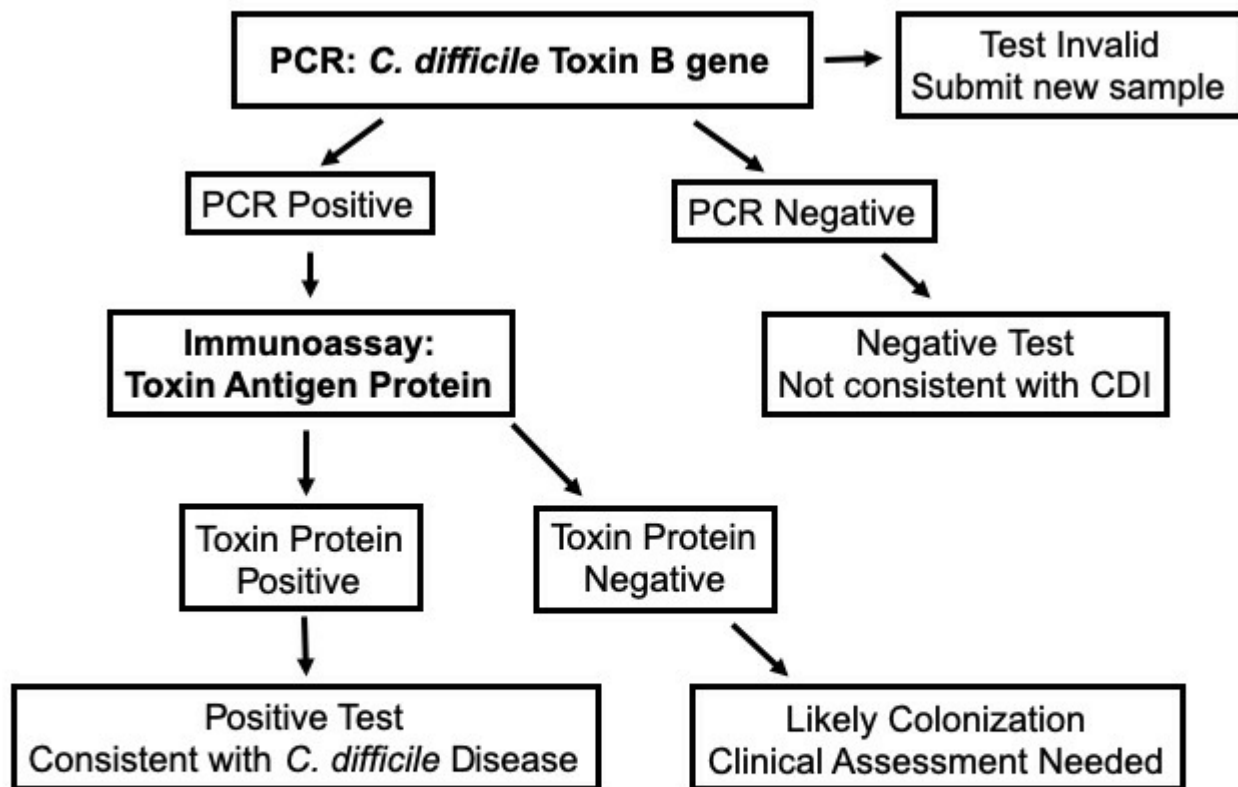
Contact Pediatric Infectious Disease to obtain approval to do testing on patient's < 1 year old. Testing for NAP1 epidemic strain of *C. difficile* is available with Infectious Disease approval.

**Available Stat:**

No

**Ordering Recommendations:**

Testing algorithm:

**Test Code:**

P328

**Test Group:**

*Clostridium difficile*

**Performing Lab:**

Microbiology

**Performed:**

Daily, all shifts

**Methodology:**

PCR, rapid membrane EIA

**Remarks:**

Potentially interfering substances include Vagisil cream and zinc oxide paste.

If *C. difficile* is clinically suspected in a patient with ileus, a rectal swab may be submitted. The swab should be visibly soiled with stool and submitted in a clean container.

**Collect:**

Sterile container

**Amount to Collect:**

2 ml stool

**Sample Type:**

Bristol Stool Chart types 6 and 7 are acceptable.

Patients with ileus may submit a visibly soiled rectal swab in a clean container.

## Bristol Stool Chart

|               |                                                                                     |                                                           |
|---------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>Type 1</b> |    | <b>Separate hard lumps, like nuts<br/>(hard to pass)</b>  |
| <b>Type 2</b> |    | <b>Sausage-shaped but lumpy</b>                           |
| <b>Type 3</b> |    | <b>Like a sausage but with<br/>cracks on the surface</b>  |
| <b>Type 4</b> |    | <b>Like a sausage or snake<br/>smooth and soft</b>        |
| <b>Type 5</b> |   | <b>Soft blobs with clear-cut<br/>edges</b>                |
| <b>Type 6</b> |  | <b>Fluffy pieces with ragged<br/>edges, a mushy stool</b> |
| <b>Type 7</b> |  | <b>Watery, no solid pieces,<br/>Entirely Liquid</b>       |

**Type 6 & 7 are considered “loose” and/or “watery”  
and are suitable *C. difficile* specimens.**

**Preferred Volume:**

2 mL stool

**Minimum Volume:**

1 mL stool

**Unacceptable Conditions:**

Bristol Stool Chart types 1 - 5.

More than 1 sample in 7 days.

Samples on patients < 1 year old.

**Specimen Preparation:**

Repeat testing within 7 days will be accepted if provider has entered a reason for testing in the comment field on the order entry screen in APeX. This will display on the requisition.

Samples from children < 1 year old: TND as CONSUL and add code CDPED C. difficile testing not performed on children < 12 month old unless prior approval obtained from Pediatric ID Service.

**Reference Interval:**

Negative for *C. difficile*

**Critical Values:**

First sample positive for *C. difficile* toxin on an inpatient or patient currently in ED

**Synonyms:**

- Clostridium difficile Ag
- Enterocolitis
- Pseudomembranous enterocolitis
- Clostridium difficile toxin
- enterotoxin
- CDI
- C.diff
- C DIFF PCR

**Stability (from collection to initiation):**

Room temperature 24 hours, refrigerated 3 days

**Reported:**

Same or next day

**Reflex Testing:**

Immunoassay for toxin antigen protein will be performed, and billed separately, when the PCR for toxin is positive.

**Additional Information:**

Asymptomatic carriage is common, so only symptomatic patients should be tested. Submit stools from patients with diarrhea ONLY ( $\geq 3$  unformed stools in  $\leq 24$  hours, stool must conform to shape of container). Patients with ileus will also be tested - note this in Apex. Most patients with clinical C. difficile associated diarrhea have had prior antimicrobial therapy.

Repeat testing within 7 days is not recommended since infection status rarely changes in this time frame. Enter the reason for testing in the comment field on the order entry screen.

Due to high rates of colonization in children, C. difficile testing will not be performed on children  $< 12$  months old unless prior approval is obtained from pediatric infectious disease service.

Patients may be colonized with toxigenic C. difficile without having clinical disease. Recent studies indicate that patients who carry C. difficile with toxin gene (identified via PCR), but without detectable toxin protein production (detected by immunoassay) are most likely colonized and may not need treatment directed at the C. difficile (Polage 2015).

Enteric contact isolation will still be necessary for patient with diarrhea who are colonized with toxigenic C. difficile since there can be transmission to other patients. Continue isolation until the patient has formed stool for at least 48 hours, is bathed, and is moved to clean linens in a clean room.

Patients with ileus will also be tested - note this in Apex. If C. difficile is clinically suspected in a patient with ileus, a rectal swab may be submitted. The swab should be visibly soiled with stool and submitted in a clean container.

Testing for the NAP1 epidemic strain of C. difficile is available with Infectious Disease approval.

**CPT Codes:**

Rapid membrane EIA: 87324, 87449PCR: 87493

**LOINC Codes:**

31308-0

# Clozapine

LAB5561

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

3-5 days

**Synonyms:**

- Norclozapine
- CLOZARIL

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

CLOZ

**Collect:**

Red top, Lavender top, Dark green top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL Serum or plasma

**Minimum Volume:**

1 mL Serum or plasma

**Remarks:**

Do not use tubes containing barrier gel

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 5 days, frozen 1 month

**Unacceptable Conditions:**

Submitted in Gold top or Light green top

## PROCESSING

**Test Code:**

CLOZ

**Sendout:**

Yes

**Performing Lab:**

Quest

**Preferred Volume:**

2 mL Serum or plasma

**Minimum Volume:**

1 mL Serum or plasma

**Unacceptable Conditions:**

Submitted in Gold top or Light green top

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 5 days, frozen 1 month

## RESULT INTERPRETATION

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

Norclozapine: 25 - 400 µg/mL

**ADMINISTRATIVE****CPT Codes:**

80159

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CLOZ

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Remarks:**

Do not use tubes containing barrier gel

**Collect:**

Red top, Lavender top, Dark green top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

2 mL Serum or plasma

**Minimum Volume:**

1 mL Serum or plasma

**Unacceptable Conditions:**

Submitted in Gold top or Light green top

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

Norclozapine: 25 - 400 µg/mL

**Synonyms:**

- Norclozapine
- CLOZARIL

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 5 days, frozen 1 month

**Reported:**

3-5 days

**CPT Codes:**

80159



# Cobalt, Blood

LAB5462

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Inductively-Coupled Plasma/Mass Spectrometry

**Reported:**

3-4 days

**Additional Information:**

Cobalt is part of our diet. Approximately 85% of absorbed cobalt is excreted in the urine and the remainder eliminated in stool. Toxicity may occur in select industrial environments. Cobalt is not mined in the United States so primary supplies are imported.

## COLLECTION

**Patient Preparation:**

Patient should refrain from taking mineral supplements, vitamin B-12 or vitamin B complex three days prior to specimen collection

**Sample Type:**

EDTA whole blood

**Label Abbreviation:**

COBL

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Remarks:**

To avoid contamination, use powderless gloves.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen unacceptable

## PROCESSING

**Test Code:**

COBL

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Do not aliquot specimen or freeze. Refrigerate tube and forward to CB.

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen unacceptable

## RESULT INTERPRETATION

**Units:** $\mu\text{g/L}$  (mcg/L)**Reference Interval:** $\leq 1.8 \mu\text{g/L}$

**Additional Information:**

Cobalt is part of our diet. Approximately 85% of absorbed cobalt is excreted in the urine and the remainder eliminated in stool. Toxicity may occur in select industrial environments. Cobalt is not mined in the United States so primary supplies are imported.

**ADMINISTRATIVE****CPT Codes:**

83018-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

COBL

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Inductively-Coupled Plasma/Mass Spectrometry

**Patient Preparation:**

Patient should refrain from taking mineral supplements, vitamin B-12 or vitamin B complex three days prior to specimen collection

**Remarks:**

To avoid contamination, use powderless gloves.

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

4 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Specimen Preparation:**

Do not aliquot specimen or freeze. Refrigerate tube and forward to CB.

**Units:**

µg/L (mcg/L)

**Reference Interval:**

<= 1.8 µg/L

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen unacceptable

**Reported:**

3-4 days

**Additional Information:**

Cobalt is part of our diet. Approximately 85% of absorbed cobalt is excreted in the urine and the remainder eliminated in stool. Toxicity may occur in select industrial environments. Cobalt is not mined in the United States so primary supplies are imported.

**CPT Codes:**

83018-90

# Cocaine Metabolite, Urine, Quantitative

LAB6200

## ORDERING

**Ordering Recommendations:**

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Cocaine, Urine Screen with Reflex to Quantitation (2012231).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-4 days

**Synonyms:**

- Benzoyllecgonine
- Benzoylmethylecgonine
- Cocaine
- Crack
- Pain Management
- Pain Management, Cocaine Metabolite with Confirmation with medMATCH, Urine
- Pain Management, Cocaine Metabolite, Quantitative, with medMATCH, Urine
- COCQNT

## COLLECTION

**Label Abbreviation:**

COCQNT

**Collect:**

Random urine.

**Amount to Collect:**

3.5 mL

**Preferred Volume:**

3.5 mL

**Minimum Volume:**

1.5 mL

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Storage/Transport Temperature:**

Room temperature.

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

## PROCESSING

**Test Code:**

COCQNT

**ARUP Test Code:**

0090359

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 1 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.5 mL)

**Preferred Volume:**

3.5 mL

**Minimum Volume:**

1.5 mL

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Storage/Transport Temperature:**

Room temperature.

**RESULT INTERPRETATION****Reference Interval:**

|                 |                       |
|-----------------|-----------------------|
| Drugs Covered   | Cutoff Concentrations |
| Benzoylcegonine | 50 ng/mL              |

**Interpretive Data:**

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 50 ng/mL

For medical purposes only; not valid for forensic use.

The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

**ADMINISTRATIVE****CPT Codes:**

80353 (Alt code: G0480)

**LOINC:**

- 3394-4

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Cocaine, Urine Screen with Reflex to Quantitation (2012231).

**Test Code:**

COCQNT

**ARUP Test Code:**

0090359

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Random urine.

**Amount to Collect:**

3.5 mL

**Preferred Volume:**

3.5 mL

**Minimum Volume:**

1.5 mL

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

**Specimen Preparation:**

Transfer 1 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.5 mL)

**Reference Interval:**

|                 |                       |
|-----------------|-----------------------|
| Drugs Covered   | Cutoff Concentrations |
| Benzoylecgonine | 50 ng/mL              |

**Interpretive Data:**

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 50 ng/mL

For medical purposes only; not valid for forensic use.

The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

**Synonyms:**

- Benzoylecgonine
- Benzoylmethylecgonine
- Cocaine
- Crack
- Pain Management
- Pain Management, Cocaine Metabolite with Confirmation with medMATCH, Urine
- Pain Management, Cocaine Metabolite, Quantitative, with medMATCH, Urine
- COCQNT

**Storage/Transport Temperature:**

Room temperature.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Reported:**

1-4 days

**CPT Codes:**

80353 (Alt code: G0480)

**LOINC:**

- 3394-4

**Notes:**

Compare to Pain Management, Cocaine Metabolite with Confirmation with medMATCH, Urine; Pain Management, Cocaine Metabolite, Quantitative, with medMATCH, Urine.

# Cocaine Screen, Urine

LAB378

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Homogeneous competitive enzyme immunoassay method using G6PDH-labeling

**Reported:**

Stat 2 hours, Routine 4 hours

**Additional Information:**

Cocaine use is measured as the benzoylecgonine metabolite. A concentration < 300 µg/L is considered negative by this test. A positive result is ≥ 300 µg/L and is consistent with possible presence of this metabolite. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

Benzoylecgonine can be detected within 1-3 days after use and can be detected as long as 22 days after use. (From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205)

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified.

Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing. Confirmation test code: COCQNT

[Click here for List of Cross Reactive Substances](#)

**Synonyms:**

- benzoylecgonine
- COCU

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 2 weeks

## PROCESSING

**Test Code:**

COCU

**Test Group:**

Cocaine

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 2 weeks

**RESULT INTERPRETATION****Reference Interval:**

Negative

Note: a negative result indicates that cocaine metabolite is not present, or it is present at a concentration below the cutoff concentration of 300 µg/L

**Additional Information:**

Cocaine use is measured as the benzoylecgonine metabolite. A concentration < 300 µg/L is considered negative by this test. A positive result is ≥ 300 µg/L and is consistent with possible presence of this metabolite. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

Benzoylecgonine can be detected within 1-3 days after use and can be detected as long as 22 days after use. (From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205)

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified.

Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing. Confirmation test code: COCQNT

[Click here for List of Cross Reactive Substances](#)

**ADMINISTRATIVE****CPT Codes:**

80307

**LOINC Codes:**

3397-7

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

COCU

**Test Group:**

Cocaine

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Homogeneous competitive enzyme immunoassay method using G6PDH-labeling

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Reference Interval:**

Negative

Note: a negative result indicates that cocaine metabolite is not present, or it is present at a concentration below the cutoff concentration of 300 µg/L

**Synonyms:**

- benzoylecgonine
- COCU

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 2 weeks

**Reported:**

Stat 2 hours, Routine 4 hours

**Additional Information:**

Cocaine use is measured as the benzoylecgonine metabolite. A concentration < 300 µg/L is considered negative by this test. A positive result is ≥ 300 µg/L and is consistent with possible presence of this metabolite. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

Benzoylecgonine can be detected within 1-3 days after use and can be detected as long as 22 days after use. (From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205)

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified.

Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing. Confirmation test code: COCQNT

[Click here for List of Cross Reactive Substances](#)

**CPT Codes:**

80307

**LOINC Codes:**

3397-7



# Coccidia Exam

LAB5025

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Methodology:**

Kinyoun stain

**Reported:**

1-3 days

**Additional Information:**

A screen for coccidia (Isospora, Cryptosporidium, and Cyclospora) is included in the routine stool examination for parasites (see Parasites, Stool).

If exam for coccidia is specifically requested, an acid fast smear from a concentrate is examined. There will be an additional charge for preparing a stool concentrate for staining.

**Synonyms:**

- Cryptosporidium
- Cyclospora
- Isospora

## COLLECTION

**Sample Type:**

Stool

**Collect:**

Inpatients: Clean container

ED/Outpatients: SAF collection vial

SAF vials and instructions available from Material Services (PMM # 44366 Vials SAF Sterile Child Resistant Cap 574-05-CRC-WB). Outpatients can obtain these from the laboratories' draw stations.

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

10 mL stool

Note: for SAF vial, fill to red line on container label

**Minimum Volume:**

5 mL stool

Note: for SAF vial, fill to red line on container label

**Remarks:**

SAF vials and instructions available from Material Services (PMM # 44366 Vials SAF Sterile Child Resistant Cap 574-05-CRC-WB). Outpatients can obtain these from the laboratories' draw stations.

**Stability (from collection to initiation):**

Unpreserved 24 hours, preserved 2 weeks

**Unacceptable Conditions:**

Stool in a preservative other than SAF. More than one sample received within 24 hours. Stool not mixed well in SAF, or if preservative has been poured out. SAF container filled past the red line on the container label.

## PROCESSING

**Test Code:**

P407

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Transfer unpreserved stool to SAF preservative upon receipt in lab.

**Preferred Volume:**

10 mL stool

Note: for SAF vial, fill to red line on container label

**Minimum Volume:**

5 mL stool

Note: for SAF vial, fill to red line on container label

**Unacceptable Conditions:**

Stool in a preservative other than SAF. More than one sample received within 24 hours. Stool not mixed well in SAF, or if preservative has been poured out. SAF container filled past the red line on the container label.

**Stability (from collection to initiation):**

Unpreserved 24 hours, preserved 2 weeks

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

A screen for coccidia (Isospora, Cryptosporidium, and Cyclospora) is included in the routine stool examination for parasites (see Parasites, Stool).

If exam for coccidia is specifically requested, an acid fast smear from a concentrate is examined. There will be an additional charge for preparing a stool concentrate for staining.

**ADMINISTRATIVE****CPT Codes:**

87206

**LOINC Codes:**

40958-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P407

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Methodology:**

Kinyoun stain

**Remarks:**

SAF vials and instructions available from Material Services (PMM # 44366 Vials SAF Sterile Child Resistant Cap 574-05-CRC-WB). Outpatients can obtain these from the laboratories' draw stations.

**Collect:**

Inpatients: Clean container

ED/Outpatients: SAF collection vial

SAF vials and instructions available from Material Services (PMM # 44366 Vials SAF Sterile Child Resistant Cap 574-05-CRC-WB). Outpatients can obtain these from the laboratories' draw stations.

**Amount to Collect:**

See preferred volume

**Sample Type:**

Stool

**Preferred Volume:**

10 mL stool

Note: for SAF vial, fill to red line on container label

**Minimum Volume:**

5 mL stool

Note: for SAF vial, fill to red line on container label

**Unacceptable Conditions:**

Stool in a preservative other than SAF. More than one sample received within 24 hours. Stool not mixed well in SAF, or if preservative has been poured out. SAF container filled past the red line on the container label.

**Specimen Preparation:**

Transfer unpreserved stool to SAF preservative upon receipt in lab.

**Reference Interval:**

Negative

**Synonyms:**

- Cryptosporidium
- Cyclospora
- Isospora

**Stability (from collection to initiation):**

Unpreserved 24 hours, preserved 2 weeks

**Reported:**

1-3 days

**Additional Information:**

A screen for coccidia (Isospora, Cryptosporidium, and Cyclospora) is included in the routine stool examination for parasites (see Parasites, Stool).

If exam for coccidia is specifically requested, an acid fast smear from a concentrate is examined. There will be an additional charge for preparing a stool concentrate for staining.

**CPT Codes:**

87206

**LOINC Codes:**

40958-1

**Coccidioides Ab, ID, Serum**  
LAB791

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Immunology

**Performed:**  
Tuesday, Friday (day shift)

**Methodology:**  
Immunodiffusion

**Reported:**  
3-5 days

**Additional Information:**  
Immunodiffusion detects both IgM and IgG antibodies, the latter corresponding to the antibody measured in the CF test.

**Synonyms:**

- coccidiomycosis

**COLLECTION**

**Sample Type:**  
Serum

**Collect:**  
Gold top

**Amount to Collect:**  
1 mL blood

**Minimum Volume:**  
0.5 mL serum

**PROCESSING**

**Test Code:**  
COCC

**Test Group:**  
Coccidioides immitis Antibody

**Performing Lab:**  
Immunology

**Specimen Preparation:**  
Freeze sample at -20C.

**Minimum Volume:**  
0.5 mL serum

**RESULT INTERPRETATION**

**Reference Interval:**  
Negative

**Additional Information:**  
Immunodiffusion detects both IgM and IgG antibodies, the latter corresponding to the antibody measured in the CF test.

**ADMINISTRATIVE**

**CPT Codes:**  
86635

**COMPLETE VIEW**

**Available Stat:**  
No

**Test Code:**  
COCC

**Test Group:**

Coccidioides immitis Antibody

**Performing Lab:**

Immunology

**Performed:**

Tuesday, Friday (day shift)

**Methodology:**

Immunodiffusion

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Freeze sample at -20C.

**Reference Interval:**

Negative

**Synonyms:**

- coccidiomycosis

**Reported:**

3-5 days

**Additional Information:**

Immunodiffusion detects both IgM and IgG antibodies, the latter corresponding to the antibody measured in the CF test.

**CPT Codes:**

86635

# Coenzyme Q10, Total

LAB6125

## ORDERING

**Ordering Recommendations:**

Monitor replacement therapy in coenzyme Q deficiencies; not useful in coenzyme Q deficiency diagnosis.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Tue, Thu, Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography (HPLC)

**Reported:**

1-5 days

**Additional Information:**

Coenzyme Q10 (CoQ10) is a fat soluble cofactor that is essential for energy producing metabolic pathways and for the proper functioning of the mitochondrial oxidative system. With insufficient CoQ10, the electron transfer activity of the mitochondria decreases, resulting in a net failure to produce the energy necessary to run the cell. Tissues with high energy demand have even greater demands for CoQ10. For example, heart muscle, which continually exerts a pumping action for an entire lifetime, has an immense need for the cofactor. Studies demonstrate the effectiveness of supplemental coenzyme Q10 in cardiomyopathy, myocardial dysfunction, and congestive heart failure. CoQ10 is also a powerful antioxidant like vitamins E and C, and thus serves the role of neutralizing excess free radicals. It is now well established that the control of excessive free radical activity is key in preventing/delaying the progression of degenerative diseases.

**Synonyms:**

- Ubiquinone 10
- CoQ10
- CQ10

## COLLECTION

**Patient Preparation:**

Patient should fast overnight prior to specimen collection. Patient may have water. It is not necessary to discontinue nutritional supplements prior to this test.

**Sample Type:**

Plasma or serum

**Label Abbreviation:**

CQ10

**Collect:**

Plasma separator tube, green (sodium or lithium heparin), serum separator tube, or plain red.

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum/plasma

**Minimum Volume:**

0.3 mL serum/plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 3 weeks; Frozen: 1 month

**Storage/Transport Temperature:**

Frozen.

**Unacceptable Conditions:**

Specimens other than heparinized plasma or serum. Hemolyzed specimens. Specimens exposed to repeated freeze/thaw cycles.

## PROCESSING

**Test Code:**

CQ10

**ARUP Test Code:**

0081119

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate plasma or serum from cells within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

**Preferred Volume:**

1 mL serum/plasma

**Minimum Volume:**

0.3 mL serum/plasma

**Unacceptable Conditions:**

Specimens other than heparinized plasma or serum. Hemolyzed specimens. Specimens exposed to repeated freeze/thaw cycles.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 3 weeks; Frozen: 1 month

**Storage/Transport Temperature:**

Frozen.

**RESULT INTERPRETATION****Units:**

mg/L

**Reference Interval:**

0.4-1.6 mg/L

**Additional Information:**

Coenzyme Q10 (CoQ10) is a fat soluble cofactor that is essential for energy producing metabolic pathways and for the proper functioning of the mitochondrial oxidative system. With insufficient CoQ10, the electron transfer activity of the mitochondria decreases, resulting in a net failure to produce the energy necessary to run the cell. Tissues with high energy demand have even greater demands for CoQ10. For example, heart muscle, which continually exerts a pumping action for an entire lifetime, has an immense need for the cofactor. Studies demonstrate the effectiveness of supplemental coenzyme Q10 in cardiomyopathy, myocardial dysfunction, and congestive heart failure. CoQ10 is also a powerful antioxidant like vitamins E and C, and thus serves the role of neutralizing excess free radicals. It is now well established that the control of excessive free radical activity is key in preventing/delaying the progression of degenerative diseases.

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

82542

**LOINC:**

- 27923-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Monitor replacement therapy in coenzyme Q deficiencies; not useful in coenzyme Q deficiency diagnosis.

**Test Code:**

CQ10

**ARUP Test Code:**

0081119

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Tue, Thu, Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography (HPLC)

**Patient Preparation:**

Patient should fast overnight prior to specimen collection. Patient may have water. It is not necessary to discontinue nutritional supplements prior to this test.

**Collect:**

Plasma separator tube, green (sodium or lithium heparin), serum separator tube, or plain red.

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

1 mL serum/plasma

**Minimum Volume:**

0.3 mL serum/plasma

**Unacceptable Conditions:**

Specimens other than heparinized plasma or serum. Hemolyzed specimens. Specimens exposed to repeated freeze/thaw cycles.

**Specimen Preparation:**

Separate plasma or serum from cells within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

**Units:**

mg/L

**Reference Interval:**

0.4-1.6 mg/L

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Ubiquinone 10
- CoQ10
- CQ10

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 3 weeks; Frozen: 1 month

**Reported:**

1-5 days

**Additional Information:**

Coenzyme Q10 (CoQ10) is a fat soluble cofactor that is essential for energy producing metabolic pathways and for the proper functioning of the mitochondrial oxidative system. With insufficient CoQ10, the electron transfer activity of the mitochondria decreases, resulting in a net failure to produce the energy necessary to run the cell. Tissues with high energy demand have even greater demands for CoQ10. For example, heart muscle, which continually exerts a pumping action for an entire lifetime, has an immense need for the cofactor. Studies demonstrate the effectiveness of supplemental coenzyme Q10 in cardiomyopathy, myocardial dysfunction, and congestive heart failure. CoQ10 is also a powerful antioxidant like vitamins E and C, and thus serves the role of neutralizing excess free radicals. It is now well established that the control of excessive free radical activity is key in preventing/delaying the progression of degenerative diseases.

**CPT Codes:**

82542

**LOINC:**

- 27923-2



# Cold Agglutinins

LAB849

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Reported:**

2-5 days

**Additional Information:**

Sample collected Monday-Friday (day shift) and on the day before holidays must be received in the hospital lab by 11am (to get onto latest 11:45 am courier or they cannot be processed). DO NOT collect on weekends or UC observed holidays.

Sample drawn on the day before holidays must be received in the hospital lab by 11am (to get onto latest 11:45am courier) or they cannot be processed.

## COLLECTION

**Sample Type:**

EDTA or citrated plasma

**Collect:**

Lavender top (6 mL) OR 2 Blue tops filled to full extent of vacuum

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Remarks:**

Once collected, please keep all samples warm by wrapping with a heel warmer and deliver to the laboratory as soon as possible.

If collecting in citrate tube (blue top), check the expiration date on the label of the vacutainer before drawing the patient.

**Unacceptable Conditions:**

Room temperature or colder sample received. Samples collected in outdated blue top vacutainer.

## PROCESSING

**Test Code:**

CAGG

**Performing Lab:**

Immunology

**Specimen Preparation:**

Do NOT centrifuge, keep warm and deliver to Immunology asap.

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Room temperature or colder sample received. Samples collected in outdated blue top vacutainer.

## RESULT INTERPRETATION

**Units:**

titer

**Reference Interval:**

Negative titer &lt; 20

**Additional Information:**

Sample collected Monday-Friday (day shift) and on the day before holidays must be received in the hospital lab by 11am (to get onto latest 11:45 am courier or they cannot be processed). DO NOT collect on weekends or UC observed holidays. Sample drawn on the day before holidays must be received in the hospital lab by 11am (to get onto latest 11:45am courier) or they cannot be processed.

**ADMINISTRATIVE****CPT Codes:**

86157

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

14658-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CAGG

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Remarks:**

Once collected, please keep all samples warm by wrapping with a heel warmer and deliver to the laboratory as soon as possible.

If collecting in citrate tube (blue top), check the expiration date on the label of the vacutainer before drawing the patient.

**Collect:**

Lavender top (6 mL) OR 2 Blue tops filled to full extent of vacuum

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA or citrated plasma

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Room temperature or colder sample received. Samples collected in outdated blue top vacutainer.

**Specimen Preparation:**

Do NOT centrifuge, keep warm and deliver to Immunology asap.

**Units:**

titer

**Reference Interval:**

Negative titer &lt; 20

**Reported:**

2-5 days

**Additional Information:**

Sample collected Monday-Friday (day shift) and on the day before holidays must be received in the hospital lab by 11am (to get onto latest 11:45 am courier or they cannot be processed). DO NOT collect on weekends or UC observed holidays. Sample drawn on the day before holidays must be received in the hospital lab by 11am (to get onto latest 11:45am courier) or they cannot be processed.

**CPT Codes:**

86157

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

14658-9

Colorado Tick Fever Antibodies (IgG & IgM)  
MOLT

ORDERING

**Available Stat:**  
No

**Performing Lab:**  
Quest

**Methodology:**  
IFA

**Reported:**  
Set up 5x per week. Turnaround 5-7 days

COLLECTION

**Sample Type:**  
Serum

**Collect:**  
Red top (Gold top acceptable)

**Amount to Collect:**  
2 mL blood

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.25 mL serum

**Stability (from collection to initiation):**  
Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

PROCESSING

**Test Code:**  
MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**  
Yes

**Performing Lab:**  
Quest

**Specimen Preparation:**  
Refrigerate sample. Order Quest # 2799F

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.25 mL serum

**Stability (from collection to initiation):**  
Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

RESULT INTERPRETATION

**Units:**  
titer

**Reference Interval:**  
Negative IgG: < 16 titer  
Negative IgM: < 20 titer

ADMINISTRATIVE

**CPT Codes:**  
86790-90 x2

COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

IFA

**Collect:**

Red top (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Specimen Preparation:**

Refrigerate sample. Order Quest # 2799F

**Units:**

titer

**Reference Interval:**

Negative IgG: < 16 titer

Negative IgM: < 20 titer

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

**Reported:**

Set up 5x per week. Turnaround 5-7 days

**CPT Codes:**

86790-90 x2

# Complement C3 Nephritic Factor

LAB6182

## ORDERING

**Available Stat:**

No

**Performing Lab:**

National Jewish Health

**Methodology:**

Immunofixation Electrophoresis

**Reported:**

14 days

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

Frozen at -70°C: 1 year

**Storage/Transport Temperature:**

Frozen

## PROCESSING

**Test Code:**

C3NEP

**Sendout:**

Yes

**Performing Lab:**

National Jewish Health

**Specimen Preparation:**

Allow blood to clot at room temp or 37°C for 20 to 60 minutes. Centrifuge to thoroughly remove cells and immediately transfer cell-free serum to a fresh tube and freeze the cell-free serum on dry ice or at -70°C.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

Frozen at -70°C: 1 year

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

Ratio

**Reference Interval:**

Normal - Ratio is 0 - 0.26

Equivocal - Ratio is 0.27 - 0.33

Positive - Ratio is &gt; 0.3

## ADMINISTRATIVE

**CPT Codes:**  
86161

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
C3NEP

**Performing Lab:**  
National Jewish Health

**Sendout:**  
Yes

**Methodology:**  
Immunofixation Electrophoresis

**Collect:**  
Red top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.25 mL serum

**Specimen Preparation:**  
Allow blood to clot at room temp or 37°C for 20 to 60 minutes. Centrifuge to thoroughly remove cells and immediately transfer cell-free serum to a fresh tube and freeze the cell-free serum on dry ice or at -70°C.

**Units:**  
Ratio

**Reference Interval:**  
Normal - Ratio is 0 - 0.26  
  
Equivocal - Ratio is 0.27 - 0.33  
  
Positive - Ratio is > 0.3

**Storage/Transport Temperature:**  
Frozen

**Stability (from collection to initiation):**  
Frozen at -70°C: 1 year

**Reported:**  
14 days

**CPT Codes:**  
86161

# Complement C3, Serum

LAB152

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Immunoturbidimetric

**Reported:**

1-3 days

**Synonyms:**

- B1C
- Beta 1C
- Beta complement
- C3
- complement, beta
- C3 Complement
- Complement C3
- Complement

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

C3

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Refrigerated: 5 days

Frozen at -20°C: 8 days

## PROCESSING

**Test Code:**

C3

**Test Group:**

C3

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerate

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Refrigerated: 5 days

Frozen at -20°C: 8 days

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

| Age           | mg/dL                         |
|---------------|-------------------------------|
| <1 year       | Reference range not available |
| 1 to 14 years | 80-173                        |
| >14 years     | 82-193                        |

**Interpretive Data:****Notes:**

Reference range is not available for patients less than 12 months old.

Reference range has not been verified by UCSF Clinical Laboratories for patients 1-14 years old.

**References:**

Ritchie RF, Palomaki GE, Neveux LM, et al. Reference distributions for complement proteins C3 and C4: a practical, simple and clinically relevant approach in a large cohort. J Clin Lab Anal 2004;18(1):1-8

**ADMINISTRATIVE****CPT Codes:**

86160

**LOINC Codes:**

4485-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

C3

**Test Group:**

C3

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Immunoturbidimetric

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Refrigerate

**Units:**

mg/dL

**Reference Interval:**

| Age           | mg/dL                         |
|---------------|-------------------------------|
| <1 year       | Reference range not available |
| 1 to 14 years | 80-173                        |
| >14 years     | 82-193                        |



**Interpretive Data:****Notes:**

Reference range is not available for patients less than 12 months old.

Reference range has not been verified by UCSF Clinical Laboratories for patients 1-14 years old.

**References:**

Ritchie RF, Palomaki GE, Neveux LM, et al. Reference distributions for complement proteins C3 and C4: a practical, simple and clinically relevant approach in a large cohort. J Clin Lab Anal 2004;18(1):1-8

**Synonyms:**

- B1C
- Beta 1C
- Beta complement
- C3
- complement, beta
- C3 Complement
- Complement C3
- Complement

**Stability (from collection to initiation):**

Refrigerated: 5 days

Frozen at -20°C: 8 days

**Reported:**

1-3 days

**CPT Codes:**

86160

**LOINC Codes:**

4485-9

# Complement C4, Serum

LAB151

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Immunoturbidimetric

**Reported:**

1-3 days

**Synonyms:**

- C4
- Complement C4
- Component C4

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

C4

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature: 2 days

Refrigerated: 5 days

## PROCESSING

**Test Code:**

C4

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerate serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature: 2 days

Refrigerated: 5 days

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

| Age           | mg/dL                         |
|---------------|-------------------------------|
| < 1 year      | Reference range not available |
| 1 to 14 years | 13-46                         |
| > 14 years    | 15-57                         |

**Interpretive Data:**

Notes:

Reference range is not available for patients less than 12 months old.

Reference range has not been verified by UCSF Clinical Laboratories for patients 1-14 years old.

References:

Ritchie RF, Palomaki GE, Neveux LM, et al. Reference distributions for complement proteins C3 and C4: a practical, simple and clinically relevant approach in a large cohort. J Clin Lab Anal 2004;18(1):1-8

**ADMINISTRATIVE****CPT Codes:**

86160

**LOINC Codes:**

4498-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

C4

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Immunoturbidimetric

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Refrigerate serum

**Units:**

mg/dL

**Reference Interval:**

| Age           | mg/dL                         |
|---------------|-------------------------------|
| < 1 year      | Reference range not available |
| 1 to 14 years | 13-46                         |
| > 14 years    | 15-57                         |

**Interpretive Data:**

Notes:

Reference range is not available for patients less than 12 months old.

Reference range has not been verified by UCSF Clinical Laboratories for patients 1-14 years old.

References:

Ritchie RF, Palomaki GE, Neveux LM, et al. Reference distributions for complement proteins C3 and C4: a practical, simple and clinically relevant approach in a large cohort. J Clin Lab Anal 2004;18(1):1-8

**Synonyms:**

- C4
- Complement C4
- Component C4

**Stability (from collection to initiation):**

Room temperature: 2 days

Refrigerated: 5 days

**Reported:**

1-3 days

**CPT Codes:**

86160

**LOINC Codes:**

4498-2

# Complement Component 2

C2

## ORDERING

**Ordering Recommendations:**

Follow-up test for complement activity screening when CH50 is low or absent and AH50 is normal and high suspicion remains for complement deficiency.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Thu

**Methodology:**

Quantitative Radial Immunodiffusion

**Reported:**

5-10 days

**Synonyms:**

- C2
- C2 Antigen
- C2 Level
- Classical Pathway - Complement
- complement classical pathway
- Second component of complement

## COLLECTION

**Collect:**

Serum separator tube.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 2 weeks

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Unacceptable Conditions:**

Non-frozen specimens. Specimens exposed to repeated freeze/thaw cycles. Specimens left to clot at refrigerated temperature.

## PROCESSING

**Test Code:**

C2

**ARUP Test Code:**

0050148

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Allow specimen to clot for one hour at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.3 mL)

**Unacceptable Conditions:**

Non-frozen specimens. Specimens exposed to repeated freeze/thaw cycles. Specimens left to clot at refrigerated temperature.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 2 weeks

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

## RESULT INTERPRETATION

**Reference Interval:**

Effective May 21, 2018  
1.6-4.0 mg/dL

**Interpretive Data:**

Decreased C2 levels may be associated with increased susceptibility to infection (especially pneumococcal infections), systemic lupus erythematosus-like disease, rashes, arthritis, nephritis, and with C1-Esterase deficiency. Increased C2 levels are associated with the acute phase response.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

86160

**LOINC:**

- 4484-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Follow-up test for complement activity screening when CH50 is low or absent and AH50 is normal and high suspicion remains for complement deficiency.

**Test Code:**

C2

**ARUP Test Code:**

0050148

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Thu

**Methodology:**

Quantitative Radial Immunodiffusion

**Collect:**

Serum separator tube.

**Unacceptable Conditions:**

Non-frozen specimens. Specimens exposed to repeated freeze/thaw cycles. Specimens left to clot at refrigerated temperature.

**Specimen Preparation:**

Allow specimen to clot for one hour at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.3 mL)

**Reference Interval:**

Effective May 21, 2018  
1.6-4.0 mg/dL

**Interpretive Data:**

Decreased C2 levels may be associated with increased susceptibility to infection (especially pneumococcal infections), systemic lupus erythematosus-like disease, rashes, arthritis, nephritis, and with C1-Esterase deficiency. Increased C2 levels are associated with the acute phase response.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- C2
- C2 Antigen
- C2 Level
- Classical Pathway - Complement
- complement classical pathway
- Second componenet of complement

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 2 weeks

**Reported:**

5-10 days

**CPT Codes:**

86160

**LOINC:**

- 4484-2

# Complement Factor B

FACTB

## ORDERING

**Available Stat:**

No

**Performing Lab:**

National Jewish Health

**Performed:**

Once per month

**Methodology:**

Radial Immunodiffusion (RID)

**Reported:**

Up to 4 weeks

## COLLECTION

**Sample Type:**

Blood

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.25 mL

**Stability (from collection to initiation):**

Frozen at -70°C: 1 year

**Storage/Transport Temperature:**

Frozen

## PROCESSING

**Test Code:**

FACTB

**Sendout:**

Yes

**Performing Lab:**

National Jewish Health

**Specimen Preparation:**

Centrifuge at room temp within one half hour of collection; preferably immediately after venipuncture. Transfer the cell-free plasma to a clean tube and immediately freeze the cell-free plasma on dry ice or at -70°C.

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.25 mL

**Stability (from collection to initiation):**

Frozen at -70°C: 1 year

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Reference Interval:**

Male: 127.6-278.5 mcg/mL

Female: 127.6-278.5 mcg/mL

## ADMINISTRATIVE

**CPT Codes:**

86160



**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FACTB

**Performing Lab:**

National Jewish Health

**Sendout:**

Yes

**Performed:**

Once per month

**Methodology:**

Radial Immunodiffusion (RID)

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Blood

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.25 mL

**Specimen Preparation:**

Centrifuge at room temp within one half hour of collection; preferably immediately after venipuncture. Transfer the cell-free plasma to a clean tube and immediately freeze the cell-free plasma on dry ice or at -70°C.

**Reference Interval:**

Male: 127.6-278.5 mcg/mL

Female: 127.6-278.5 mcg/mL

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Frozen at -70°C: 1 year

**Reported:**

Up to 4 weeks

**CPT Codes:**

86160

# Complement Factor H (B-1H)

LAB6186

## ORDERING

**Available Stat:**

No

**Performing Lab:**

National Jewish Health

**Methodology:**

Radial Immunodiffusion (RID)

**Reported:**

Up to 4 weeks

## COLLECTION

**Sample Type:**

Plasma

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.25 mL plasma

**Stability (from collection to initiation):**

Frozen at -70°C: 1 year

**Storage/Transport Temperature:**

Frozen

## PROCESSING

**Test Code:**

FACTH

**Sendout:**

Yes

**Performing Lab:**

National Jewish Health

**Specimen Preparation:**

Centrifuge at room temp within one half hour of collection; preferably immediately after venipuncture. Transfer the cell-free plasma to a clean tube and immediately freeze the cell-free plasma on dry ice or at -70°C.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.25 mL plasma

**Stability (from collection to initiation):**

Frozen at -70°C: 1 year

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

µg/mL

**Reference Interval:**

Human Male: 160-412 µg/mL

Human Female: 160-412 µg/mL

## ADMINISTRATIVE

**CPT Codes:**

86160

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FACTH

**Performing Lab:**

National Jewish Health

**Sendout:**

Yes

**Methodology:**

Radial Immunodiffusion (RID)

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.25 mL plasma

**Specimen Preparation:**

Centrifuge at room temp within one half hour of collection; preferably immediately after venipuncture. Transfer the cell-free plasma to a clean tube and immediately freeze the cell-free plasma on dry ice or at -70°C.

**Units:**

µg/mL

**Reference Interval:**

Human Male: 160-412 µg/mL

Human Female: 160-412 µg/mL

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Frozen at -70°C: 1 year

**Reported:**

Up to 4 weeks

**CPT Codes:**

86160

**Complement Factor H Autoantibody**  
LAB12611

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Machaon

**Performed:**  
Monday-Friday

**Methodology:**  
ELISA

**COLLECTION**

**Sample Type:**  
Serum

**Collect:**  
Gold or Red-top

**Amount to Collect:**  
2 mL blood

**Preferred Volume:**  
1.0 mL serum

**Minimum Volume:**  
0.5 mL

**Stability (from collection to initiation):**  
7 days

**Storage/Transport Temperature:**  
Frozen

**PROCESSING**

**Test Code:**  
CFHA

**Sendout:**  
Yes

**Performing Lab:**  
Machaon

**Preferred Volume:**  
1.0 mL serum

**Minimum Volume:**  
0.5 mL

**Stability (from collection to initiation):**  
7 days

**Storage/Transport Temperature:**  
Frozen

**RESULT INTERPRETATION**

**Units:**  
Units/mL

**Reference Interval:**  
< 20

**Interpretive Data:**  
Factor H is a negative regulator of the alternative complement activation pathway. Factor H acquired deficiency due to autoantibodies production can lead to complement activation. Continuous complement activation is associated with development of aHUS and DDD. Factor H is a soluble protein, and its levels can be accurately measured by ELISA.

**ADMINISTRATIVE**

**CPT Codes:**  
83516

**LOINC Codes:**  
4519-5

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
CFHA

**Performing Lab:**  
Machaon

**Sendout:**  
Yes

**Performed:**  
Monday-Friday

**Methodology:**  
ELISA

**Collect:**  
Gold or Red-top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1.0 mL serum

**Minimum Volume:**  
0.5 mL

**Units:**  
Units/mL

**Reference Interval:**  
< 20

**Interpretive Data:**  
Factor H is a negative regulator of the alternative complement activation pathway. Factor H acquired deficiency due to autoantibodies production can lead to complement activation. Continuous complement activation is associated with development of aHUS and DDD. Factor H is a soluble protein, and its levels can be accurately measured by ELISA.

**Storage/Transport Temperature:**  
Frozen

**Stability (from collection to initiation):**  
7 days

**CPT Codes:**  
83516

**LOINC Codes:**  
4519-5

# Complement Factor I

FACTI

## ORDERING

**Available Stat:**

No

**Performing Lab:**

National Jewish Health

**Methodology:**

Radial Immunodiffusion (RID)

**Reported:**

Up to 4 weeks

## COLLECTION

**Sample Type:**

Plasma

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.25 mL plasma

**Stability (from collection to initiation):**

Frozen at -70°C: 1 year

**Storage/Transport Temperature:**

Frozen

## PROCESSING

**Test Code:**

FACTI

**Sendout:**

Yes

**Performing Lab:**

National Jewish Health

**Specimen Preparation:**

Centrifuge at room temp within one half hour of collection; preferably immediately after venipuncture. Transfer the cell-free plasma to a clean tube and immediately freeze the cell-free plasma on dry ice or at -70°C.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.25 mL plasma

**Stability (from collection to initiation):**

Frozen at -70°C: 1 year

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

µg/mL

**Reference Interval:**

Human Male: 29.3-58.5 µg/mL

Human Female: 29.3-58.5 µg/mL

## ADMINISTRATIVE

**CPT Codes:**

86160

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FACTI

**Performing Lab:**

National Jewish Health

**Sendout:**

Yes

**Methodology:**

Radial Immunodiffusion (RID)

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.25 mL plasma

**Specimen Preparation:**

Centrifuge at room temp within one half hour of collection; preferably immediately after venipuncture. Transfer the cell-free plasma to a clean tube and immediately freeze the cell-free plasma on dry ice or at -70°C.

**Units:**

µg/mL

**Reference Interval:**

Human Male: 29.3-58.5 µg/mL

Human Female: 29.3-58.5 µg/mL

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Frozen at -70°C: 1 year

**Reported:**

Up to 4 weeks

**CPT Codes:**

86160

# Complement, Total, Serum

LAB154

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Tuesday (day shift)

**Methodology:**

Turbidimetry

**Reported:**

1-7 days

**Synonyms:**

- CH50
- CH50 TOTAL
- Complement, total hemolytic
- Total hemolytic complement

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

CH50 TOTAL

**Collect:**

Gold top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Samples should be obtained by venipuncture. Deliver immediately to lab. Collect a separate tube for this test as the specimen cannot be shared for other tests.

**Storage/Transport Temperature:**

Keep sample frozen during transportation.

**Unacceptable Conditions:**

Specimen: Microbially contaminated, highly hemolyzed, highly lipemic and samples containing particulate matter.

## PROCESSING

**Test Code:**

CH50

**Test Group:**

Complement, Total

**Performing Lab:**

Immunology

**Specimen Preparation:**

Blood should be allowed to clot and the serum separated as soon as possible to prevent hemolysis and kept frozen (preferably in -70C).  
Avoid repeated freeze/thaw cycles.

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Specimen: Microbially contaminated, highly hemolyzed, highly lipemic and samples containing particulate matter.



**Storage/Transport Temperature:**

Keep sample frozen during transportation.

**RESULT INTERPRETATION****Units:**

U/mL

**Reference Interval:**

41.7 - 95.1 U/mL

**ADMINISTRATIVE****CPT Codes:**

86162

**LOINC Codes:**

4532-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CH50

**Test Group:**

Complement, Total

**Performing Lab:**

Immunology

**Performed:**

Tuesday (day shift)

**Methodology:**

Turbidimetry

**Remarks:**

Samples should be obtained by venipuncture. Deliver immediately to lab. Collect a separate tube for this test as the specimen cannot be shared for other tests.

**Collect:**

Gold top

**Amount to Collect:**

3 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Specimen: Microbially contaminated, highly hemolyzed, highly lipemic and samples containing particulate matter.

**Specimen Preparation:**

Blood should be allowed to clot and the serum separated as soon as possible to prevent hemolysis and kept frozen (preferably in -70C).

Avoid repeated freeze/thaw cycles.

**Units:**

U/mL

**Reference Interval:**

41.7 - 95.1 U/mL

**Synonyms:**

- CH50
- CH50 TOTAL
- Complement, total hemolytic
- Total hemolytic complement

**Storage/Transport Temperature:**

Keep sample frozen during transportation.

**Reported:**

1-7 days

**CPT Codes:**

86162

**LOINC Codes:**

4532-8

# Complete Blood Count

LAB294

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
San Mateo Cancer Center

**Performed:**

Parnassus, Mission Bay and Mt Zion: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center and San Mateo Cancer Center: Test available Monday to Friday 0900-1600

**Reported:**

STAT 1 hour. Routine 4 hours

**Additional Information:**

CBC includes: Hematocrit\*, Hemoglobin\*, WBC Count\*, RBC Count\*, RBC Indices, NRBC Count (Excluding BOPC/POPC), Platelet Count\*

\*Each of these components may be ordered separately

Platelet counts from  $11-25 \times 10^9/L$  are phoned only if no previous panic value in the last 24 hours. Platelet counts  $\leq 10 \times 10^9/L$  are always called.

WBC criticals are not called if a prior panic was reported in the preceding 24 hours.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- blood count
- CBC
- RBC
- Red cell count
- Hemoglobin
- Hematocrit
- Red Cell Indices

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**1 mL blood (or 250  $\mu L$  in a microtube)**Rejection Criteria:**

Clotted specimens

## PROCESSING

**Test Code:**

CBC

**Test Group:**

CBC

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
San Mateo Cancer Center

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (or 250 µL in a microtube)

**Rejection Criteria:**

Clotted specimens

**RESULT INTERPRETATION****Reference Interval:**

See individual component entries for normal value information.

NRBC% (per 100 WBC)

| AGE       | #NRBCs |
|-----------|--------|
| 0-24 hrs  | <10    |
| 24-48 hrs | <5     |
| 48-96 hrs | <1     |
| >96 hrs   | None   |

**Critical Values:**Hemoglobin:  $\leq 7.0$  g/dLPlatelets:  $\leq 25 \times 10^9/L^*$ WBC:  $\leq 1.5$  or  $\geq 100 \times 10^9/L^*$ 

\* See Additional Information

**Additional Information:**

CBC includes: Hematocrit\*, Hemoglobin\*, WBC Count\*, RBC Count\*, RBC Indices, NRBC Count (Excluding BOPC/POPC), Platelet Count\*

\*Each of these components may be ordered separately

Platelet counts from  $11-25 \times 10^9/L$  are phoned only if no previous panic value in the last 24 hours. Platelet counts  $\leq 10 \times 10^9/L$  are always called.

WBC criticals are not called if a prior panic was reported in the preceding 24 hours.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

85025

**LOINC Codes:**

58410-2

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CBC

**Test Group:**

CBC

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
 Berkeley Outpatient Center  
 San Mateo Cancer Center

**Performed:**

Parnassus, Mission Bay and Mt Zion: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center and San Mateo Cancer Center: Test available Monday to Friday 0900-1600

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (or 250 µL in a microtube)

**Rejection Criteria:**

Clotted specimens

**Reference Interval:**

See individual component entries for normal value information.

**NRBC% (per 100 WBC)**

| AGE       | #NRBCs |
|-----------|--------|
| 0-24 hrs  | <10    |
| 24-48 hrs | <5     |
| 48-96 hrs | <1     |
| >96 hrs   | None   |

**Critical Values:**Hemoglobin:  $\leq 7.0$  g/dLPlatelets:  $\leq 25 \times 10^9/L^*$ WBC:  $\leq 1.5$  or  $\geq 100 \times 10^9/L^*$ 

\* See Additional Information

**Synonyms:**

- blood count
- CBC
- RBC
- Red cell count
- Hemoglobin
- Hematocrit
- Red Cell Indices

**Reported:**

STAT 1 hour. Routine 4 hours

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

CBC includes: Hematocrit\*, Hemoglobin\*, WBC Count\*, RBC Count\*, RBC Indices, NRBC Count (Excluding BOPC/POPC), Platelet Count\*

\*Each of these components may be ordered separately

Platelet counts from  $11-25 \times 10^9/L$  are phoned only if no previous panic value in the last 24 hours. Platelet counts  $\leq 10 \times 10^9/L$  are always called.

WBC criticals are not called if a prior panic was reported in the preceding 24 hours.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

85025

**LOINC Codes:**

58410-2

# Complete Blood Count with Differential

LAB293

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**Parnassus, Mission Bay & Mt. Zion Hematology  
Berkeley Outpatient Center

Peninsula Outpatient Center

**Performed:**Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

CBCD includes: Hematocrit\*, Hemoglobin\*, WBC Count\*, RBC Count\*, RBC Indices, Platelet Count\*, Leukocyte Differential

\*Each of these components may be ordered separately

**Platelet** counts from  $11\text{-}25 \times 10^9/\text{L}$  are phoned only if no previous panic value in the last 24 hours. Platelet counts =  $10 \times 10^9/\text{L}$  are always called.

**WBC** and **Neutrophil** panics are not called if a prior panic was reported in the preceding 24 hours.

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- Eosinophil
- Basophil
- Neutrophil
- Granulocyte
- Monocyte
- Lymphocyte
- blood count
- CBCD
- total eosinophil count
- RBC
- Red cell count
- Hemoglobin
- Hematocrit
- Red Cell Indices

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**1 mL blood (or 250  $\mu\text{L}$  in a microtube)**Rejection Criteria:**

Clotted specimens

## PROCESSING

**Test Code:**

CBCD

**Test Group:**

CBC

**Performing Lab:**Parnassus, Mission Bay & Mt. Zion Hematology  
Berkeley Outpatient Center

Peninsula Outpatient Center

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (or 250 µL in a microtube)

**Rejection Criteria:**

Clotted specimens

**RESULT INTERPRETATION****Reference Interval:**

See individual component entries for normal value information.

**Critical Values:**Hemoglobin:  $\leq 7.0$  g/dLNeutrophils:  $\leq 1.0 \times 10^9/L^*$ Platelets:  $\leq 25 \times 10^9/L^*$ WBC:  $\leq 1.5$  or  $\geq 100 \times 10^9/L^*$ 

\* See Additional Information

**Additional Information:**

CBCD includes: Hematocrit\*, Hemoglobin\*, WBC Count\*, RBC Count\*, RBC Indices, Platelet Count\*, Leukocyte Differential

\*Each of these components may be ordered separately

**Platelet** counts from  $11-25 \times 10^9/L$  are phoned only if no previous panic value in the last 24 hours. Platelet counts  $\geq 10 \times 10^9/L$  are always called.**WBC** and **Neutrophil** panics are not called if a prior panic was reported in the preceding 24 hours.**ADMINISTRATIVE****CPT Codes:**

85025

**LOINC Codes:**

4544-3

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CBCD

**Test Group:**

CBC

**Performing Lab:**Parnassus, Mission Bay & Mt. Zion Hematology  
Berkeley Outpatient Center

Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay &amp; Mt. Zion Hematology: 24-hours per day, 7-days per week

Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)

Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (or 250 µL in a microtube)

**Rejection Criteria:**

Clotted specimens

**Reference Interval:**

See individual component entries for normal value information.

**Critical Values:**

Hemoglobin:  $\leq 7.0$  g/dL

Neutrophils:  $\leq 1.0 \times 10^9/L^*$

Platelets:  $\leq 25 \times 10^9/L^*$

WBC:  $\leq 1.5$  or  $\geq 100 \times 10^9/L^*$

\* See Additional Information

**Synonyms:**

- Eosinophil
- Basophil
- Neutrophil
- Granulocyte
- Monocyte
- Lymphocyte
- blood count
- CBCD
- total eosinophil count
- RBC
- Red cell count
- Hemoglobin
- Hematocrit
- Red Cell Indices

**Reported:**

STAT 1 hour, Routine 4 hours

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

CBCD includes: Hematocrit\*, Hemoglobin\*, WBC Count\*, RBC Count\*, RBC Indices, Platelet Count\*, Leukocyte Differential

\*Each of these components may be ordered separately

**Platelet** counts from  $11-25 \times 10^9/L$  are phoned only if no previous panic value in the last 24 hours. Platelet counts  $\leq 10 \times 10^9/L$  are always called.

**WBC** and **Neutrophil** panics are not called if a prior panic was reported in the preceding 24 hours.

**CPT Codes:**

85025

**LOINC Codes:**

4544-3



# Complete Blood Count with Differential

LAB293

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Testing only available for Peninsula Outpatient Cancer Center clinic patients.

**Performed:**

0800 to 1630, Monday to Friday

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

CBCD includes: Hematocrit\*, Hemoglobin\*, WBC Count\*, RBC Count\*, RBC Indices Platelet Count\*, Leukocyte Differential

\*Each of these components may be ordered separately

Panic values will be called to the nursing staff at the specific Outpatient Clinic with standard read back confirmation and documentation, and the English text code RPTC Reported with read back confirmation" will be appended along with a free text containing: who was called, what phone number was called, and date and time it the call was made.

Example: HGB 7.0-RPTC-;to Dr.Kogan at 4153531747 at 1044 on 2/2/20

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- Neutrophil
- Granulocyte
- Blood count
- RBC
- Red cell count
- Hemoglobin
- Hematocrit
- Red Cell Indices

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (or 250 µL in a microtube)

**Rejection Criteria:**

Clotted specimens

## PROCESSING

**Test Code:**

CBCD

**Test Group:**

CBC

**Performing Lab:**

Testing only available for Peninsula Outpatient Cancer Center clinic patients.

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (or 250 µL in a microtube)

**Rejection Criteria:**

Clotted specimens

**RESULT INTERPRETATION****Reference Interval:**

See individual component entries for normal value information.

**Critical Values:**

Hemoglobin:  $\leq 7.0$  g/dL

Hematocrit:  $< 25$  or  $> 65$  % (only if HGB not reported)

Neutrophils:  $\leq 1.0 \times 10^9/L^*$

Platelets:  $\leq 25 \times 10^9/L^*$

WBC:  $\leq 1.5$  or  $\geq 100 \times 10^9/L^*$

\* See Additional Information

**Additional Information:**

CBCD includes: Hematocrit\*, Hemoglobin\*, WBC Count\*, RBC Count\*, RBC Indices Platelet Count\*, Leukocyte Differential

\*Each of these components may be ordered separately

Panic values will be called to the nursing staff at the specific Outpatient Clinic with standard read back confirmation and documentation, and the English text code RPTC Reported with read back confirmation" will be appended along with a free text containing: who was called, what phone number was called, and date and time it the call was made.

Example: HGB 7.0-RPTC-;to Dr.Kogan at 4153531747 at 1044 on 2/2/20

**ADMINISTRATIVE****CPT Codes:**

85025

**LOINC Codes:**

4544-3

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CBCD

**Test Group:**

CBC

**Performing Lab:**

Testing only available for Peninsula Outpatient Cancer Center clinic patients.

**Performed:**

0800 to 1630, Monday to Friday

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (or 250  $\mu$ L in a microtube)

**Rejection Criteria:**

Clotted specimens

**Reference Interval:**

See individual component entries for normal value information.

**Critical Values:**

Hemoglobin:  $\leq 7.0$  g/dL

Hematocrit:  $< 25$  or  $> 65$  % (only if HGB not reported)

Neutrophils:  $\leq 1.0 \times 10^9/L^*$

Platelets:  $\leq 25 \times 10^9/L^*$

WBC:  $\leq 1.5$  or  $\geq 100 \times 10^9/L^*$

\* See Additional Information

**Synonyms:**

- Neutrophil
- Granulocyte
- Blood count
- RBC
- Red cell count
- Hemoglobin
- Hematocrit
- Red Cell Indices

**Reported:**

STAT 1 hour, Routine 4 hours

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

CBCD includes: Hematocrit\*, Hemoglobin\*, WBC Count\*, RBC Count\*, RBC Indices Platelet Count\*, Leukocyte Differential

\*Each of these components may be ordered separately

Panic values will be called to the nursing staff at the specific Outpatient Clinic with standard read back confirmation and documentation, and the English text code RPTC Reported with read back confirmation" will be appended along with a free text containing: who was called, what phone number was called, and date and time it the call was made.

Example: HGB 7.0-RPTC-;to Dr.Kogan at 4153531747 at 1044 on 2/2/20

**CPT Codes:**

85025

**LOINC Codes:**

4544-3

# Comprehensive Drug Screen (general toxicology, not available stat)

LAB4662

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC-MS/MS

**Reported:**

2-5 days.

**Additional Information:**

Toxicology screens are used to identify substances affecting a patient and to guide the clinician to predict future toxic effects, to confirm the differential diagnosis or to guide therapy. Accurate diagnosis of clinical intoxication secondary to illicit drug use based on clinical history and physical examination may be difficult without laboratory confirmation. This testing is also necessary when multiple drug ingestion is involved, as the effects of one drug may mask the clinical signs and symptoms of the effects of other drugs.

[Click Here for list of Compounds covered in screen](#) (11878)

List of compounds covered in 11877: acetone, ethanol, isopropanol, methanol.

**Synonyms:**

- Comprehensive urine drug screen

## COLLECTION

**Sample Type:**

Random urine (not orderable for other samples)

**Collect:**

Urine cup

**Amount to Collect:**

20 mL

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Room temperature 14 days, refrigerated 21 week, frozen 1 month

## PROCESSING

**Test Code:**

ABUSU2

**Test Group:**

Drug screening

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze urine. Transport to CB frozen. Order Quest codes 11878 and 11877.

11878: Drug Monitoring Assess Panel, Comprehensive, Qualitative, Urine

11877: Drug Monitoring Assess Panel, Volatiles, Urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Room temperature 14 days, refrigerated 21 week, frozen 1 month

**RESULT INTERPRETATION****Reference Interval:**

No compounds detected

**Additional Information:**

Toxicology screens are used to identify substances affecting a patient and to guide the clinician to predict future toxic effects, to confirm the differential diagnosis or to guide therapy. Accurate diagnosis of clinical intoxication secondary to illicit drug use based on clinical history and physical examination may be difficult without laboratory confirmation. This testing is also necessary when multiple drug ingestion is involved, as the effects of one drug may mask the clinical signs and symptoms of the effects of other drugs.

[Click Here for list of Compounds covered in screen](#) (11878)

List of compounds covered in 11877: acetone, ethanol, isopropanol, methanol.

**ADMINISTRATIVE****CPT Codes:**

80307

**LOINC Codes:**

51782-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ABUSU2

**Test Group:**

Drug screening

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC-MS/MS

**Collect:**

Urine cup

**Amount to Collect:**

20 mL

**Sample Type:**

Random urine (not orderable for other samples)

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Specimen Preparation:**

Aliquot and freeze urine. Transport to CB frozen. Order Quest codes 11878 and 11877.

11878: Drug Monitoring Assess Panel, Comprehensive, Qualitative, Urine

11877: Drug Monitoring Assess Panel, Volatiles, Urine

**Reference Interval:**

No compounds detected

**Synonyms:**

- Comprehensive urine drug screen

**Stability (from collection to initiation):**

Room temperature 14 days, refrigerated 21 week, frozen 1 month

**Reported:**

2-5 days.

**Additional Information:**

Toxicology screens are used to identify substances affecting a patient and to guide the clinician to predict future toxic effects, to confirm the differential diagnosis or to guide therapy. Accurate diagnosis of clinical intoxication secondary to illicit drug use based on clinical history and physical examination may be difficult without laboratory confirmation. This testing is also necessary when multiple drug ingestion is involved, as the effects of one drug may mask the clinical signs and symptoms of the effects of other drugs.

[Click Here for list of Compounds covered in screen](#) (11878)

List of compounds covered in 11877: acetone, ethanol, isopropanol, methanol.

**CPT Codes:**

80307

**LOINC Codes:**

51782-1

# Comprehensive Metabolic Panel

LAB6170

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)  
Peninsula Outpatient Center (Mon-Fri 0800-1630)  
Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Includes sodium, potassium, chloride, total carbon dioxide, BUN, creatinine, glucose, total calcium, albumin, total bilirubin, alkaline phosphatase, total protein, ALT, AST. Individual tests may be ordered separately.

**Synonyms:**

- Chem 18
- Chem 20
- CMP

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light Green top preferred, Gold top acceptable

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL plasma or serum

**Minimum Volume:**

0.5 mL plasma or serum

## PROCESSING

**Test Code:**

NCMP

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

2 mL plasma or serum

**Minimum Volume:**

0.5 mL plasma or serum

## RESULT INTERPRETATION

**Units:**

Various (see normal ranges)

**Reference Interval:**

See individual test entries

**Critical Values:**

|                              |                       |
|------------------------------|-----------------------|
| Sodium                       | < 125 or > 155 mmol/L |
| Potassium                    | < 3.0 or > 6.0 mmol/L |
| CO <sub>2</sub> , Total      | < 15 or > 40 mmol/L   |
| Glucose, neonate             | < 30 or > 170 mg/dL   |
| Glucose, children & adults   | < 50 or > 500 mg/dL   |
| Calcium, Total               | < 6.5 or > 13.5 mg/dL |
| Bilirubin, Total (Day 0)     | > 6 mg/dL             |
| Bilirubin, Total (Day 1)     | > 9 mg/dL             |
| Bilirubin, Total (Day 2)     | > 12 mg/dL            |
| Bilirubin, Total (Day 3)     | > 15 mg/dL            |
| Bilirubin, Total (Day 4)     | > 18 mg/dL            |
| Bilirubin, Total (Days 5-30) | > 21 mg/dL            |

**Additional Information:**

Includes sodium, potassium, chloride, total carbon dioxide, BUN, creatinine, glucose, total calcium, albumin, total bilirubin, alkaline phosphatase, total protein, ALT, AST. Individual tests may be ordered separately.

**ADMINISTRATIVE****CPT Codes:**

80053

**LOINC Codes:**

24323-8

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

NCMP

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Collect:**

Light Green top preferred, Gold top acceptable

**Amount to Collect:**

4 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

2 mL plasma or serum

**Minimum Volume:**

0.5 mL plasma or serum

**Units:**

Various (see normal ranges)

**Reference Interval:**

See individual test entries



**Critical Values:**

|                              |                       |
|------------------------------|-----------------------|
| Sodium                       | < 125 or > 155 mmol/L |
| Potassium                    | < 3.0 or > 6.0 mmol/L |
| CO <sub>2</sub> , Total      | < 15 or > 40 mmol/L   |
| Glucose, neonate             | < 30 or > 170 mg/dL   |
| Glucose, children & adults   | < 50 or > 500 mg/dL   |
| Calcium, Total               | < 6.5 or > 13.5 mg/dL |
| Bilirubin, Total (Day 0)     | > 6 mg/dL             |
| Bilirubin, Total (Day 1)     | > 9 mg/dL             |
| Bilirubin, Total (Day 2)     | > 12 mg/dL            |
| Bilirubin, Total (Day 3)     | > 15 mg/dL            |
| Bilirubin, Total (Day 4)     | > 18 mg/dL            |
| Bilirubin, Total (Days 5-30) | > 21 mg/dL            |

**Synonyms:**

- Chem 18
- Chem 20
- CMP

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Includes sodium, potassium, chloride, total carbon dioxide, BUN, creatinine, glucose, total calcium, albumin, total bilirubin, alkaline phosphatase, total protein, ALT, AST. Individual tests may be ordered separately.

**CPT Codes:**

80053

**LOINC Codes:**

24323-8

# Comprehensive Metabolic Panel, Fasting

LAB6169

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)  
Peninsula Outpatient Center (Mon-Fri 0800-1630)  
Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Includes sodium, potassium, chloride, total carbon dioxide, BUN, creatinine, fasting glucose, total calcium, albumin, total bilirubin, alkaline phosphatase, total protein, ALT, AST. Individual tests may be ordered separately.

**Synonyms:**

- Chem 18
- Chem 20
- CMP
- FCMP

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light Green top preferred, Gold top acceptable

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL plasma or serum

**Minimum Volume:**

0.5 mL plasma or serum

## PROCESSING

**Test Code:**

FCMP

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

2 mL plasma or serum

**Minimum Volume:**

0.5 mL plasma or serum

## RESULT INTERPRETATION

**Units:**

Various (see normal ranges)

**Reference Interval:**

See individual test entries

**Critical Values:**

|                              |                       |
|------------------------------|-----------------------|
| Sodium                       | < 125 or > 155 mmol/L |
| Potassium                    | < 3.0 or > 6.0 mmol/L |
| CO <sub>2</sub> , Total      | < 15 or > 40 mmol/L   |
| Glucose, neonate             | < 30 or > 170 mg/dL   |
| Glucose, children & adults   | < 50 or > 500 mg/dL   |
| Calcium, Total               | < 6.5 or > 13.5 mg/dL |
| Bilirubin, Total (Day 0)     | > 6 mg/dL             |
| Bilirubin, Total (Day 1)     | > 9 mg/dL             |
| Bilirubin, Total (Day 2)     | > 12 mg/dL            |
| Bilirubin, Total (Day 3)     | > 15 mg/dL            |
| Bilirubin, Total (Day 4)     | > 18 mg/dL            |
| Bilirubin, Total (Days 5-30) | > 21 mg/dL            |

**Additional Information:**

Includes sodium, potassium, chloride, total carbon dioxide, BUN, creatinine, fasting glucose, total calcium, albumin, total bilirubin, alkaline phosphatase, total protein, ALT, AST. Individual tests may be ordered separately.

**ADMINISTRATIVE****CPT Codes:**

80053

**LOINC Codes:**

24323-8

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

FCMP

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Collect:**

Light Green top preferred, Gold top acceptable

**Amount to Collect:**

4 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

2 mL plasma or serum

**Minimum Volume:**

0.5 mL plasma or serum

**Units:**

Various (see normal ranges)

**Reference Interval:**

See individual test entries

**Critical Values:**

|                              |                       |
|------------------------------|-----------------------|
| Sodium                       | < 125 or > 155 mmol/L |
| Potassium                    | < 3.0 or > 6.0 mmol/L |
| CO <sub>2</sub> , Total      | < 15 or > 40 mmol/L   |
| Glucose, neonate             | < 30 or > 170 mg/dL   |
| Glucose, children & adults   | < 50 or > 500 mg/dL   |
| Calcium, Total               | < 6.5 or > 13.5 mg/dL |
| Bilirubin, Total (Day 0)     | > 6 mg/dL             |
| Bilirubin, Total (Day 1)     | > 9 mg/dL             |
| Bilirubin, Total (Day 2)     | > 12 mg/dL            |
| Bilirubin, Total (Day 3)     | > 15 mg/dL            |
| Bilirubin, Total (Day 4)     | > 18 mg/dL            |
| Bilirubin, Total (Days 5-30) | > 21 mg/dL            |

**Synonyms:**

- Chem 18
- Chem 20
- CMP
- FCMP

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Includes sodium, potassium, chloride, total carbon dioxide, BUN, creatinine, fasting glucose, total calcium, albumin, total bilirubin, alkaline phosphatase, total protein, ALT, AST. Individual tests may be ordered separately.

**CPT Codes:**

80053

**LOINC Codes:**

24323-8

# Comprehensive Systemic Sclerosis Panel

LAB999943

## ORDERING

**Ordering Recommendations:**

Comprehensive evaluation for systemic sclerosis (SSc) when suspicion for SSc is high and patient presents with features of overlap syndrome. For patients with distinct features of SSc, order Criteria Systemic Sclerosis Panel (3000479).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Thu

**Methodology:**

Qualitative Immunoblot/Semi-Quantitative Indirect Fluorescent Antibody/Semi-Quantitative Multiplex Bead Assay/Semi-Quantitative Enzyme-Linked Immunosorbent Assay

**Reported:**

1-8 days

**Synonyms:**

- CSSP

## COLLECTION

**Sample Type:**

Serum (Gold or Red-top)

**Label Abbreviation:**

CSSP

**Collect:**

Serum Separator Tube (SST).

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Room temperature or frozen.

**Unacceptable Conditions:**

Hemolyzed, hyperlipemic, icteric, heat-treated or contaminated specimens

## PROCESSING

**Test Code:**

CSSP

**ARUP Test Code:**

3000480

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 1.5 mL)

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Hemolyzed, hyperlipemic, icteric, heat-treated or contaminated specimens

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Room temperature or frozen.

**RESULT INTERPRETATION****Reference Interval:**

| Components                               | Reference Interval |
|------------------------------------------|--------------------|
| Smith/RNP (ENA) Ab, IgG                  | 19 Units or less   |
| Scleroderma (Scl-70) (ENA) Antibody, IgG | 40 AU/mL or less   |
| RNA Polymerase III Antibody, IgG         | 19 Units or less   |
| PM/Scl 100 Antibody, IgG                 | Negative           |
| Fibrillarin (U3 RNP) Ab, IgG             | Negative           |
| Antinuclear Antibody (ANA), HEp-2, IgG   | Less than 1:80     |

**Interpretive Data:**

Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

| Component                                | Interpretation                                                                                                                 |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Scleroderma (Scl-70) (ENA) Antibody, IgG | 29 AU/mL or less Negative<br>30-40 AU/mL Equivocal<br>41 AU/mL or greater Positive                                             |
| Smith/RNP (ENA) Antibody, IgG            | 19 Units or less Negative<br>20-39 Units Weak Positive<br>40-80 Units Moderate Positive<br>81 Units or greater Strong Positive |
| RNA Polymerase III Antibody, IgG         | 19 Units or less Negative<br>20-39 Units Weak Positive<br>40-80 Units Moderate Positive<br>81 Units or greater Strong Positive |

**ADMINISTRATIVE****CPT Codes:**

86039; 86235 x4; 83516

**LOINC:**

- 47322-3
- 49963-2
- 49311-4
- 81732-0
- 33983-8
- 79182-2
- 21424-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Comprehensive evaluation for systemic sclerosis (SSc) when suspicion for SSc is high and patient presents with features of overlap syndrome. For patients with distinct features of SSc, order Criteria Systemic Sclerosis Panel (3000479).

**Test Code:**

CSSP

**ARUP Test Code:**

3000480

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Thu

**Methodology:**

Qualitative Immunoblot/Semi-Quantitative Indirect Fluorescent Antibody/Semi-Quantitative Multiplex Bead Assay/Semi-Quantitative Enzyme-Linked Immunosorbent Assay

**Collect:**

Serum Separator Tube (SST).

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum (Gold or Red-top)

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Hemolyzed, hyperlipemic, icteric, heat-treated or contaminated specimens

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 1.5 mL)

**Reference Interval:**

| Components                               | Reference Interval |
|------------------------------------------|--------------------|
| Smith/RNP (ENA) Ab, IgG                  | 19 Units or less   |
| Scleroderma (Scl-70) (ENA) Antibody, IgG | 40 AU/mL or less   |
| RNA Polymerase III Antibody, IgG         | 19 Units or less   |
| PM/Scl 100 Antibody, IgG                 | Negative           |
| Fibrillarin (U3 RNP) Ab, IgG             | Negative           |
| Antinuclear Antibody (ANA), HEp-2, IgG   | Less than 1:80     |

**Interpretive Data:**

Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

| Component                                | Interpretation                                                                                                                 |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Scleroderma (Scl-70) (ENA) Antibody, IgG | 29 AU/mL or less Negative<br>30-40 AU/mL Equivocal<br>41 AU/mL or greater Positive                                             |
| Smith/RNP (ENA) Antibody, IgG            | 19 Units or less Negative<br>20-39 Units Weak Positive<br>40-80 Units Moderate Positive<br>81 Units or greater Strong Positive |
| RNA Polymerase III Antibody, IgG         | 19 Units or less Negative<br>20-39 Units Weak Positive<br>40-80 Units Moderate Positive<br>81 Units or greater Strong Positive |

**Synonyms:**

- CSSP

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Room temperature or frozen.

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

**Reported:**

1-8 days

**CPT Codes:**

86039; 86235 x4; 83516

**LOINC:**

- 47322-3
- 49963-2
- 49311-4
- 81732-0
- 33983-8
- 79182-2
- 21424-7

**Notes:**

Panel includes: Antinuclear Antibody (ANA) with HEp-2 Substrate, IgG by IFA, Scleroderma (Scl-70) (ENA) Antibody, IgG, RNA Polymerase III Antibody, IgG, Smith/RNP (ENA) Antibody, IgG, Fibrillarin (U3 RNP) Antibody, IgG, PM/Scl-100 Antibody, IgG by Immunoblot.



# Cooximetry, Whole Blood

LAB5817

## ORDERING

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Co-oximetry

Spectrophotometry using 256 wavelengths

Radiometer ABL 90 FLEX Plus

**Reported:**

10 minutes

**Additional Information:**

This test includes the following results: Hemoglobin (CAHB), Oxyhemoglobin (O2HB), Carboxyhemoglobin (COHB), Methemoglobin (MEHB), and Arterial O2 content (O2HX).

Heparin syringes and caps to replace the needles during transport to the laboratory are available from Material Services.

**Synonyms:**

- Hemoximetry
- Methemoglobinemia
- Oxyhemoglobin
- Carboxyhemoglobin
- Deoxyhemoglobin
- ABGCOX
- VBGCX
- MVBGCX
- CVBGCX
- Blood gas
- ABG

## COLLECTION

**Sample Type:**

Heparinized whole blood (Blood gas syringe or capillary tube)

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

**Remarks:**

Deliver samples immediately to lab for testing. Samples delivered to the lab > 30 minutes after collection may yield erroneous results.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, fingertip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

**Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Stability (from collection to initiation):**

Oxygen content/oxyhemoglobin, 30 min  
 Carboxyhemoglobin: refrigerated, 3 days (stability information adopted from Mayo)  
 Hemoglobin: refrigerated, 3 days (stability information adopted from Mayo)  
 Methemoglobin: refrigerated, 3 days (stability information adopted from Mayo)  
 Specimens more than 30 minutes old should not be rejected.

**Unacceptable Conditions:**

Samples with needle attached, containing large bubbles, unlabeled, mislabeled, clotted or of insufficient volume for testing.

**PROCESSING**

**Test Code:**

## Cooximetry:

LAB4441 (Cooximetry from Arterial source)  
 LAB4442 (Cooximetry from Venous source)  
 LAB4469 (Cooximetry from Mixed Venous source)  
 LAB4458 (Cooximetry from Central Venous source)  
 LAB4476 (Cooximetry from Arterial Cord Blood source)  
 LAB4477 (Cooximetry from Venous Cord Blood source)  
 LAB5817 (CPCOOX) (Cooximetry from Capillary source)

## Blood Gas with Cooximetry:

LAB5820 (ABGCOX) (Blood Gas and Cooximetry from Arterial source)  
 LAB5821 (VBGCOX) (Blood Gas and Cooximetry from Venous source)  
 LAB5822 (MVBGCX) (Blood Gas and Cooximetry from Mixed Venous source)  
 LAB5810 (CVBGCX) (Blood Gas and Cooximetry from Central Venous source)  
 LAB4538 (Blood Gas and Cooximetry from Capillary source)

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

**Unacceptable Conditions:**

Samples with needle attached, containing large bubbles, unlabeled, mislabeled, clotted or of insufficient volume for testing.

**Stability (from collection to initiation):**

Oxygen content/oxyhemoglobin, 30 min  
 Carboxyhemoglobin: refrigerated, 3 days (stability information adopted from Mayo)  
 Hemoglobin: refrigerated, 3 days (stability information adopted from Mayo)  
 Methemoglobin: refrigerated, 3 days (stability information adopted from Mayo)  
 Specimens more than 30 minutes old should not be rejected.

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

|                                 | Arterial                                 | Venous               | Mixed and central venous                                                                     | Cord blood<br>unbilical<br>artery | Cord blood<br>umbilical<br>vein | Capillary                            |
|---------------------------------|------------------------------------------|----------------------|----------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------------------|
| Hemoglobin (g/dL)               | see Hemoglobin entry                     | see Hemoglobin entry | see Hemoglobin entry                                                                         | 11.6-18.8                         | 11.4-19.0                       | see Hemoglobin entry                 |
| Oxyhemoglobin                   | 94-98%                                   | Not applicable       | Not applicable                                                                               | <81%                              | 23-94%                          | 94-98%                               |
| Carboxyhemoglobin (non-smokers) | 0.5-1.5%                                 | 0.0-1.5%             | 0.0-1.5%                                                                                     | 0.7-5.5%                          | 0.2-7.3%                        | 0.5-1.5%                             |
| Methemoglobin                   | 0.0-1.5%                                 | 0.0-1.5%             | 0.0-1.5%                                                                                     | 0.5-1.4%                          | 0.5-1.4%                        | 0.0-1.5%                             |
| Arterial O2 content (vol%)      | Male: 18.8 - 22.2<br>Female: 15.9 - 19.9 | Not applicable       | Mixed venous male: 14.8-18.2; Mixed venous female: 11.9-15.9; Central venous: not applicable | 0.0-17.0                          | 5.0-20.0                        | Male: 18.8-22.2<br>Female: 15.9-19.9 |

Hemoglobin reference range adopted from the central UCSF hematology laboratory. Arterial oxyhemoglobin, carboxyhemoglobin and methemoglobin reference ranges adopted from the UCSF reference range previously used with the ABL 835 blood gas analyzers. Arterial oxygen content reference range adopted from the UCSF reference range previously used with the ABL 835 blood gas analyzers and adjusted based on recommendations from the instrument manufacturer (Radiometer Acute Care Testing Handbook, 2014).

Venous carboxyhemoglobin and methemoglobin reference ranges adopted from ZSFG Clinical Laboratories and verified by running 25 male and 25 female normal volunteers from UCSF Clinical Laboratories.

Note: it is not recommended to use venous blood for assessing oxygenation status.

**Critical Values:**

|                   | Arterial, venous, central venous, mixed venous and capillary | Cord blood unbilical artery and vein |
|-------------------|--------------------------------------------------------------|--------------------------------------|
| Carboxyhemoglobin | >= 5%                                                        | >= 7%                                |

Methemoglobin: >= 2%

**Additional Information:**

This test includes the following results: Hemoglobin (CAHB), Oxyhemoglobin (O2HB), Carboxyhemoglobin (COHB), Methemoglobin (MEHB), and Arterial O2 content (O2HX).

Heparin syringes and caps to replace the needles during transport to the laboratory are available from Material Services.

**ADMINISTRATIVE****LOINC Codes:**

11559-2

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Test Code:**

Cooximetry:

- LAB4441 (Cooximetry from Arterial source)
- LAB4442 (Cooximetry from Venous source)
- LAB4469 (Cooximetry from Mixed Venous source)
- LAB4458 (Cooximetry from Central Venous source)
- LAB4476 (Cooximetry from Arterial Cord Blood source)
- LAB4477 (Cooximetry from Venous Cord Blood source)
- LAB5817 (CPCOOX) (Cooximetry from Capillary source)

Blood Gas with Cooximetry:

- LAB5820 (ABGCOX) (Blood Gas and Cooximetry from Arterial source)
- LAB5821 (VBGCOX) (Blood Gas and Cooximetry from Venous source)
- LAB5822 (MVBGCX) (Blood Gas and Cooximetry from Mixed Venous source)
- LAB5810 (CVBGCX) (Blood Gas and Cooximetry from Central Venous source)
- LAB4538 (Blood Gas and Cooximetry from Capillary source)

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Co-oximetry  
Spectrophotometry using 256 wavelengths  
Radiometer ABL 90 FLEX Plus

**Remarks:**

Deliver samples immediately to lab for testing. Samples delivered to the lab > 30 minutes after collection may yield erroneous results.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, fingertip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

**Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

1 mL blood

**Sample Type:**

Heparinized whole blood (Blood gas syringe or capillary tube)

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

**Unacceptable Conditions:**

Samples with needle attached, containing large bubbles, unlabeled, mislabeled, clotted or of insufficient volume for testing.

**Units:**

%

**Reference Interval:**

|                                 | Arterial                                 | Venous               | Mixed and central venous                                                                     | Cord blood<br>unbilical<br>artery | Cord blood<br>umbilical<br>vein | Capillary                            |
|---------------------------------|------------------------------------------|----------------------|----------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------------------|
| Hemoglobin (g/dL)               | see Hemoglobin entry                     | see Hemoglobin entry | see Hemoglobin entry                                                                         | 11.6-18.8                         | 11.4-19.0                       | see Hemoglobin entry                 |
| Oxyhemoglobin                   | 94-98%                                   | Not applicable       | Not applicable                                                                               | <81%                              | 23-94%                          | 94-98%                               |
| Carboxyhemoglobin (non-smokers) | 0.5-1.5%                                 | 0.0-1.5%             | 0.0-1.5%                                                                                     | 0.7-5.5%                          | 0.2-7.3%                        | 0.5-1.5%                             |
| Methemoglobin                   | 0.0-1.5%                                 | 0.0-1.5%             | 0.0-1.5%                                                                                     | 0.5-1.4%                          | 0.5-1.4%                        | 0.0-1.5%                             |
| Arterial O2 content (vol%)      | Male: 18.8 - 22.2<br>Female: 15.9 - 19.9 | Not applicable       | Mixed venous male: 14.8-18.2; Mixed venous female: 11.9-15.9; Central venous: not applicable | 0.0-17.0                          | 5.0-20.0                        | Male: 18.8-22.2<br>Female: 15.9-19.9 |

Hemoglobin reference range adopted from the central UCSF hematology laboratory. Arterial oxyhemoglobin, carboxyhemoglobin and methemoglobin reference ranges adopted from the UCSF reference range previously used with the ABL 835 blood gas analyzers. Arterial oxygen content reference range adopted from the UCSF reference range previously used with the ABL 835 blood gas analyzers and adjusted based on recommendations from the instrument manufacturer (Radiometer Acute Care Testing Handbook, 2014).

Venous carboxyhemoglobin and methemoglobin reference ranges adopted from ZSFG Clinical Laboratories and verified by running 25 male and 25 female normal volunteers from UCSF Clinical Laboratories.

Note: it is not recommended to use venous blood for assessing oxygenation status.

**Critical Values:**

|                   | Arterial, venous, central venous, mixed venous and capillary | Cord blood unbilical artery and vein |
|-------------------|--------------------------------------------------------------|--------------------------------------|
| Carboxyhemoglobin | >= 5%                                                        | >= 7%                                |

Methemoglobin: >= 2%

**Synonyms:**

- Hemoximetry
- Methemoglobinemia
- Oxyhemoglobin
- Carboxyhemoglobin
- Deoxyhemoglobin
- ABGCOX
- VBGCOX
- MVBGCX
- CVBGCX
- Blood gas
- ABG

**Stability (from collection to initiation):**

Oxygen content/oxyhemoglobin, 30 min

Carboxyhemoglobin: refrigerated, 3 days (stability information adopted from Mayo)

Hemoglobin: refrigerated, 3 days (stability information adopted from Mayo)

Methemoglobin: refrigerated, 3 days (stability information adopted from Mayo)

Specimens more than 30 minutes old should not be rejected.

**Reported:**

10 minutes

**Additional Information:**

This test includes the following results: Hemoglobin (CAHB), Oxyhemoglobin (O2HB), Carboxyhemoglobin (COHB), Methemoglobin (MEHB), and Arterial O2 content (O2HX).

Heparin syringes and caps to replace the needles during transport to the laboratory are available from Material Services.

**LOINC Codes:**

11559-2

**COPEPTIN proAVP**  
LAB999884

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Mayo

**Performed:**  
Monday-Saturday

**Methodology:**  
Immunofluorescent Assay (IFA)

**Reported:**  
1-3 days

**Synonyms:**

- COPEPTIN

**COLLECTION**

**Patient Preparation:**  
For water-deprived testing, have the patient fast and thirst for at least 8 hours (no liquids, including water, are allowed)

**Sample Type:**  
Plasma

**Label Abbreviation:**  
CPAVP

**Collect:**  
Lavendar-top tube

**Amount to Collect:**  
2 mL blood

**Preferred Volume:**  
0.5 mL plasma

**Minimum Volume:**  
0.3 mL plasma

**Stability (from collection to initiation):**  
Refrigerated (preferred) 7 days  
Frozen 30 days  
Ambient 7 days

**Storage/Transport Temperature:**  
Refrigerated

**Unacceptable Conditions:**  
Gross hemolysis

**PROCESSING**

**Test Code:**  
CPAVP

**Sendout:**  
Yes

**Performing Lab:**  
Mayo

**Specimen Preparation:**  
Centrifuge and aliquot plasma into plastic vial. Do not submit in original tube.

Mayo order CPAVP

**Preferred Volume:**  
0.5 mL plasma

**Minimum Volume:**  
0.3 mL plasma

**Unacceptable Conditions:**  
Gross hemolysis



**Stability (from collection to initiation):**

Refrigerated (preferred) 7 days

Frozen 30 days

Ambient 7 days

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Units:**

pmol/L

**Reference Interval:**

Non-water deprived, non-fasting adults\*: &lt;13.1 pmol/L

Water deprived, fasting adults\*\*: &lt;15.2 pmol/L

Non-water deprived, non-fasting pediatric patients\*\*\*: &lt;14.5 pmol/L

**Interpretive Data:**

While secreted in equimolar concentrations in conjunction with arginine vasopressin (AVP), measured plasma concentrations of copeptin do not correlate strongly with AVP concentrations due to in vivo and in vitro differences in stability. Copeptin is a more stable surrogate biomarker of AVP release. The clinical utility of copeptin of differentiating polyuria and water balance disorders has been demonstrated in a number of studies, when used in conjunction with osmolality and hydration status.

In a prospective clinical study, an algorithm was established based on patients with polyuria-polydipsia syndrome (n=55). A nonwater-deprived baseline copeptin concentration of 21.4 pmol/L or greater was found to be consistent with the presence of nephrogenic diabetes insipidus (DI). In a described algorithm,(1) patients with a copeptin concentrations of under 21.4 pmol/L and a copeptin cut-off of 4.9 pmol/L after fluid deprivation, was used to distinguish between complete or partial DI (<4.9 pmol/L) and primary polydipsia (> or =4.9 pmol/L).

Central DI may also be differentiated from nephrogenic DI by measuring copeptin during a stimulus for AVP release such as a water deprivation test. Copeptin concentrations obtained in the process of a water deprivation test can be difficult to interpret because of variation in water deprivation protocols. Patients with psychogenic polydipsia will either have a normal response to water deprivation or, in long-standing cases, show a pattern suggestive of mild nephrogenic DI. Expert consultation is recommended in these circumstances.

Although the water-deprivation test is considered the reference standard for the evaluation of DI, measurement of saline stimulated copeptin was shown to be more accurate than the water-deprivation test.(2) In this indirect water deprivation test with a cutoff of 4.9 pmol/L or less indicated central DI while a concentration greater than 4.9 pmol/L indicated primary polydipsia.

An elevated plasma copeptin AVP concentration in a hyponatremic patient may be indicative of the syndrome of inappropriate antidiuretic hormone secretion (SIADH). However, copeptin determination alone is not typically sufficient to distinguish SIADH from other hyponatremic disorders.(3)

Elevations of plasma copeptin in patients with symptoms of heart failure may be prognostic of short- and long-term mortality. In patients with heart failure (HF) following a myocardial infarction (MI), elevations in copeptin are associated with severity of HF and poorer prognosis.(4) In a cohort of patients with class III or IV HF, copeptin concentrations of 40 pmol/L or greater significantly increased the risk of death or need for cardiac transplantation. The combination of elevated copeptin and hyponatremia was an even stronger predictor of heart failure, independent of B-type natriuretic peptide (BNP) and cardiac troponin (cTn) concentrations.(5)

**ADMINISTRATIVE****CPT Codes:**

84588

**LOINC Codes:**

78987-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CPAVP

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Performed:**

Monday-Saturday

**Methodology:**

Immunofluorescent Assay (IFA)

**Patient Preparation:**

For water-deprived testing, have the patient fast and thirst for at least 8 hours (no liquids, including water, are allowed)

**Collect:**

Lavendar-top tube

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.3 mL plasma

**Unacceptable Conditions:**

Gross hemolysis

**Specimen Preparation:**

Centrifuge and aliquot plasma into plastic vial. Do not submit in original tube.

Mayo order CPAVP

**Units:**

pmol/L

**Reference Interval:**

Non-water deprived, non-fasting adults\*: &lt;13.1 pmol/L

Water deprived, fasting adults\*\*: &lt;15.2 pmol/L

Non-water deprived, non-fasting pediatric patients\*\*\*: &lt;14.5 pmol/L

**Interpretive Data:**

While secreted in equimolar concentrations in conjunction with arginine vasopressin (AVP), measured plasma concentrations of copeptin do not correlate strongly with AVP concentrations due to in vivo and in vitro differences in stability. Copeptin is a more stable surrogate biomarker of AVP release. The clinical utility of copeptin of differentiating polyuria and water balance disorders has been demonstrated in a number of studies, when used in conjunction with osmolality and hydration status.

In a prospective clinical study, an algorithm was established based on patients with polyuria-polydipsia syndrome (n=55). A nonwater-deprived baseline copeptin concentration of 21.4 pmol/L or greater was found to be consistent with the presence of nephrogenic diabetes insipidus (DI). In a described algorithm,(1) patients with a copeptin concentrations of under 21.4 pmol/L and a copeptin cut-off of 4.9 pmol/L after fluid deprivation, was used to distinguish between complete or partial DI (<4.9 pmol/L) and primary polydipsia (> or =4.9 pmol/L).

Central DI may also be differentiated from nephrogenic DI by measuring copeptin during a stimulus for AVP release such as a water deprivation test. Copeptin concentrations obtained in the process of a water deprivation test can be difficult to interpret because of variation in water deprivation protocols. Patients with psychogenic polydipsia will either have a normal response to water deprivation or, in long-standing cases, show a pattern suggestive of mild nephrogenic DI. Expert consultation is recommended in these circumstances.

Although the water-deprivation test is considered the reference standard for the evaluation of DI, measurement of saline stimulated copeptin was shown to be more accurate than the water-deprivation test.(2) In this indirect water deprivation test with a cutoff of 4.9 pmol/L or less indicated central DI while a concentration greater than 4.9 pmol/L indicated primary polydipsia.

An elevated plasma copeptin AVP concentration in a hyponatremic patient may be indicative of the syndrome of inappropriate antidiuretic hormone secretion (SIADH). However, copeptin determination alone is not typically sufficient to distinguish SIADH from other hyponatremic disorders.(3)

Elevations of plasma copeptin in patients with symptoms of heart failure may be prognostic of short- and long-term mortality. In patients with heart failure (HF) following a myocardial infarction (MI), elevations in copeptin are associated with severity of HF and poorer prognosis.(4) In a cohort of patients with class III or IV HF, copeptin concentrations of 40 pmol/L or greater significantly increased the risk of death or need for cardiac transplantation. The combination of elevated copeptin and hyponatremia was an even stronger predictor of heart failure, independent of B-type natriuretic peptide (BNP) and cardiac troponin (cTn) concentrations.(5)

**Synonyms:**

- COPEPTIN

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated (preferred) 7 days

Frozen 30 days

Ambient 7 days

**Reported:**

1-3 days

**CPT Codes:**

84588

**LOINC Codes:**

78987-5

# Copper, random urine

LAB3508

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Inductively Coupled Plasma Mass Spectrometry

**Reported:**

Set up 5x per week. Turnaround 4-8 days.

**Additional Information:**

Copper is an essential element that is a cofactor of many enzymes. Copper metabolism is disturbed in Wilson's disease, Menkes disease, primary biliary cirrhosis, and Indian childhood cirrhosis. Urinary copper concentrations are also useful to monitor patients on chelation therapy.

**Synonyms:**

- Cu
- Wilson's disease
- Menke's disease

## COLLECTION

**Patient Preparation:**

Patient should refrain from taking vitamins, mineral or herbal supplements at least one week prior to specimen collection.

**Sample Type:**

Second void (preferred) or random urine

**Collect:**

Urine cup

**Amount to Collect:**

20 mL

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 5 days, frozen at -20C 2 weeks.

## PROCESSING

**Test Code:**

COPUR

**Test Group:**

Copper

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze aliquot at -20C. Order Quest # 86579N

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 5 days, frozen at -20C 2 weeks.

## RESULT INTERPRETATION

**Units:**

µg/g Creatinine (mcg/g Creatinine)

**Reference Interval:**

Normals based on second void AM urine:

Males: 6.4-14.3 µg/g creatinine

Females: 6.7-18.6 µg/g creatinine

**Additional Information:**

Copper is an essential element that is a cofactor of many enzymes. Copper metabolism is disturbed in Wilson's disease, Menkes disease, primary biliary cirrhosis, and Indian childhood cirrhosis. Urinary copper concentrations are also useful to monitor patients on chealation therapy.

**ADMINISTRATIVE****CPT Codes:**

82525-90, 82570-90

**LOINC Codes:**

13829-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

COPUR

**Test Group:**

Copper

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Inductively Coupled Plasma Mass Spectrometry

**Patient Preparation:**

Patient should refrain from taking vitamins, mineral or herbal supplements at least one week prior to specimen collection.

**Collect:**

Urine cup

**Amount to Collect:**

20 mL

**Sample Type:**

Second void (preferred) or random urine

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Specimen Preparation:**

Freeze aliquot at -20C. Order Quest # 86579N

**Units:**

µg/g Creatinine (mcg/g Creatinine)

**Reference Interval:**

Normals based on second void AM urine:

Males: 6.4-14.3 µg/g creatinine

Females: 6.7-18.6 µg/g creatinine

**Synonyms:**

- Cu
- Wilson's disease
- Menke's disease

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 5 days, frozen at -20C 2 weeks.

**Reported:**

Set up 5x per week. Turnaround 4-8 days.

**Additional Information:**

Copper is an essential element that is a cofactor of many enzymes. Copper metabolism is disturbed in Wilson's disease, Menkes disease, primary biliary cirrhosis, and Indian childhood cirrhosis. Urinary copper concentrations are also useful to monitor patients on chealation therapy.

**CPT Codes:**

82525-90, 82570-90

**LOINC Codes:**

13829-7

# Copper, Serum / Plasma

LAB817

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Sun, Wed, Fri

**Methodology:**

Inductively-Coupled Plasma/Mass Spectrometry (ICP/MS) or Atomic Spectroscopy (AS)

**Reported:**

1 - 4 days

**Additional Information:**

Copper - Copper is an essential element that is a cofactor of many enzymes. Copper metabolism is disturbed in Wilson's disease, Menkes disease, primary biliary cirrhosis, and Indian childhood cirrhosis. Copper concentrations increase in acute phase reactions and during the third trimester of pregnancy. Copper concentrations are decreased with nephrosis, malabsorption, and malnutrition. Copper concentrations are also useful to monitor patients, especially preterm newborns, on nutritional supplementation. Results of copper are often interpreted together with ceruloplasmin.

**Synonyms:**

- Cu
- Wilson's disease
- Menke's disease
- DECANT

## COLLECTION

**Patient Preparation:**

The patient should refrain from taking vitamins or mineral supplements for at least one week prior to specimen collection.

**Sample Type:**

Plasma or serum

**Label Abbreviation:**

COP

**Collect:**

EDTA (royal blue-top) tube or heparin (royal blue-top) tube OR No additive (royal blue-top) tube

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum/plasma

**Minimum Volume:**

0.7 mL serum/plasma

**Stability (from collection to initiation):**

Room temperature: 5 days

Refrigerated: 10 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Hemolysis • Serum or plasma not separated from cells • Samples submitted in non-trace metal or non-acid washed containers

## PROCESSING

**Test Code:**

COP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate serum or plasma from cells within two hours. Transfer separated plasma/serum to a plastic acid-washed or metal-free vial.

**Preferred Volume:**

2 mL serum/plasma

**Minimum Volume:**

0.7 mL serum/plasma

**Unacceptable Conditions:**

Hemolysis • Serum or plasma not separated from cells • Samples submitted in non-trace metal or non-acid washed containers

**Stability (from collection to initiation):**

Room temperature: 5 days

Refrigerated: 10 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

µg/dL (mcg/dL)

**Reference Interval:**

=5 Months: 38-104 mcg/dL

6-11 Months: 24-152 mcg/dL

12 Months-23 Months: 76-193 mcg/dL

1-3 Years: 87-187 mcg/dL

4-5 Years: 56-191 mcg/dL

6-9 Years: 117-181 mcg/dL

10-13 Years: 87-182 mcg/dL

14-17 Years: 75-187 mcg/dL

=18 Years: 70-175 mcg/dL

**Additional Information:**

Copper - Copper is an essential element that is a cofactor of many enzymes. Copper metabolism is disturbed in Wilson's disease, Menkes disease, primary biliary cirrhosis, and Indian childhood cirrhosis. Copper concentrations increase in acute phase reactions and during the third trimester of pregnancy. Copper concentrations are decreased with nephrosis, malabsorption, and malnutrition. Copper concentrations are also useful to monitor patients, especially preterm newborns, on nutritional supplementation. Results of copper are often interpreted together with ceruloplasmin.

**ADMINISTRATIVE****CPT Codes:**

82525

**LOINC Codes:**

5631-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

COP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Sun, Wed, Fri

**Methodology:**

Inductively-Coupled Plasma/Mass Spectrometry (ICP/MS) or Atomic Spectroscopy (AS)

**Patient Preparation:**

The patient should refrain from taking vitamins or mineral supplements for at least one week prior to specimen collection.

**Collect:**

EDTA (royal blue-top) tube or heparin (royal blue-top) tube OR No additive (royal blue-top) tube

**Amount to Collect:**

4 mL blood



**Sample Type:**

Plasma or serum

**Preferred Volume:**

2 mL serum/plasma

**Minimum Volume:**

0.7 mL serum/plasma

**Unacceptable Conditions:**

Hemolysis • Serum or plasma not separated from cells • Samples submitted in non-trace metal or non-acid washed containers

**Specimen Preparation:**

Separate serum or plasma from cells within two hours. Transfer separated plasma/serum to a plastic acid-washed or metal-free vial.

**Units:**

µg/dL (mcg/dL)

**Reference Interval:**

=5 Months: 38-104 mcg/dL  
 6-11 Months: 24-152 mcg/dL  
 12 Months-23 Months: 76-193 mcg/dL  
 1-3 Years: 87-187 mcg/dL  
 4-5 Years: 56-191 mcg/dL  
 6-9 Years: 117-181 mcg/dL  
 10-13 Years: 87-182 mcg/dL  
 14-17 Years: 75-187 mcg/dL  
 =18 Years: 70-175 mcg/dL

**Synonyms:**

- Cu
- Wilson's disease
- Menke's disease
- DECANT

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: 5 days  
 Refrigerated: 10 days  
 Frozen: 30 days

**Reported:**

1 - 4 days

**Additional Information:**

Copper - Copper is an essential element that is a cofactor of many enzymes. Copper metabolism is disturbed in Wilson's disease, Menkes disease, primary biliary cirrhosis, and Indian childhood cirrhosis. Copper concentrations increase in acute phase reactions and during the third trimester of pregnancy. Copper concentrations are decreased with nephrosis, malabsorption, and malnutrition. Copper concentrations are also useful to monitor patients, especially preterm newborns, on nutritional supplementation. Results of copper are often interpreted together with ceruloplasmin.

**CPT Codes:**

82525

**LOINC Codes:**

5631-7

# Copper, tissue

COPT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

ICP/MS

**Reported:**

2 weeks

**Additional Information:**

In Wilson's disease levels are usually 200-3000 µg/g, and carriers may have levels up to 150 µg/g, but false-positive results can occur in obstructive liver disease.

**Synonyms:**

- Cu
- Wilson's disease
- Menke's disease

## COLLECTION

**Sample Type:**

Unfixed Liver tissue Paraffin block is also acceptable if not more than 1 or 2 cuts have been made to it for slides. Paraffin blocks will be returned in 2 weeks unless a request for an earlier return is made.

**Collect:**

Trace metal-free vial (blue label)

**Amount to Collect:**

4 mL

**Preferred Volume:**

0.5 x 5 mm

**Minimum Volume:**

0.5 x 2.0 mm

**Remarks:**

Obtain trace metal-free vial (blue label) supplied by vendor and available from Specimen Receiving. Paraffin block is also acceptable if not more than 1 or 2 cuts have been made to it for slides. Paraffin blocks will be returned in 2 weeks unless a request for an earlier return is made.

## PROCESSING

**Test Code:**

COPT

**Test Group:**

Copper

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Refrigerate. Order MAYO# 8687. Place packaged specimen in refrigerator bin for MCS pickup.

**Preferred Volume:**

0.5 x 5 mm

**Minimum Volume:**

0.5 x 2.0 mm

## RESULT INTERPRETATION

**Units:**

µg/g dry weight of liver

**Reference Interval:**

10-35 µg/g dry weight of liver

**Additional Information:**

In Wilson's disease levels are usually 200-3000 µg/g, and carriers may have levels up to 150 µg/g, but false-positive results can occur in obstructive liver disease.

**ADMINISTRATIVE****CPT Codes:**

82525-90

**LOINC Codes:**

8198-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

COPT

**Test Group:**

Copper

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

ICP/MS

**Remarks:**

Obtain trace metal-free vial (blue label) supplied by vendor and available from Specimen Receiving. Paraffin block is also acceptable if not more than 1 or 2 cuts have been made to it for slides. Paraffin blocks will be returned in 2 weeks unless a request for an earlier return is made.

**Collect:**

Trace metal-free vial (blue label)

**Amount to Collect:**

4 mL

**Sample Type:**

Unfixed Liver tissue Paraffin block is also acceptable if not more than 1 or 2 cuts have been made to it for slides. Paraffin blocks will be returned in 2 weeks unless a request for an earlier return is made.

**Preferred Volume:**

0.5 x 5 mm

**Minimum Volume:**

0.5 x 2.0 mm

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Refrigerate. Order MAYO# 8687. Place packaged specimen in refrigerator bin for MCS pickup.

**Units:**

µg/g dry weight of liver

**Reference Interval:**

10-35 µg/g dry weight of liver

**Synonyms:**

- Cu
- Wilson's disease
- Menke's disease

**Reported:**

2 weeks

**Additional Information:**

In Wilson's disease levels are usually 200-3000 µg/g, and carriers may have levels up to 150 µg/g, but false-positive results can occur in obstructive liver disease.

**CPT Codes:**

82525-90

**LOINC Codes:**

8198-4

# Copper, Urine, 24 Hour

LAB380

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

ICP/MS

**Reported:**

Test run Tuesday-Saturday. Turnaround time: 2-5 days.

**Additional Information:**

To convert µg/L to µmol/L (SI units), multiply by 0.0157.

Levels are high in most symptomatic patients but false-positive results can occur in obstructive liver disease.

Copper is an essential element that is a cofactor of many enzymes. Copper metabolism is disturbed in Wilson's disease, Menkes disease, primary biliary cirrhosis, and Indian childhood cirrhosis. Urinary copper concentrations are also useful to monitor patients on chelation therapy.

**Synonyms:**

- Cu
- Wilson's disease
- Menke's disease

## COLLECTION

**Sample Type:**

24 hour urine collection

**Label Abbreviation:**

COPU

**Collect:**

Acid Wash Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

**Rejection Criteria:**

Hemolysis or fecal contamination.

## PROCESSING

**Test Code:**

COPU

**Test Group:**

Copper

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis.

Record total volume of urine received and write on request. Be sure the urine is mixed well before transferring to the shipping container. To avoid contamination, carefully pour the designated amount of urine directly from the collection container into the acid wash shipping container.

Prepare two (2) aliquots, save (1) for storage, discard after 1 week. Refrigerate aliquots.

For 24 hour urine Order Quest # 365. For random urine order Quest # 86579N

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Rejection Criteria:**

Hemolysis or fecal contamination.

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

µg/24 hours

**Reference Interval:**

15-60 µg/24 hours

**Additional Information:**

To convert µg/L to µmol/L (SI units), multiply by 0.0157.

Levels are high in most symptomatic patients but false-positive results can occur in obstructive liver disease.

Copper is an essential element that is a cofactor of many enzymes. Copper metabolism is disturbed in Wilson's disease, Menkes disease, primary biliary cirrhosis, and Indian childhood cirrhosis. Urinary copper concentrations are also useful to monitor patients on chelation therapy.

**ADMINISTRATIVE****CPT Codes:**

82525-90

**LOINC Codes:**

5633-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

COPU

**Test Group:**

Copper

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

ICP/MS

**Collect:**

Acid Wash Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Rejection Criteria:**

Hemolysis or fecal contamination.

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis.

Record total volume of urine received and write on request. Be sure the urine is mixed well before transferring to the shipping container. To avoid contamination, carefully pour the designated amount of urine directly from the collection container into the acid wash shipping container.

Prepare two (2) aliquots, save (1) for storage, discard after 1 week. Refrigerate aliquots.

For 24 hour urine Order Quest # 365. For random urine order Quest # 86579N

**Units:**

µg/24 hours

**Reference Interval:**

15-60 µg/24 hours

**Synonyms:**

- Cu
- Wilson's disease
- Menke's disease

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

**Reported:**

Test run Tuesday-Saturday. Turnaround time: 2-5 days.

**Additional Information:**

To convert µg/L to µmol/L (SI units), multiply by 0.0157.

Levels are high in most symptomatic patients but false-positive results can occur in obstructive liver disease.

Copper is an essential element that is a cofactor of many enzymes. Copper metabolism is disturbed in Wilson's disease, Menkes disease, primary biliary cirrhosis, and Indian childhood cirrhosis. Urinary copper concentrations are also useful to monitor patients on chelation therapy.

**CPT Codes:**

82525-90

**LOINC Codes:**

5633-3

# Cord Blood Test - DAT (O Positive Mother)

LAB3847

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mission Bay Transfusion Service

**Performed:**

Test Available 24 hours per day 7 days a week

**Reported:**

Routine 4 hours

**Additional Information:**

Testing includes DAT-IgG only. Cord Blood sample preferred. Please indicate source of specimen (Cord Blood or Peripheral sample) when submitting specimen for testing.

**Synonyms:**

- Cord Blood

## COLLECTION

**Sample Type:**

EDTA whole blood or Cord Blood

**Collect:**

Lavender top (6mL preferred)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

6 mL

**Minimum Volume:**

3 mL

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled, or hemolyzed sample. Samples without a collection date and time.

## PROCESSING

**Test Code:**

NEWDAT

**Performing Lab:**

Mission Bay Transfusion Service

**Preferred Volume:**

6 mL

**Minimum Volume:**

3 mL

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled, or hemolyzed sample. Samples without a collection date and time.

## RESULT INTERPRETATION

**Additional Information:**

Testing includes DAT-IgG only. Cord Blood sample preferred. Please indicate source of specimen (Cord Blood or Peripheral sample) when submitting specimen for testing.

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

NEWDAT

**Performing Lab:**

Mission Bay Transfusion Service

**Performed:**

Test Available 24 hours per day 7 days a week

**Collect:**

Lavender top (6mL preferred)

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA whole blood or Cord Blood

**Preferred Volume:**

6 mL

**Minimum Volume:**

3 mL

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled, or hemolyzed sample. Samples without a collection date and time.

**Synonyms:**

- Cord Blood

**Reported:**

Routine 4 hours

**Additional Information:**

Testing includes DAT-IgG only. Cord Blood sample preferred. Please indicate source of specimen (Cord Blood or Peripheral sample) when submitting specimen for testing.



# Cord Blood Test - RH (Rh Negative Mother)

LAB3848

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mission Bay Transfusion Service

**Performed:**

Test Available 24 hours per day 7 days a week

**Reported:**

Routine 4 hours

**Additional Information:**

Testing includes Rh type and DAT-IgG only. Cord Blood sample preferred. Please indicate source of specimen (Cord Blood or Peripheral sample) when submitting specimen for testing.

**Synonyms:**

- Cord Blood

## COLLECTION

**Sample Type:**

EDTA whole blood or Cord Blood

**Collect:**

Lavender top (6mL preferred)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

6 mL

**Minimum Volume:**

3 mL

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled, or hemolyzed sample. Samples without a collection date and time.

## PROCESSING

**Test Code:**

NEWRH

**Performing Lab:**

Mission Bay Transfusion Service

**Preferred Volume:**

6 mL

**Minimum Volume:**

3 mL

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled, or hemolyzed sample. Samples without a collection date and time.

## RESULT INTERPRETATION

**Additional Information:**

Testing includes Rh type and DAT-IgG only. Cord Blood sample preferred. Please indicate source of specimen (Cord Blood or Peripheral sample) when submitting specimen for testing.

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

NEWRH

**Performing Lab:**

Mission Bay Transfusion Service

**Performed:**

Test Available 24 hours per day 7 days a week

**Collect:**

Lavender top (6mL preferred)

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA whole blood or Cord Blood

**Preferred Volume:**

6 mL

**Minimum Volume:**

3 mL

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled, or hemolyzed sample. Samples without a collection date and time.

**Synonyms:**

- Cord Blood

**Reported:**

Routine 4 hours

**Additional Information:**

Testing includes Rh type and DAT-IgG only. Cord Blood sample preferred. Please indicate source of specimen (Cord Blood or Peripheral sample) when submitting specimen for testing.

## Cortisol and Aldosterone for Adrenal Vein Studies, Plasma

LAB1000052

### ORDERING

**Available Stat:**

No

**Performing Lab:**

Cortisol: China Basin Chemistry

Aldosterone: Labcorp's Endocrine Sciences Esoterix laboratory

**Performed:**

Cortisol: Test available on day shift, Monday - Friday

Aldosterone: Sunday - Saturday

**Methodology:**

Cortisol: Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

Aldosterone: HPLC/MS-MS

**Reported:**

Cortisol: 2-4 days

Aldosterone: 7-14 days

**Additional Information:**

The Labcorp Endocrine Sciences test code 504905 should be ordered for all AVS aldosterone specimens regardless of the various adrenal vein and IVC sampling locations from which the specimens are obtained. This test code is used to alert Labcorp that the aldosterone should be measured at their Endocrine Sciences/Esoterix lab location. Interventional radiology will use the sample collection times to determine the venous sampling locations of the different aldosterone specimens

The Architect cortisol assay is highly specific for cortisol and correlates well with mass spectrometry methods (Dodd AJ et al. Annals of Clinical Biochemistry 2014).

The specificity of the ARCHITECT Cortisol assay was determined by studying the cross-reactivity of compounds whose chemical structure or concurrent usage may potentially interfere with the ARCHITECT Cortisol assay. Specificity of the assay was determined by spiking each compound into human plasma specimens with cortisol levels of 11.4 and 12.0 µg/dL. Cross reactivity results with other steroids are listed below.

| Compound                    | Conc (ug/dL) | % Cross-Reactivity |
|-----------------------------|--------------|--------------------|
| Aldosterone                 | 1000         | 0.0                |
| Beclomethasone              | 1000         | 0.0                |
| Budesonide                  | 1000         | 0.0                |
| Canrenone                   | 1000         | 0.1                |
| Corticosterone              | 1000         | 0.9                |
| Cortisol 21-glucuronide     | 1000         | 0.2                |
| Cortisone                   | 1000         | 2.7                |
| B-Cortol                    | 1000         | 0.0                |
| B-Cortolone                 | 1000         | 0.0                |
| 11-Deoxycorticosterone      | 100          | 0.0                |
| 11-Deoxycortisol            | 100          | 1.9                |
| Dexamethasone               | 1000         | 0.0                |
| DHEA                        | 1000         | 0.0                |
| DHEA-S                      | 1000         | 0.0                |
| B-Estradiol                 | 1000         | 0.0                |
| Estriol                     | 1000         | 0.0                |
| Estrone                     | 1000         | 0.0                |
| Fludrocortisone             | 100          | 36.6               |
| Fluticasone Propionate      | 1000         | 0.0                |
| 6B-Hydroxycortisol          | 1000         | 0.2                |
| 17a-Hydroxypregnenolone     | 1000         | 0.1                |
| 11B-Hydroxyprogesterone     | 1000         | 0.2                |
| 17-Hydroxyprogesterone      | 1000         | 0.6                |
| Medroxyprogesterone Acetate | 1000         | 0.0                |
| 6-Methylprednisolone        | 1000         | 0.1                |
| Mometasone                  | 1000         | 0.0                |
| Prednisolone                | 100          | 12.3               |
| Prednisone                  | 1000         | 0.0                |
| Pregnanetriol               | 1000         | 0.0                |
| Pregnenolone                | 1000         | 0.0                |
| Progesterone                | 1000         | 0.0                |
| B-Sitosterol                | 1000         | 0.0                |
| Spironolactone              | 1000         | 0.0                |
| Testosterone                | 1000         | 0.0                |

**Synonyms:**

- LAB1000052
- LAB2193
- CORTAV

**Sample Type:**

Plasma

**Label Abbreviation:**

CORTAV

**Collect:**

Lavender top (6 mL tube)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1.5 mL plasma (1.0 mL for Aldosterone + 0.5 mL for cortisol)

**Minimum Volume:**

0.7 mL plasma (0.5 mL for aldosterone + 0.2 mL for cortisol)

**Remarks:**All samples must be submitted to the lab with [Adrenal Vein Study sheet](#).**Unacceptable Conditions:**

Samples will not be rejected based on time of collection.

**PROCESSING****Test Code:**

LAB1000052 (for cortisol)

LAB2193 (for aldosterone)

**Performing Lab:**

Cortisol: China Basin Chemistry

Aldosterone: Labcorp's Endocrine Sciences Esoterix laboratory

**Specimen Preparation:**Interventional radiology will submit the AVS study specimens to the laboratory together with a completed [AVS study form](#).

Instructions for Clinical Lab Processing Staff:

1. Order CORTAV and ALDOAV in Beaker. Enter Vein Location under Lab Comments.
2. Affix Beaker label to primary tube and footie label to AVS Study Sheet.
3. Load primary tubes onto automation line for automation line to make aliquots.
4. Plasma must be separated from cells within 45 minutes. Refrigerate aliquots.
5. Send CORTAV aliquots, primary tubes, and paperwork to China Basin Chemistry.
6. Send ALDOAV aliquots to China Basin Sendouts.
7. China Basin Sendouts: Order Infrarenal IVC Aldosterone Unstimulated, 504905\*. Samples should be frozen before sending out for aldosterone testing to Labcorp.

\*See Additional Information section regarding lab code 504905.

**Preferred Volume:**

1.5 mL plasma (1.0 mL for Aldosterone + 0.5 mL for cortisol)

**Minimum Volume:**

0.7 mL plasma (0.5 mL for aldosterone + 0.2 mL for cortisol)

**Unacceptable Conditions:**

Samples will not be rejected based on time of collection.

**RESULT INTERPRETATION****Units:**

µg/dL (cortisol)

ng/dL (aldosterone)

**Additional Information:**

The Labcorp Endocrine Sciences test code 504905 should be ordered for all AVS aldosterone specimens regardless of the various adrenal vein and IVC sampling locations from which the specimens are obtained. This test code is used to alert Labcorp that the aldosterone should be measured at their Endocrine Sciences/Esoterix lab location. Interventional radiology will use the sample collection times to determine the venous sampling locations of the different aldosterone specimens

The Architect cortisol assay is highly specific for cortisol and correlates well with mass spectrometry methods (Dodd AJ et al. Annals of Clinical Biochemistry 2014).

The specificity of the ARCHITECT Cortisol assay was determined by studying the cross-reactivity of compounds whose chemical structure or concurrent usage may potentially interfere with the ARCHITECT Cortisol assay. Specificity of the assay was determined by spiking each compound into human plasma specimens with cortisol levels of 11.4 and 12.0 µg/dL. Cross reactivity results with other steroids are listed below.

| Compound                    | Conc (ug/dL) | % Cross-Reactivity |
|-----------------------------|--------------|--------------------|
| Aldosterone                 | 1000         | 0.0                |
| Beclomethasone              | 1000         | 0.0                |
| Budesonide                  | 1000         | 0.0                |
| Canrenone                   | 1000         | 0.1                |
| Corticosterone              | 1000         | 0.9                |
| Cortisol 21-glucuronide     | 1000         | 0.2                |
| Cortisone                   | 1000         | 2.7                |
| B-Cortol                    | 1000         | 0.0                |
| B-Cortolone                 | 1000         | 0.0                |
| 11-Deoxycorticosterone      | 100          | 0.0                |
| 11-Deoxycortisol            | 100          | 1.9                |
| Dexamethasone               | 1000         | 0.0                |
| DHEA                        | 1000         | 0.0                |
| DHEA-S                      | 1000         | 0.0                |
| B-Estradiol                 | 1000         | 0.0                |
| Estriol                     | 1000         | 0.0                |
| Estrone                     | 1000         | 0.0                |
| Fludrocortisone             | 100          | 36.6               |
| Fluticasone Propionate      | 1000         | 0.0                |
| 6B-Hydroxycortisol          | 1000         | 0.2                |
| 17a-Hydroxypregnenolone     | 1000         | 0.1                |
| 11B-Hydroxyprogesterone     | 1000         | 0.2                |
| 17-Hydroxyprogesterone      | 1000         | 0.6                |
| Medroxyprogesterone Acetate | 1000         | 0.0                |
| 6-Methylprednisolone        | 1000         | 0.1                |
| Mometasone                  | 1000         | 0.0                |
| Prednisolone                | 100          | 12.3               |
| Prednisone                  | 1000         | 0.0                |
| Pregnanetriol               | 1000         | 0.0                |
| Pregnenolone                | 1000         | 0.0                |
| Progesterone                | 1000         | 0.0                |
| B-Sitosterol                | 1000         | 0.0                |
| Spironolactone              | 1000         | 0.0                |
| Testosterone                | 1000         | 0.0                |

**ADMINISTRATIVE****CPT Codes:**

82533 and 82085

**LOINC Codes:**

2143-6 and 1761-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LAB1000052 (for cortisol)

LAB2193 (for aldosterone)

**Performing Lab:**

Cortisol: China Basin Chemistry

Aldosterone: Labcorp's Endocrine Sciences Esoterix laboratory

**Performed:**

Cortisol: Test available on day shift, Monday - Friday

Aldosterone: Sunday - Saturday

**Methodology:**

Cortisol: Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

Aldosterone: HPLC/MS-MS

**Remarks:**All samples must be submitted to the lab with [Adrenal Vein Study sheet](#).**Collect:**

Lavender top (6 mL tube)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

1.5 mL plasma (1.0 mL for Aldosterone + 0.5 mL for cortisol)

**Minimum Volume:**

0.7 mL plasma (0.5 mL for aldosterone + 0.2 mL for cortisol)

**Unacceptable Conditions:**

Samples will not be rejected based on time of collection.

**Specimen Preparation:**Interventional radiology will submit the AVS study specimens to the laboratory together with a completed [AVS study form](#).

Instructions for Clinical Lab Processing Staff:

1. Order CORTAV and ALDOAV in Beaker. Enter Vein Location under Lab Comments.
2. Affix Beaker label to primary tube and footie label to AVS Study Sheet.
3. Load primary tubes onto automation line for automation line to make aliquots.
4. Plasma must be separated from cells within 45 minutes. Refrigerate aliquots.
5. Send CORTAV aliquots, primary tubes, and paperwork to China Basin Chemistry.
6. Send ALDOAV aliquots to China Basin Sendouts.
7. China Basin Sendouts: Order Infrarenal IVC Aldosterone Unstimulated, 504905\*. Samples should be frozen before sending out for aldosterone testing to Labcorp.

\*See Additional Information section regarding lab code 504905.

**Units:**

µg/dL (cortisol)

ng/dL (aldosterone)

**Synonyms:**

- LAB1000052
- LAB2193
- CORTAV

**Reported:**

Cortisol: 2-4 days

Aldosterone: 7-14 days



**Additional Information:**

The Labcorp Endocrine Sciences test code 504905 should be ordered for all AVS aldosterone specimens regardless of the various adrenal vein and IVC sampling locations from which the specimens are obtained. This test code is used to alert Labcorp that the aldosterone should be measured at their Endocrine Sciences/Esoterix lab location. Interventional radiology will use the sample collection times to determine the venous sampling locations of the different aldosterone specimens

The Architect cortisol assay is highly specific for cortisol and correlates well with mass spectrometry methods (Dodd AJ et al. Annals of Clinical Biochemistry 2014).

The specificity of the ARCHITECT Cortisol assay was determined by studying the cross-reactivity of compounds whose chemical structure or concurrent usage may potentially interfere with the ARCHITECT Cortisol assay. Specificity of the assay was determined by spiking each compound into human plasma specimens with cortisol levels of 11.4 and 12.0 µg/dL. Cross reactivity results with other steroids are listed below.

| Compound                    | Conc (ug/dL) | % Cross-Reactivity |
|-----------------------------|--------------|--------------------|
| Aldosterone                 | 1000         | 0.0                |
| Beclomethasone              | 1000         | 0.0                |
| Budesonide                  | 1000         | 0.0                |
| Canrenone                   | 1000         | 0.1                |
| Corticosterone              | 1000         | 0.9                |
| Cortisol 21-glucuronide     | 1000         | 0.2                |
| Cortisone                   | 1000         | 2.7                |
| B-Cortol                    | 1000         | 0.0                |
| B-Cortolone                 | 1000         | 0.0                |
| 11-Deoxycorticosterone      | 100          | 0.0                |
| 11-Deoxycortisol            | 100          | 1.9                |
| Dexamethasone               | 1000         | 0.0                |
| DHEA                        | 1000         | 0.0                |
| DHEA-S                      | 1000         | 0.0                |
| B-Estradiol                 | 1000         | 0.0                |
| Estriol                     | 1000         | 0.0                |
| Estrone                     | 1000         | 0.0                |
| Fludrocortisone             | 100          | 36.6               |
| Fluticasone Propionate      | 1000         | 0.0                |
| 6B-Hydroxycortisol          | 1000         | 0.2                |
| 17a-Hydroxypregnenolone     | 1000         | 0.1                |
| 11B-Hydroxyprogesterone     | 1000         | 0.2                |
| 17-Hydroxyprogesterone      | 1000         | 0.6                |
| Medroxyprogesterone Acetate | 1000         | 0.0                |
| 6-Methylprednisolone        | 1000         | 0.1                |
| Mometasone                  | 1000         | 0.0                |
| Prednisolone                | 100          | 12.3               |
| Prednisone                  | 1000         | 0.0                |
| Pregnanetriol               | 1000         | 0.0                |
| Pregnenolone                | 1000         | 0.0                |
| Progesterone                | 1000         | 0.0                |
| B-Sitosterol                | 1000         | 0.0                |
| Spironolactone              | 1000         | 0.0                |
| Testosterone                | 1000         | 0.0                |

**CPT Codes:**

82533 and 82085

**LOINC Codes:**

2143-6 and 1761-6

# Cortisol Urine Free by LC-MS/MS

LAB4637

## ORDERING

**Ordering Recommendations:**

Rule-out Cushing syndrome.

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-5 days

**Synonyms:**

- Cortisol, Free, LC/MS/MS, Second Void Urine
- Urinary Free Cortisol
- FCU

## COLLECTION

**Sample Type:**

Urine container (random or 24-hour)

**Label Abbreviation:**

FCU

**Collect:**

24-hour or random urine. Refrigerate 24-hour specimen during collection.

**Preferred Volume:**

4 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Room temperature specimens. Acidified specimens or specimens with preservatives.

## PROCESSING

**Test Code:**

FCU

**ARUP Test Code:**

0097222

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transport one 4 mL aliquot of urine. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

**Preferred Volume:**

4 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Room temperature specimens. Acidified specimens or specimens with preservatives.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

| Components                          | Reference Interval |                          |                          |
|-------------------------------------|--------------------|--------------------------|--------------------------|
| Creatinine, Urine - per 24h         | Age                | Male (mg/d)              | Female (mg/d)            |
|                                     | 3-8 years          | 140-700                  | 140-700                  |
|                                     | 9-12 years         | 300-1300                 | 300-1300                 |
|                                     | 13-17 years        | 500-2300                 | 400-1600                 |
|                                     | 18-50 years        | 1000-2500                | 700-1600                 |
|                                     | 51-80 years        | 800-2100                 | 500-1400                 |
|                                     | 81 years and older | 600-2000                 | 400-1300                 |
| Cortisol, Urine Free - ratio to CRT | Age                | Male (ug/g CRT)          | Female (ug/g CRT)        |
|                                     | Prepubertal        | Less than 25             | Less than 25             |
|                                     | 18 years and older | Less than 32             | Less than 24             |
|                                     | Pregnancy          | Not Applicable           | Less than 59             |
| Cortisol, Urine Free - per 24h      | Age                | Male (ug/24 h)           | Female (ug/24 h)         |
|                                     | 3-8 years          | Less than or equal to 18 | Less than or equal to 18 |
|                                     | 9-12 years         | Less than or equal to 37 | Less than or equal to 37 |
|                                     | 13-17 years        | Less than or equal to 56 | Less than or equal to 56 |
|                                     | 18 years and older | Less than or equal to 60 | Less than or equal to 45 |

**Interpretive Data:**

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

82530

**LOINC:**

- 32009-3
- 34909-2
- 2147-7
- 19153-6
- 48767-8
- 2162-6
- 35674-1
- 30211-7

**COMPLETE VIEW****Ordering Recommendations:**

Rule-out Cushing syndrome.

**Test Code:**

FCU

**ARUP Test Code:**

0097222

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

24-hour or random urine. Refrigerate 24-hour specimen during collection.

**Sample Type:**

Urine container (random or 24-hour)

**Preferred Volume:**

4 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Room temperature specimens. Acidified specimens or specimens with preservatives.

**Specimen Preparation:**

Transport one 4 mL aliquot of urine. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

**Reference Interval:**

| Components                          | Reference Interval |                          |                          |
|-------------------------------------|--------------------|--------------------------|--------------------------|
| Creatinine, Urine - per 24h         | Age                | Male (mg/d)              | Female (mg/d)            |
|                                     | 3-8 years          | 140-700                  | 140-700                  |
|                                     | 9-12 years         | 300-1300                 | 300-1300                 |
|                                     | 13-17 years        | 500-2300                 | 400-1600                 |
|                                     | 18-50 years        | 1000-2500                | 700-1600                 |
|                                     | 51-80 years        | 800-2100                 | 500-1400                 |
|                                     | 81 years and older | 600-2000                 | 400-1300                 |
| Cortisol, Urine Free - ratio to CRT | Age                | Male (ug/g CRT)          | Female (ug/g CRT)        |
|                                     | Prepubertal        | Less than 25             | Less than 25             |
|                                     | 18 years and older | Less than 32             | Less than 24             |
|                                     | Pregnancy          | Not Applicable           | Less than 59             |
| Cortisol, Urine Free - per 24h      | Age                | Male (ug/24 h)           | Female (ug/24 h)         |
|                                     | 3-8 years          | Less than or equal to 18 | Less than or equal to 18 |
|                                     | 9-12 years         | Less than or equal to 37 | Less than or equal to 37 |
|                                     | 13-17 years        | Less than or equal to 56 | Less than or equal to 56 |
|                                     | 18 years and older | Less than or equal to 60 | Less than or equal to 45 |

**Interpretive Data:**

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Cortisol, Free, LC/MS/MS, Second Void Urine
- Urinary Free Cortisol
- FCU

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 6 months

**Reported:**

1-5 days

**CPT Codes:**

82530

**LOINC:**

- 32009-3
- 34909-2
- 2147-7
- 19153-6
- 48767-8
- 2162-6
- 35674-1
- 30211-7

**Notes:**

Reference intervals based on literature from Taylor R.L. et al., Validation of a High-Throughput Liquid Chromatography-Tandem Mass Spectrometry Method for Urine Cortisol and Cortisone. Clinical Chemistry 2002; 48:1511-1519.

# Cortisol, Free, Serum

LAB5529

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

3-5 days

**Additional Information:**

Free cortisol is useful in the detection of patients with Cushing's syndrome for whom free cortisol concentrations are elevated.

**Synonyms:**

- Compound F
- 11-hydroxycorticosteroids
- 11-hydroxycorticoids
- 11-OH steroids
- 11-OH corticosteroids
- Cosyntropin provocative testing
- Unconjugated cortisol
- Cortisol, unconjugated
- Unconjugated F
- Unconjugated hydroxycorticoids
- DECANT

## COLLECTION

**Sample Type:**

Serum or EDTA plasma

**Label Abbreviation:**

CRTFS

**Collect:**

Red top or Lavender top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

0.7 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 4 hours, refrigerated 1 week, frozen 2 years

## PROCESSING

**Test Code:**

CRTFS

**Test Group:**

Cortisol

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 21469P.

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

0.7 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 4 hours, refrigerated 1 week, frozen 2 years

**RESULT INTERPRETATION****Units:**

µg/dL

**Reference Interval:**

Adult:

8:00 A.M.-10:00 A.M.: 0.07-0.93 µg/dL

4:00 P.M.-6:00 P.M.: 0.04-0.45 µg/dL

10:00 P.M.-11:00 P.M.: 0.04-0.35 µg/dL

**Additional Information:**

Free cortisol is useful in the detection of patients with Cushing's syndrome for whom free cortisol concentrations are elevated.

**ADMINISTRATIVE****CPT Codes:**

82530-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CRTFS

**Test Group:**

Cortisol

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Collect:**

Red top or Lavender top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum or EDTA plasma

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

0.7 mL serum or plasma

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 21469P.

**Units:**

µg/dL

**Reference Interval:**

Adult:

8:00 A.M.-10:00 A.M.: 0.07-0.93 µg/dL

4:00 P.M.-6:00 P.M.: 0.04-0.45 µg/dL

10:00 P.M.-11:00 P.M.: 0.04-0.35 µg/dL

**Synonyms:**

- Compound F
- 11-hydroxycorticosteroids
- 11-hydroxycorticoids
- 11-OH steroids
- 11-OH corticosteroids
- Cosyntropin provocative testing
- Unconjugated cortisol
- Cortisol, unconjugated
- Unconjugated F
- Unconjugated hydroxycorticoids
- DECANT

**Stability (from collection to initiation):**

Room temperature 4 hours, refrigerated 1 week, frozen 2 years

**Reported:**

3-5 days

**Additional Information:**

Free cortisol is useful in the detection of patients with Cushing's syndrome for whom free cortisol concentrations are elevated.

**CPT Codes:**

82530-90



# Cortisol, Saliva

LAB6022

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Sun-Tue, Thu-Fri

**Methodology:**

LC/MS/MS

**Reported:**

2-6 days

**Synonyms:**

- Compound F
- 11-hydroxycorticosteroids
- 11-hydroxycorticoids
- 11-OH steroids
- 11-OH corticosteroids
- Cosyntropin provocative testing

## COLLECTION

**Patient Preparation:**

1. Saliva should be collected at the time(s) prescribed by your doctor.
2. No food or fluids for 30 minutes prior to collection.
3. Do not use any creams, lotions, or steroid inhalers immediately prior to collection.
4. Avoid any activity that can cause your gums to bleed, including brushing and flossing your teeth. Consult with your doctor if this is a chronic problem.
5. Do not use this kit on children under 3 years of age or any patient with increased risk of swallowing or choking

**Sample Type:**

Saliva

**Label Abbreviation:**

CRTSV

**Collect:**

Salivette collection tube with blue-screw-cap. SUPER SAL or SUPER SAL2 Universal Saliva Kit.

**Amount to Collect:**

0.5 mL

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.2 mL

**Remarks:**

SALIVA COLLECTION SHOULD BE DONE AT THE EARLIEST 60 MIN AFTER BRUSHING TEETH, A MEAL (LIQUID/SOLID FOOD INTAKE) OR ORAL INTAKE OF MEDICATION AND 10 MIN AFTER RINSING THE MOUTH WITH WATER IN ORDER TO AVOID CONTAMINATION OF THE SALIVA BY INTERFERING SUBSTANCES.

REMOVE THE SWAB FROM THE SALIVETTE

PLACE THE SWAB IN THE MOUTH, E.G. IN YOUR CHEEK, WHERE IT SHOULD REMAIN FOR 2 MIN WITHOUT CHEWING. IF AN EXTREMELY SMALL AMOUNT OF SALIVA IS PRODUCED, LEAVE THE SWAB IN THE MOUNT FOR LONGER

RETURN THE SWAB WITH THE ABSORBED SALIVA TO THE SALIVETTE

REPLACE THE STOPPER

REFRIGERATE THE SALIVETTE IMMEDIATELY

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 21 days

Frozen: 180 days

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Hemolysis, White-top Salivette collection devices

**PROCESSING****Test Code:**

CRTSV

**Test Group:**

Cortisol

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze sample and send frozen to CB. order Quest test code 19897X

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.2 mL

**Unacceptable Conditions:**

Hemolysis, White-top Salivette collection devices

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 21 days

Frozen: 180 days

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

µg/dL (mcg/dL)

**Reference Interval:**

8-10 AM: 0.04-0.56 µg/dL

4-6 PM: ≤ 0.15 µg/dL

10-11 PM: ≤ 0.09 µg/dL

**ADMINISTRATIVE****CPT Codes:**

82530-90

**LOINC Codes:**

2142-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CRTSV

**Test Group:**

Cortisol

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Sun-Tue, Thu-Fri

**Methodology:**

LC/MS/MS

**Patient Preparation:**

1. Saliva should be collected at the time(s) prescribed by your doctor.
2. No food or fluids for 30 minutes prior to collection.
3. Do not use any creams, lotions, or steroid inhalers immediately prior to collection.
4. Avoid any activity that can cause your gums to bleed, including brushing and flossing your teeth. Consult with your doctor if this is a chronic problem.
5. Do not use this kit on children under 3 years of age or any patient with increased risk of swallowing or choking

**Remarks:**

SALIVA COLLECTION SHOULD BE DONE AT THE EARLIEST 60 MIN AFTER BRUSHING TEETH, A MEAL (LIQUID/SOLID FOOD INTAKE) OR ORAL INTAKE OF MEDICATION AND 10 MIN AFTER RINSING THE MOUTH WITH WATER IN ORDER TO AVOID CONTAMINATION OF THE SALIVA BY INTERFERING SUBSTANCES.

REMOVE THE SWAB FROM THE SALIVETTE

PLACE THE SWAB IN THE MOUTH, E.G. IN YOUR CHEEK, WHERE IT SHOULD REMAIN FOR 2 MIN WITHOUT CHEWING. IF AN EXTREMELY SMALL AMOUNT OF SALIVA IS PRODUCED, LEAVE THE SWAB IN THE MOUNT FOR LONGER

RETURN THE SWAB WITH THE ABSORBED SALIVA TO THE SALIVETTE

REPLACE THE STOPPER

REFRIGERATE THE SALIVETTE IMMEDIATELY

**Collect:**

Salivette collection tube with blue-screw-cap. SUPER SAL or SUPER SAL2 Universal Saliva Kit.

**Amount to Collect:**

0.5 mL

**Sample Type:**

Saliva

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.2 mL

**Unacceptable Conditions:**

Hemolysis, White-top Salivette collection devices

**Specimen Preparation:**

Freeze sample and send frozen to CB. order Quest test code 19897X

**Units:**

µg/dL (mcg/dL)

**Reference Interval:**

8-10 AM: 0.04-0.56 µg/dL

4-6 PM: ≤ 0.15 µg/dL

10-11 PM: ≤ 0.09 µg/dL

**Synonyms:**

- Compound F
- 11-hydroxycorticosteroids
- 11-hydroxycorticoids
- 11-OH steroids
- 11-OH corticosteroids
- Cosyntropin provocative testing

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 21 days

Frozen: 180 days

**Reported:**

2-6 days

**CPT Codes:**

82530-90

**LOINC Codes:**

2142-8

**Cortisol, Serum**  
LAB61

**ORDERING**

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Test available on day shift, 7 days per week.

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

1-3 days

**Additional Information:**

The Architect cortisol assay is highly specific for cortisol and correlates well with mass spectrometry methods (Dodd AJ et al. Annals of Clinical Biochemistry 2014).

The specificity of the ARCHITECT Cortisol assay was determined by studying the cross-reactivity of compounds whose chemical structure or concurrent usage may potentially interfere with the ARCHITECT Cortisol assay. Specificity of the assay was determined by spiking each compound into human serum specimens with cortisol levels of 11.4 and 12.0 µg/dL. Cross reactivity results with other steroids are listed below.

| Compound                    | Conc (ug/dL) | % Cross-Reactivity |
|-----------------------------|--------------|--------------------|
| Aldosterone                 | 1000         | 0.0                |
| Beclomethasone              | 1000         | 0.0                |
| Budesonide                  | 1000         | 0.0                |
| Canrenone                   | 1000         | 0.1                |
| Corticosterone              | 1000         | 0.9                |
| Cortisol 21-glucuronide     | 1000         | 0.2                |
| Cortisone                   | 1000         | 2.7                |
| B-Cortol                    | 1000         | 0.0                |
| B-Cortolone                 | 1000         | 0.0                |
| 11-Deoxycorticosterone      | 100          | 0.0                |
| 11-Deoxycortisol            | 100          | 1.9                |
| Dexamethasone               | 1000         | 0.0                |
| DHEA                        | 1000         | 0.0                |
| DHEA-S                      | 1000         | 0.0                |
| B-Estradiol                 | 1000         | 0.0                |
| Estriol                     | 1000         | 0.0                |
| Estrone                     | 1000         | 0.0                |
| Fludrocortisone             | 100          | 36.6               |
| Fluticasone Propionate      | 1000         | 0.0                |
| 6B-Hydroxycortisol          | 1000         | 0.2                |
| 17a-Hydroxypregnenolone     | 1000         | 0.1                |
| 11B-Hydroxyprogesterone     | 1000         | 0.2                |
| 17-Hydroxyprogesterone      | 1000         | 0.6                |
| Medroxyprogesterone Acetate | 1000         | 0.0                |
| 6-Methylprednisolone        | 1000         | 0.1                |
| Mometasone                  | 1000         | 0.0                |
| Prednisolone                | 100          | 12.3               |
| Prednisone                  | 1000         | 0.0                |
| Pregnanetriol               | 1000         | 0.0                |
| Pregnenolone                | 1000         | 0.0                |
| Progesterone                | 1000         | 0.0                |
| B-Sitosterol                | 1000         | 0.0                |
| Spironolactone              | 1000         | 0.0                |
| Testosterone                | 1000         | 0.0                |

NOTE: For patients at St Marys or St Francis only, the reference range for this testing was changed on 10/4/2025 to align with the reference range used at UCSF Health. The assay reagents (Abbott Architect) were not changed.

**Synonyms:**

- Compound F
- 11-hydroxycorticosteroids
- 11-hydroxycorticoids
- 11-OH steroids
- 11-OH corticosteroids
- Cosyntropin provocative testing
- CORT

**Sample Type:**

Serum

**Collect:**

Preferred: Gold top or Red top; Acceptable: Green Top (Sodium/Lithium Heparin)

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Remarks:**

A morning sample is usually recommended.

**Unacceptable Conditions:**

Samples will not be rejected based on time of collection.

**PROCESSING****Test Code:**

CORT

**Test Group:**

Cortisol

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Refrigerate

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Samples will not be rejected based on time of collection.

**RESULT INTERPRETATION****Units:**

µg/dL

**Reference Interval:**

Adult Reference Range (ug/dL)

AM (before 10am): 4 - 19

PM (after 5pm): 3 - 17

Reference range adopted from vendor performed studies and verified by running lab personnel.

Pediatric Reference Range (ug/dL)

2 - 14 days: 0.5 - 12

15 days - &lt; 1 year: 0.5 - 17

1 year - &lt; 9 years: 2 - 11

9 - &lt; 14 years: 2 - 13

14 - &lt; 17 years: 3 - 16

17 years - &lt; 19 years: 4 - 18

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay. Morning samples gave results approximately 10% higher than afternoon samples.

Bailey et al. Clinical Chemistry 59:9 1393-1405 (2013)

**Additional Information:**

The Architect cortisol assay is highly specific for cortisol and correlates well with mass spectrometry methods (Dodd AJ et al. Annals of Clinical Biochemistry 2014).

The specificity of the ARCHITECT Cortisol assay was determined by studying the cross-reactivity of compounds whose chemical structure or concurrent usage may potentially interfere with the ARCHITECT Cortisol assay. Specificity of the assay was determined by spiking each compound into human serum specimens with cortisol levels of 11.4 and 12.0 µg/dL. Cross reactivity results with other steroids are listed below.

| Compound                    | Conc (ug/dL) | % Cross-Reactivity |
|-----------------------------|--------------|--------------------|
| Aldosterone                 | 1000         | 0.0                |
| Beclomethasone              | 1000         | 0.0                |
| Budesonide                  | 1000         | 0.0                |
| Canrenone                   | 1000         | 0.1                |
| Corticosterone              | 1000         | 0.9                |
| Cortisol 21-glucuronide     | 1000         | 0.2                |
| Cortisone                   | 1000         | 2.7                |
| B-Cortol                    | 1000         | 0.0                |
| B-Cortolone                 | 1000         | 0.0                |
| 11-Deoxycorticosterone      | 100          | 0.0                |
| 11-Deoxycortisol            | 100          | 1.9                |
| Dexamethasone               | 1000         | 0.0                |
| DHEA                        | 1000         | 0.0                |
| DHEA-S                      | 1000         | 0.0                |
| B-Estradiol                 | 1000         | 0.0                |
| Estriol                     | 1000         | 0.0                |
| Estrone                     | 1000         | 0.0                |
| Fludrocortisone             | 100          | 36.6               |
| Fluticasone Propionate      | 1000         | 0.0                |
| 6B-Hydroxycortisol          | 1000         | 0.2                |
| 17a-Hydroxypregnenolone     | 1000         | 0.1                |
| 11B-Hydroxyprogesterone     | 1000         | 0.2                |
| 17-Hydroxyprogesterone      | 1000         | 0.6                |
| Medroxyprogesterone Acetate | 1000         | 0.0                |
| 6-Methylprednisolone        | 1000         | 0.1                |
| Mometasone                  | 1000         | 0.0                |
| Prednisolone                | 100          | 12.3               |
| Prednisone                  | 1000         | 0.0                |
| Pregnanetriol               | 1000         | 0.0                |
| Pregnenolone                | 1000         | 0.0                |
| Progesterone                | 1000         | 0.0                |
| B-Sitosterol                | 1000         | 0.0                |
| Spironolactone              | 1000         | 0.0                |
| Testosterone                | 1000         | 0.0                |

NOTE: For patients at St Marys or St Francis only, the reference range for this testing was changed on 10/4/2025 to align with the reference range used at UCSF Health. The assay reagents (Abbott Architect) were not changed.

**ADMINISTRATIVE****CPT Codes:**

82533

**LOINC Codes:**

2143-6

**COMPLETE VIEW**

**Available Stat:**

No

**Test Code:**

CORT

**Test Group:**

Cortisol

**Performing Lab:**

China Basin Chemistry

**Performed:**

Test available on day shift, 7 days per week.

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Remarks:**

A morning sample is usually recommended.

**Collect:**

Preferred: Gold top or Red top; Acceptable: Green Top (Sodium/Lithium Heparin)

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Samples will not be rejected based on time of collection.

**Specimen Preparation:**

Refrigerate

**Units:**

µg/dL

**Reference Interval:**

Adult Reference Range (ug/dL)

AM (before 10am): 4 - 19

PM (after 5pm): 3 - 17

Reference range adopted from vendor performed studies and verified by running lab personnel.

Pediatric Reference Range (ug/dL)

2 - 14 days: 0.5 - 12

15 days - < 1 year: 0.5 - 17

1 year - < 9 years: 2 - 11

9 - < 14 years: 2 - 13

14 - < 17 years: 3 - 16

17 years - < 19 years: 4 - 18

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay. Morning samples gave results approximately 10% higher than afternoon samples.

Bailey et al. Clinical Chemistry 59:9 1393-1405 (2013)

**Synonyms:**

- Compound F
- 11-hydroxycorticosteroids
- 11-hydroxycorticoids
- 11-OH steroids
- 11-OH corticosteroids
- Cosyntropin provocative testing
- CORT

**Reported:**

1-3 days



**Additional Information:**

The Architect cortisol assay is highly specific for cortisol and correlates well with mass spectrometry methods (Dodd AJ et al. Annals of Clinical Biochemistry 2014).

The specificity of the ARCHITECT Cortisol assay was determined by studying the cross-reactivity of compounds whose chemical structure or concurrent usage may potentially interfere with the ARCHITECT Cortisol assay. Specificity of the assay was determined by spiking each compound into human serum specimens with cortisol levels of 11.4 and 12.0 µg/dL. Cross reactivity results with other steroids are listed below.

| Compound                    | Conc (ug/dL) | % Cross-Reactivity |
|-----------------------------|--------------|--------------------|
| Aldosterone                 | 1000         | 0.0                |
| Beclomethasone              | 1000         | 0.0                |
| Budesonide                  | 1000         | 0.0                |
| Canrenone                   | 1000         | 0.1                |
| Corticosterone              | 1000         | 0.9                |
| Cortisol 21-glucuronide     | 1000         | 0.2                |
| Cortisone                   | 1000         | 2.7                |
| B-Cortol                    | 1000         | 0.0                |
| B-Cortolone                 | 1000         | 0.0                |
| 11-Deoxycorticosterone      | 100          | 0.0                |
| 11-Deoxycortisol            | 100          | 1.9                |
| Dexamethasone               | 1000         | 0.0                |
| DHEA                        | 1000         | 0.0                |
| DHEA-S                      | 1000         | 0.0                |
| B-Estradiol                 | 1000         | 0.0                |
| Estriol                     | 1000         | 0.0                |
| Estrone                     | 1000         | 0.0                |
| Fludrocortisone             | 100          | 36.6               |
| Fluticasone Propionate      | 1000         | 0.0                |
| 6B-Hydroxycortisol          | 1000         | 0.2                |
| 17a-Hydroxypregnenolone     | 1000         | 0.1                |
| 11B-Hydroxyprogesterone     | 1000         | 0.2                |
| 17-Hydroxyprogesterone      | 1000         | 0.6                |
| Medroxyprogesterone Acetate | 1000         | 0.0                |
| 6-Methylprednisolone        | 1000         | 0.1                |
| Mometasone                  | 1000         | 0.0                |
| Prednisolone                | 100          | 12.3               |
| Prednisone                  | 1000         | 0.0                |
| Pregnanetriol               | 1000         | 0.0                |
| Pregnenolone                | 1000         | 0.0                |
| Progesterone                | 1000         | 0.0                |
| B-Sitosterol                | 1000         | 0.0                |
| Spironolactone              | 1000         | 0.0                |
| Testosterone                | 1000         | 0.0                |

NOTE: For patients at St Marys or St Francis only, the reference range for this testing was changed on 10/4/2025 to align with the reference range used at UCSF Health. The assay reagents (Abbott Architect) were not changed.

**CPT Codes:**

82533

**LOINC Codes:**

2143-6

# Cortisol/Cortisone Urine Free by LC-MS/MS

LAB21953

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-5 days

**Synonyms:**

- FCCU

## COLLECTION

**Sample Type:**

Urine

**Label Abbreviation:**

FCCU

**Collect:**

24-hour or random urine. Refrigerate 24-hour specimen during collection.

**Preferred Volume:**

&gt; 4 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Room temperature specimens. Acidified specimens or specimens with preservatives.

## PROCESSING

**Test Code:**

FCCU

**ARUP Test Code:**

0092100

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transport one 4 mL aliquot of urine. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

**Preferred Volume:**

&gt; 4 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Room temperature specimens. Acidified specimens or specimens with preservatives.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**

| Components                          | Reference Interval            |                          |                          |
|-------------------------------------|-------------------------------|--------------------------|--------------------------|
| Creatinine, Urine - per 24h         | Age                           | Male (mg/d)              | Female (mg/d)            |
|                                     | 3-8 years                     | 140-700                  | 140-700                  |
|                                     | 9-12 years                    | 300-1300                 | 300-1300                 |
|                                     | 13-17 years                   | 500-2300                 | 400-1600                 |
|                                     | 18-50 years                   | 1000-2500                | 700-1600                 |
|                                     | 51-80 years                   | 800-2100                 | 500-1400                 |
|                                     | 81 years and older            | 600-2000                 | 400-1300                 |
|                                     |                               |                          |                          |
| Cortisol/Cortisone Ratio            | 18 years and older: 0.15-0.50 |                          |                          |
| Cortisol, Urine Free - ratio to CRT | Age                           | Male (ug/g CRT)          | Female (ug/g CRT)        |
|                                     | Prepubertal                   | Less than 25             | Less than 25             |
|                                     | 18 years and older            | Less than 32             | Less than 24             |
|                                     | Pregnancy                     | Not Applicable           | Less than 59             |
| Cortisol, Urine Free - per 24h      | Age                           | Male (ug/24 h)           | Female (ug/24 h)         |
|                                     | 3-8 years                     | Less than or equal to 18 | Less than or equal to 18 |
|                                     | 9-12 years                    | Less than or equal to 37 | Less than or equal to 37 |
|                                     | 13-17 years                   | Less than or equal to 56 | Less than or equal to 56 |
|                                     | 18 years and older            | Less than or equal to 60 | Less than or equal to 45 |

**Interpretive Data:**

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

82530; 83789

**LOINC:**

- 35674-1
- 30072-3
- 34909-2
- 2147-7
- 2162-6
- 19153-6
- 48767-8
- 14044-2
- 32009-3
- 30211-7
- 30511-0
- 49029-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FCCU

**ARUP Test Code:**

0092100

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

24-hour or random urine. Refrigerate 24-hour specimen during collection.

**Sample Type:**

Urine

**Preferred Volume:**

&gt; 4 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Room temperature specimens. Acidified specimens or specimens with preservatives.

**Specimen Preparation:**

Transport one 4 mL aliquot of urine. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

**Reference Interval:**

| Components                          | Reference Interval            |                          |                          |
|-------------------------------------|-------------------------------|--------------------------|--------------------------|
| Creatinine, Urine - per 24h         | Age                           | Male (mg/d)              | Female (mg/d)            |
|                                     | 3-8 years                     | 140-700                  | 140-700                  |
|                                     | 9-12 years                    | 300-1300                 | 300-1300                 |
|                                     | 13-17 years                   | 500-2300                 | 400-1600                 |
|                                     | 18-50 years                   | 1000-2500                | 700-1600                 |
|                                     | 51-80 years                   | 800-2100                 | 500-1400                 |
|                                     | 81 years and older            | 600-2000                 | 400-1300                 |
| Cortisol/Cortisone Ratio            | 18 years and older: 0.15-0.50 |                          |                          |
| Cortisol, Urine Free - ratio to CRT | Age                           | Male (ug/g CRT)          | Female (ug/g CRT)        |
|                                     | Prepubertal                   | Less than 25             | Less than 25             |
|                                     | 18 years and older            | Less than 32             | Less than 24             |
|                                     | Pregnancy                     | Not Applicable           | Less than 59             |
| Cortisol, Urine Free - per 24h      | Age                           | Male (ug/24 h)           | Female (ug/24 h)         |
|                                     | 3-8 years                     | Less than or equal to 18 | Less than or equal to 18 |
|                                     | 9-12 years                    | Less than or equal to 37 | Less than or equal to 37 |
|                                     | 13-17 years                   | Less than or equal to 56 | Less than or equal to 56 |
|                                     | 18 years and older            | Less than or equal to 60 | Less than or equal to 45 |

**Interpretive Data:**

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- FCCU

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

**Reported:**

1-5 days

**CPT Codes:**

82530; 83789

**LOINC:**

- 35674-1
- 30072-3
- 34909-2
- 2147-7
- 2162-6
- 19153-6
- 48767-8
- 14044-2
- 32009-3
- 30211-7
- 30511-0
- 49029-2

**Notes:**

Reference intervals for children are based on literature from Taylor R.L. et al., Validation of a High-Throughput Liquid Chromatography-Tandem Mass Spectrometry Method for Urine Cortisol and Cortisone. Clinical Chemistry 2002; 48:1511-19.

\*The ratio of the concentrations of cortisol to cortisone will not be evaluated if the cortisol concentration is less than 5 µg/L.

# Cortisone, Urine, 24 Hour

LAB9064

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Mon-Fri

**Methodology:**

LC/MS/MS

**Reported:**

2-6 days

**Additional Information:**

Measurement of both Free Cortisol and Cortisone are useful in diagnosing patients with low-renin hypertension caused by apparent mineralocorticoid excess. This may be due to either an inherited defect in 11HSD2 enzyme or an acquired inhibitor of the enzyme by such compounds as glycyrrhizic acid, a component of natural licorice.

## COLLECTION

**Patient Preparation:**

Collect urine with 10 grams of boric acid or keep urine refrigerated during collection if preservative is not used. Record 24-hour urine volume on test requisition and urine vial. Reference ranges do not apply to random urine samples.

**Sample Type:**

Urine

**Label Abbreviation:**

CRTN

**Collect:**

24-hour Urine container

**Amount to Collect:**

10 mL

**Preferred Volume:**

10 mL

**Minimum Volume:**

2.1 mL

**Stability (from collection to initiation):**

Room temperature: 4 hours

Refrigerated: 72 hours

Frozen: 1 year

**Storage/Transport Temperature:**

Frozen

## PROCESSING

**Test Code:**

CRTN

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze. Note total volume on aliquot. Order Quest test code 41889N.

**Preferred Volume:**

10 mL

**Minimum Volume:**

2.1 mL

**Stability (from collection to initiation):**

Room temperature: 4 hours

Refrigerated: 72 hours

Frozen: 1 year

**Storage/Transport Temperature:**  
Frozen

## RESULT INTERPRETATION

**Units:**

µg/24 h

**Reference Interval:**

Adults: 23-195 µg/24 h

**Additional Information:**

Measurement of both Free Cortisol and Cortisone are useful in diagnosing patients with low-renin hypertension caused by apparent mineralocorticoid excess. This may be due to either an inherited defect in 11HSD2 enzyme or an acquired inhibitor of the enzyme by such compounds as glycyrrhizic acid, a component of natural licorice.

## ADMINISTRATIVE

**CPT Codes:**

83789

**LOINC Codes:**

14044-2

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

CRTN

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Mon-Fri

**Methodology:**

LC/MS/MS

**Patient Preparation:**

Collect urine with 10 grams of boric acid or keep urine refrigerated during collection if preservative is not used. Record 24-hour urine volume on test requisition and urine vial. Reference ranges do not apply to random urine samples.

**Collect:**

24-hour Urine container

**Amount to Collect:**

10 mL

**Sample Type:**

Urine

**Preferred Volume:**

10 mL

**Minimum Volume:**

2.1 mL

**Specimen Preparation:**

Aliquot and freeze. Note total volume on aliquot. Order Quest test code 41889N.

**Units:**

µg/24 h

**Reference Interval:**

Adults: 23-195 µg/24 h

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: 4 hours

Refrigerated: 72 hours

Frozen: 1 year

**Reported:**

2-6 days

**Additional Information:**

Measurement of both Free Cortisol and Cortisone are useful in diagnosing patients with low-renin hypertension caused by apparent mineralocorticoid excess. This may be due to either an inherited defect in 11HSD2 enzyme or an acquired inhibitor of the enzyme by such compounds as glycyrrhizic acid, a component of natural licorice.

**CPT Codes:**

83789

**LOINC Codes:**

14044-2



# Coumadin

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC

**Reported:**

Test run Monday, Wednesday, Friday. Result available: 4 to 6 days

**Additional Information:**

Standard method for monitoring therapeutic coumadin is the Prothrombin Time.

**Synonyms:**

- warfarin

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum x2

**Amount to Collect:**

5.4 mL blood

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.2 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

**Stability (from collection to initiation):**

Refrigerated 2 weeks, frozen at -20C 18 months

**Unacceptable Conditions:**

Room temp sample. Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected.

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate or freeze sample at -20C. Order Quest Nichols test # 936N.

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.2 mL plasma

**Unacceptable Conditions:**

Room temp sample. Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected.

**Stability (from collection to initiation):**

Refrigerated 2 weeks, frozen at -20C 18 months

## RESULT INTERPRETATION

**Units:** $\mu\text{g/mL}$  (mcg/mL)**Reference Interval:**

1.0-10.0 ug/mL

Toxic: &gt; 10.0 ug/mL

**Additional Information:**

Standard method for monitoring therapeutic coumadin is the Prothrombin Time.

**ADMINISTRATIVE****CPT Codes:**

80299-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

**Collect:**

Blue top filled to full extent of vacuum x2

**Amount to Collect:**

5.4 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.2 mL plasma

**Unacceptable Conditions:**

Room temp sample. Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected.

**Specimen Preparation:**

Refrigerate or freeze sample at -20C. Order Quest Nichols test # 936N.

**Units:** $\mu\text{g/mL}$  (mcg/mL)**Reference Interval:**

1.0-10.0 ug/mL

Toxic: &gt; 10.0 ug/mL

**Synonyms:**

- warfarin

**Stability (from collection to initiation):**

Refrigerated 2 weeks, frozen at -20C 18 months

**Reported:**

Test run Monday, Wednesday, Friday. Result available: 4 to 6 days

**Additional Information:**

Standard method for monitoring therapeutic coumadin is the Prothrombin Time.

**CPT Codes:**

80299-90

# COVID-19 RNA, RT-PCR/Nucleic Acid Amplification

COV19

## ORDERING

### Ordering Recommendations:

Hospital Epidemiology and Infection Prevention: <https://infectioncontrol.ucsfmedicalcenter.org/ucsf-health-covid-19-resources>

### Available Stat:

No

### Performing Lab:

Microbiology, Immunology, Mission Bay, Parnassus, Mount Zion, St. Mary, and St. Francis

### Performed:

Daily

### Methodology:

rRT-PCR

### Reported:

Inpatients/ED and high risk outpatients: < 24 hrs

Low-risk outpatients and outreach: < 72 hrs

Non-traditional sample types require pre-approval and may have extended turnaround times (see collection tab)

Please DO NOT call the laboratory for results. UCSF results will be released to APeX as soon as they are available. For outside clients, please contact your internal Clinical Laboratory, as results will be faxed directly to them.

### Additional Information:

Negative results do not preclude respiratory virus infection and should not be used as the sole basis for diagnosis, treatment or other management decisions.

[Fact Sheet For Patients](#)

[Fact Sheet For Providers](#)

Please DO NOT call the laboratory for results. UCSF results will be released to APeX as soon as they are available. For outside clients, please contact your internal Clinical Laboratory, as results will be faxed directly to them.

Please see 'Collection' tab for acceptable swab and media types.

Additional general information on COVID-19 laboratory testing can be found on our [COVID-19 web page](#).

### Synonyms:

- SARS-CoV-2019
- nCoV-2019
- coronavirus
- COVID
- P371
- COV19

## COLLECTION

### Sample Type:

- Combined Oropharyngeal/Nasopharyngeal or Oropharyngeal/Mid-turbinate nasal Swab in Transport Media, preferred
- Single Oropharyngeal or nasopharyngeal Swab in Transport Media, acceptable
- Self Collected Bilateral Anterior Nares Swab in Transport Media, acceptable (Collection must be directly observed by a healthcare provider in a clinical environment or performed by the patient unobserved after instructions are provided. Accurate results are dependent on correct sample collection, and providers should use medical judgement to determine the appropriate sampling method for their patients)
- BAL, Endotracheal Aspirate
  - Note: These samples require special processing and may have extended turnaround time; Stat processing is not possible for these sample types
- Other sample types require pre-approval and may have extended turnaround times

**Collect:**

- Combined Oropharyngeal/Nasopharyngeal or Oropharyngeal/Mid-turbinate nasal Swab in Transport Media, preferred
- Single Oropharyngeal or nasopharyngeal Swab in Transport Media, acceptable
- Self Collected Bilateral Anterior Nares Swab in Transport Media, acceptable (Collection must be directly observed by a healthcare provider in a clinical environment or performed by the patient unobserved after instructions are provided. Accurate results are dependent on correct sample collection, and providers should use medical judgement to determine the appropriate sampling method for their patients)
- Other samples: sterile container

If ordering a concurrent Respiratory Viral Panel, collect only one swab for both Respiratory Viral Panel and COVID-19 PCR orders. Nasopharyngeal swab will provide optimal sensitivity.

**Remarks:**

[Collection Instructions](#)

Note:

Flocked tip swabs are preferred, however, non-flocked tip synthetic swabs (Dacron, Rayon) are acceptable.

Swabs with cotton tips or wood shafts are NOT acceptable.

Acceptable media types include Universal Transport Medium (UTM), Viral Transport Medium (VTM), normal saline, Starswab media, Eswab, and DNA/RNA shield.

PBS is NOT acceptable.

**Stability (from collection to initiation):**

Refrigerated: 72 hours

Frozen (-70C): 1 month

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

BAL and Endotracheal aspirate samples should NOT be submitted in UTM.

**PROCESSING****Test Code:**

COV19

**Sendout:**

If in-house capacity is exceeded, testing may be sent out to an external reference laboratory.

**Performing Lab:**

Microbiology, Immunology, Mission Bay, Parnassus, Mount Zion, St. Mary, and St. Francis

**Unacceptable Conditions:**

BAL and Endotracheal aspirate samples should NOT be submitted in UTM.

**Stability (from collection to initiation):**

Refrigerated: 72 hours

Frozen (-70C): 1 month

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**Additional Information:**

Negative results do not preclude respiratory virus infection and should not be used as the sole basis for diagnosis, treatment or other management decisions.

[Fact Sheet For Patients](#)

[Fact Sheet For Providers](#)

Please DO NOT call the laboratory for results. UCSF results will be released to APeX as soon as they are available. For outside clients, please contact your internal Clinical Laboratory, as results will be faxed directly to them.

Please see 'Collection' tab for acceptable swab and media types.

Additional general information on COVID-19 laboratory testing can be found on our [COVID-19 web page](#).

**ADMINISTRATIVE****CPT Codes:**

87635

**LDT or Modified FDA:**

Yes (LDT)

**LOINC Codes:**

94310-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Hospital Epidemiology and Infection Prevention: <https://infectioncontrol.ucsfmedicalcenter.org/ucsf-health-covid-19-resources>

**Test Code:**

COV19

**Performing Lab:**

Microbiology, Immunology, Mission Bay, Parnassus, Mount Zion, St. Mary, and St. Francis

**Sendout:**

If in-house capacity is exceeded, testing may be sent out to an external reference laboratory.

**Performed:**

Daily

**Methodology:**

rRT-PCR

**Remarks:**[Collection Instructions](#)**Note:**

Flocked tip swabs are preferred, however, non-flocked tip synthetic swabs (Dacron, Rayon) are acceptable.

Swabs with cotton tips or wood shafts are NOT acceptable.

Acceptable media types include Universal Transport Medium (UTM), Viral Transport Medium (VTM), normal saline, Starswab media, Eswab, and DNA/RNA shield.

PBS is NOT acceptable.

**Collect:**

- Combined Oropharyngeal/Nasopharyngeal or Oropharyngeal/Mid-turbinate nasal Swab in Transport Media, preferred
- Single Oropharyngeal or nasopharyngeal Swab in Transport Media, acceptable
- Self Collected Bilateral Anterior Nares Swab in Transport Media, acceptable (Collection must be directly observed by a healthcare provider in a clinical environment or performed by the patient unobserved after instructions are provided. Accurate results are dependent on correct sample collection, and providers should use medical judgement to determine the appropriate sampling method for their patients)
- Other samples: sterile container

If ordering a concurrent Respiratory Viral Panel, collect only one swab for both Respiratory Viral Panel and COVID-19 PCR orders. Nasopharyngeal swab will provide optimal sensitivity.

**Sample Type:**

- Combined Oropharyngeal/Nasopharyngeal or Oropharyngeal/Mid-turbinate nasal Swab in Transport Media, preferred
- Single Oropharyngeal or nasopharyngeal Swab in Transport Media, acceptable
- Self Collected Bilateral Anterior Nares Swab in Transport Media, acceptable (Collection must be directly observed by a healthcare provider in a clinical environment or performed by the patient unobserved after instructions are provided. Accurate results are dependent on correct sample collection, and providers should use medical judgement to determine the appropriate sampling method for their patients)
- BAL, Endotracheal Aspirate
  - Note: These samples require special processing and may have extended turnaround time; Stat processing is not possible for these sample types
- Other sample types require pre-approval and may have extended turnaround times

**Unacceptable Conditions:**

BAL and Endotracheal aspirate samples should NOT be submitted in UTM.

**Reference Interval:**

Not detected

**Synonyms:**

- SARS-CoV-2019
- nCoV-2019
- coronavirus
- COVID
- P371
- COV19

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated: 72 hours

Frozen (-70C): 1 month

**Reported:**

Inpatients/ED and high risk outpatients: < 24 hrs

Low-risk outpatients and outreach: < 72 hrs

Non-traditional sample types require pre-approval and may have extended turnaround times (see collection tab)

Please DO NOT call the laboratory for results. UCSF results will be released to APeX as soon as they are available. For outside clients, please contact your internal Clinical Laboratory, as results will be faxed directly to them.

**Additional Information:**

Negative results do not preclude respiratory virus infection and should not be used as the sole basis for diagnosis, treatment or other management decisions.

[Fact Sheet For Patients](#)

[Fact Sheet For Providers](#)

Please DO NOT call the laboratory for results. UCSF results will be released to APeX as soon as they are available. For outside clients, please contact your internal Clinical Laboratory, as results will be faxed directly to them.

Please see 'Collection' tab for acceptable swab and media types.

Additional general information on COVID-19 laboratory testing can be found on our [COVID-19 web page](#).

**CPT Codes:**

87635

**LDT or Modified FDA:**

Yes (LDT)

**LOINC Codes:**

94310-0

**C-Peptide**

LAB521

**ORDERING****Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Wednesday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

1-7 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 9/14/2017. Please note that the reference ranges have changed.

The Architect C-Peptide Calibrators are established against a set of Internal Reference Calibrators, which are traceable to the WHO International Reference Reagent for C-Peptide of human insulin for immunoassay, code 84/510, established 1986, from the National Institute for Biological Standards and Control (NIBSC).

The specificity of the ARCHITECT C-peptide assay is designed to have  $\leq 0.01\%$  cross-reactivity when tested with compounds listed in the table below. For proinsulin the assay is designed to have  $\leq 40\%$  cross-reactivity.

| Substance             | Concentration (ng/mL) | Cross-reactivity (%) |
|-----------------------|-----------------------|----------------------|
| Human Insulin         | 8660                  | 0                    |
| Glucagon              | 10000                 | 0                    |
| Human Proinsulin      | 100                   | 12.8                 |
| Secretin              | 15000                 | 0                    |
| Somatomedin-C (IGF-1) | 1000                  | 0                    |

**Synonyms:**

- C-peptide

**COLLECTION****Patient Preparation:**

Overnight fast is required before specimen collection.

**Sample Type:**

Serum

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.15 mL serum

**Remarks:**

Deliver to lab immediately. Call physician if patient is not fasting to see if the specimen is acceptable.

**Stability (from collection to initiation):**

Room temperature: Stable for 24 hours

Refrigerated (2-8°C): Stable for 48 hours

Frozen at -20°C or colder: Stable for 3 months

Avoid more than 3 freeze/thaw cycles.

**PROCESSING****Test Code:**

CPEP

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Centrifuge promptly. Freeze serum at -20C.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Room temperature: Stable for 24 hours

Refrigerated (2-8°C): Stable for 48 hours

Frozen at -20°C or colder: Stable for 3 months

Avoid more than 3 freeze/thaw cycles.

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

Fasting: 0.8-3.5 ng/mL

Reference range was adopted from ARUP and verified in-house using sample collected by 25 fasting lab donors.

Note: If patient was not fasting, the normal ranges may not apply.

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 9/14/2017. Please note that the reference ranges have changed.

The Architect C-Peptide Calibrators are established against a set of Internal Reference Calibrators, which are traceable to the WHO International Reference Reagent for C-Peptide of human insulin for immunoassay, code 84/510, established 1986, from the National Institute for Biological Standards and Control (NIBSC).

The specificity of the ARCHITECT C-peptide assay is designed to have  $\leq 0.01\%$  cross-reactivity when tested with compounds listed in the table below. For proinsulin the assay is designed to have  $\leq 40\%$  cross-reactivity.

| Substance             | Concentration (ng/mL) | Cross-reactivity (%) |
|-----------------------|-----------------------|----------------------|
| Human Insulin         | 8660                  | 0                    |
| Glucagon              | 10000                 | 0                    |
| Human Proinsulin      | 100                   | 12.8                 |
| Secretin              | 15000                 | 0                    |
| Somatomedin-C (IFG-1) | 1000                  | 0                    |

**ADMINISTRATIVE****CPT Codes:**

84681

**LOINC Codes:**

1986-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CPEP

**Performing Lab:**

China Basin Chemistry

**Performed:**

Wednesday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Patient Preparation:**

Overnight fast is required before specimen collection.



**Remarks:**

Deliver to lab immediately. Call physician if patient is not fasting to see if the specimen is acceptable.

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.15 mL serum

**Specimen Preparation:**

Centrifuge promptly. Freeze serum at -20C.

**Units:**

ng/mL

**Reference Interval:**

Fasting: 0.8-3.5 ng/mL

Reference range was adopted from ARUP and verified in-house using sample collected by 25 fasting lab donors.

Note: If patient was not fasting, the normal ranges may not apply.

**Synonyms:**

- C-peptide

**Stability (from collection to initiation):**

Room temperature: Stable for 24 hours

Refrigerated (2-8°C): Stable for 48 hours

Frozen at -20°C or colder: Stable for 3 months

Avoid more than 3 freeze/thaw cycles.

**Reported:**

1-7 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 9/14/2017. Please note that the reference ranges have changed.

The Architect C-Peptide Calibrators are established against a set of Internal Reference Calibrators, which are traceable to the WHO International Reference Reagent for C-Peptide of human insulin for immunoassay, code 84/510, established 1986, from the National Institute for Biological Standards and Control (NIBSC).

The specificity of the ARCHITECT C-peptide assay is designed to have  $\leq 0.01\%$  cross-reactivity when tested with compounds listed in the table below. For proinsulin the assay is designed to have  $\leq 40\%$  cross-reactivity.

| Substance             | Concentration (ng/mL) | Cross-reactivity (%) |
|-----------------------|-----------------------|----------------------|
| Human Insulin         | 8660                  | 0                    |
| Glucagon              | 10000                 | 0                    |
| Human Proinsulin      | 100                   | 12.8                 |
| Secretin              | 15000                 | 0                    |
| Somatomedin-C (IFG-1) | 1000                  | 0                    |

**CPT Codes:**

84681

**LOINC Codes:**

1986-9

# C-Reactive Protein

LAB149

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Chemistry - Parnassus and Mission Bay

**Performed:**

24 hours per day 7 days per week

**Methodology:**

Turbidimetric/Immunoturbidimetric

**Reported:**

4 hours

**Additional Information:**

This CRP assay is a high sensitivity method that can be used for assessment of cardiovascular risk as well as for assessment of inflammation associated with other clinical conditions.

| Tertile | CRP mg/L  | Cardiovascular Risk |
|---------|-----------|---------------------|
| 1       | < 1.0     | Low                 |
| 2       | 1.0 - 3.0 | Moderate            |
| 3       | > 3.0     | High                |

Patients with persistently unexplained CRP levels above 10 mg/L should be evaluated for noncardiovascular etiologies.

**Synonyms:**

- CRP

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

CRP

**Collect:**

Light green top preferred, gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

## PROCESSING

**Test Code:**

CRP

**Performing Lab:**

Chemistry - Parnassus and Mission Bay

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

| Age                  | mg/L    |
|----------------------|---------|
| 0 to 14 days         | 0.3-6.1 |
| 15 days to <15 years | 0.1-1.0 |
| 15 to <18 years      | 0.1-1.7 |
| >=18 years           | <=5     |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <https://caliper.research.sickkids.ca/#/>

UCSF Clinical Labs verified the adult reference range stated in the Abbott Vario CRP package insert (August 2015) by running 20 male and 20 female lab volunteers.

**Additional Information:**

This CRP assay is a high sensitivity method that can be used for assessment of cardiovascular risk as well as for assessment of inflammation associated with other clinical conditions.

| Tertile | CRP mg/L  | Cardiovascular Risk |
|---------|-----------|---------------------|
| 1       | < 1.0     | Low                 |
| 2       | 1.0 - 3.0 | Moderate            |
| 3       | > 3.0     | High                |

Patients with persistently unexplained CRP levels above 10 mg/L should be evaluated for noncardiovascular etiologies.

**ADMINISTRATIVE****CPT Codes:**

86140

**LOINC Codes:**

1988-5

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CRP

**Performing Lab:**

Chemistry - Parnassus and Mission Bay

**Performed:**

24 hours per day 7 days per week

**Methodology:**

Turbidimetric/Immunoturbidimetric

**Collect:**

Light green top preferred, gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Units:**

mg/L

**Reference Interval:**

| Age                  | mg/L    |
|----------------------|---------|
| 0 to 14 days         | 0.3-6.1 |
| 15 days to <15 years | 0.1-1.0 |
| 15 to <18 years      | 0.1-1.7 |
| >=18 years           | <=5     |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/#/>

UCSF Clinical Labs verified the adult reference range stated in the Abbott Vario CRP package insert (August 2015) by running 20 male and 20 female lab volunteers.

**Synonyms:**

- CRP

**Reported:**

4 hours

**Additional Information:**

This CRP assay is a high sensitivity method that can be used for assessment of cardiovascular risk as well as for assessment of inflammation associated with other clinical conditions.

| Tertile | CRP mg/L  | Cardiovascular Risk |
|---------|-----------|---------------------|
| 1       | < 1.0     | Low                 |
| 2       | 1.0 - 3.0 | Moderate            |
| 3       | > 3.0     | High                |

Patients with persistently unexplained CRP levels above 10 mg/L should be evaluated for noncardiovascular etiologies.

**CPT Codes:**

86140

**LOINC Codes:**

1988-5

# C-Reactive Protein, Highly Sensitive

LAB150

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Chemistry - Parnassus and Mission Bay

**Performed:**

24 hours per day 7 days per week

**Methodology:**

Turbidimetric/Immunoturbidimetric

**Reported:**

4 hours

**Additional Information:**

This CRP assay is a high sensitivity method that can be used for assessment of cardiovascular risk as well as for assessment of inflammation associated with other clinical conditions. When testing for clinical purposes other than CV risk assessment, a reference range cutoff of 5 mg/L for adults is recommended

Tertile risk is based on recommendations from the Centers for Disease Control and Prevention and the American Heart Association in Pearson TA, et al. Markers of inflammation and cardiovascular disease. Application to clinical and public health practice. Circulation 107:499-511, 2003.

This assay is alleged to predict an increased risk of cardiovascular and cerebrovascular events in patients with elevated CRP levels relative to "baseline" CRP in patients without these diseases.

Relative risk is approximately 2-4 fold in men and 2-7 fold in women; the level of risk correlates with the degree of CRP elevation. Relative risk of cardiovascular events predicted by CRP determination is independent of serum cholesterol/HDL levels. Patients with elevated total cholesterol/HDL ratios plus higher serum CRP are at further increased risk of cardiovascular events compared to patients with either risk factor alone. Hence these two assays should be used together to determine overall cardiovascular risk.

Risk of ischemic stroke is believed to be best predicted by CRP testing alone.

"Normal" baseline CRP levels are directly related to age, with values of approximately 0.4 mg/L considered normal for ages 20-50 years, while 1.3 mg/L for ages 50-80. Use of this test to predict cardiovascular/stroke risk must be done in context with other clinical parameters.

The absolute relative risk as a function of CRP levels has not been extensively validated. Treatment of patients with elevated CRP levels, using statins and prophylactic ASA, has been shown to reduce cardiovascular risk.

Underlying tumor or inflammatory illness, including drug reactions or infections, may cause CRP elevation unrelated to the risk of cardiovascular disease; specimens should be obtained at least two weeks after the resolution of any acute inflammatory condition.

**Synonyms:**

- CRPhs
- cardiac CRP
- cardio CRP
- hsCRP
- CRPH

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

CRPH

**Collect:**

Light green top preferred, gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**PROCESSING****Test Code:**

CRPH

**Performing Lab:**

Chemistry - Parnassus and Mission Bay

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**RESULT INTERPRETATION****Units:**

mg/L

**Reference Interval:**

| Tertile | CRP mg/L | Cardiovascular Risk |
|---------|----------|---------------------|
| 1       | < 1.0    | Low                 |
| 2       | 1.0-3.0  | Moderate            |
| 3       | > 3.0    | High                |

**Additional Information:**

This CRP assay is a high sensitivity method that can be used for assessment of cardiovascular risk as well as for assessment of inflammation associated with other clinical conditions. When testing for clinical purposes other than CV risk assessment, a reference range cutoff of 5 mg/L for adults is recommended

Tertile risk is based on recommendations from the Centers for Disease Control and Prevention and the American Heart Association in Pearson TA, et al. Markers of inflammation and cardiovascular disease. Application to clinical and public health practice. Circulation 107:499-511, 2003.

This assay is alleged to predict an increased risk of cardiovascular and cerebrovascular events in patients with elevated CRP levels relative to "baseline" CRP in patients without these diseases.

Relative risk is approximately 2-4 fold in men and 2-7 fold in women; the level of risk correlates with the degree of CRP elevation. Relative risk of cardiovascular events predicted by CRP determination is independent of serum cholesterol/HDL levels. Patients with elevated total cholesterol/HDL ratios plus higher serum CRP are at further increased risk of cardiovascular events compared to patients with either risk factor alone. Hence these two assays should be used together to determine overall cardiovascular risk.

Risk of ischemic stroke is believed to be best predicted by CRP testing alone.

"Normal" baseline CRP levels are directly related to age, with values of approximately 0.4 mg/L considered normal for ages 20-50 years, while 1.3 mg/L for ages 50-80. Use of this test to predict cardiovascular/stroke risk must be done in context with other clinical parameters.

The absolute relative risk as a function of CRP levels has not been extensively validated. Treatment of patients with elevated CRP levels, using statins and prophylactic ASA, has been shown to reduce cardiovascular risk.

Underlying tumor or inflammatory illness, including drug reactions or infections, may cause CRP elevation unrelated to the risk of cardiovascular disease; specimens should be obtained at least two weeks after the resolution of any acute inflammatory condition.

**ADMINISTRATIVE****CPT Codes:**

86141

**LOINC Codes:**

1988-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CRPH

**Performing Lab:**

Chemistry - Parnassus and Mission Bay

**Performed:**

24 hours per day 7 days per week

**Methodology:**

Turbidimetric/Immunoturbidimetric

**Collect:**

Light green top preferred, gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Units:**

mg/L

**Reference Interval:**

| Tertile | CRP mg/L | Cardiovascular Risk |
|---------|----------|---------------------|
| 1       | < 1.0    | Low                 |
| 2       | 1.0-3.0  | Moderate            |
| 3       | > 3.0    | High                |

**Synonyms:**

- CRPhs
- cardiac CRP
- cardio CRP
- hsCRP
- CRPH

**Reported:**

4 hours

**Additional Information:**

This CRP assay is a high sensitivity method that can be used for assessment of cardiovascular risk as well as for assessment of inflammation associated with other clinical conditions. When testing for clinical purposes other than CV risk assessment, a reference range cutoff of 5 mg/L for adults is recommended

Tertile risk is based on recommendations from the Centers for Disease Control and Prevention and the American Heart Association in Pearson TA, et al. Markers of inflammation and cardiovascular disease. Application to clinical and public health practice. Circulation 107:499-511, 2003.

This assay is alleged to predict an increased risk of cardiovascular and cerebrovascular events in patients with elevated CRP levels relative to "baseline" CRP in patients without these diseases.

Relative risk is approximately 2-4 fold in men and 2-7 fold in women; the level of risk correlates with the degree of CRP elevation. Relative risk of cardiovascular events predicted by CRP determination is independent of serum cholesterol/HDL levels. Patients with elevated total cholesterol/HDL ratios plus higher serum CRP are at further increased risk of cardiovascular events compared to patients with either risk factor alone. Hence these two assays should be used together to determine overall cardiovascular risk.

Risk of ischemic stroke is believed to be best predicted by CRP testing alone.

"Normal" baseline CRP levels are directly related to age, with values of approximately 0.4 mg/L considered normal for ages 20-50 years, while 1.3 mg/L for ages 50-80. Use of this test to predict cardiovascular/stroke risk must be done in context with other clinical parameters.

The absolute relative risk as a function of CRP levels has not been extensively validated. Treatment of patients with elevated CRP levels, using statins and prophylactic ASA, has been shown to reduce cardiovascular risk.

Underlying tumor or inflammatory illness, including drug reactions or infections, may cause CRP elevation unrelated to the risk of cardiovascular disease; specimens should be obtained at least two weeks after the resolution of any acute inflammatory condition.

**CPT Codes:**

86141

**LOINC Codes:**

1988-5

# Creatine Disorders Panel, Serum or Plasma

LAB3890

## ORDERING

**Ordering Recommendations:**

Initial test to diagnose or rule out creatine deficiency syndromes following clinical presentation. Order Creatine Disorders Panel, Urine (2002333), simultaneously for proper result interpretation.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Thu

**Methodology:**

Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

2-9 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- GAA & Creatine
- AGAT
- Creatine, Plasma
- Creatinine, plasma
- GAA + Creatine
- GAMT
- Guanidinoacetic Acid and Creatine
- Guanidinoacetic Acid + Creatine
- Guanidinoacetic acid, plasma
- GAA & Creatine
- CDPSP

## COLLECTION

**Label Abbreviation:**

CDPSP

**Collect:**

Green (sodium or lithium heparin), lavender (K2EDTA), plain red, or serum separator tube (SST).

**Remarks:**

Clinical information is needed for appropriate interpretation. Additional required information includes age, gender, diet (e.g., TPN therapy), drug therapy, and family history. Biochemical Genetics Patient History Form is available on the ARUP Web site at <http://www.aruplab.com/patienthistory> or by contacting ARUP Client Services.

**Stability (from collection to initiation):**

Ambient: 6 hours; Refrigerated: 1 week; Frozen: 6 months (Three freeze/thaw cycles are acceptable.)

**Storage/Transport Temperature:**

Frozen.

**Submit with Order:**

- [Patient History For Creatine Deficiency Syndromes](#)

## PROCESSING

**Test Code:**

CDPSP

**ARUP Test Code:**

2002328

**Sendout:**

Yes

**Performing Lab:**

ARUP



**Specimen Preparation:**

Separate from cells within 6 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube and freeze immediately. (Min: 0.2 mL)

**Stability (from collection to initiation):**

Ambient: 6 hours; Refrigerated: 1 week; Frozen: 6 months (Three freeze/thaw cycles are acceptable.)

**Storage/Transport Temperature:**

Frozen.

**RESULT INTERPRETATION****Reference Interval:**

Refer to Report

**Additional Technical Information:**

- [Additional Technical Information](#)

**ADMINISTRATIVE****CPT Codes:**

82540; 82542

**LOINC:**

- 33244-5
- 15045-8

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Initial test to diagnose or rule out creatine deficiency syndromes following clinical presentation. Order Creatine Disorders Panel, Urine (2002333), simultaneously for proper result interpretation.

**Test Code:**

CDPSP

**ARUP Test Code:**

2002328

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Thu

**Methodology:**

Liquid Chromatography-Tandem Mass Spectrometry

**Remarks:**

Clinical information is needed for appropriate interpretation. Additional required information includes age, gender, diet (e.g., TPN therapy), drug therapy, and family history. Biochemical Genetics Patient History Form is available on the ARUP Web site at <http://www.aruplab.com/patienthistory> or by contacting ARUP Client Services.

**Collect:**

Green (sodium or lithium heparin), lavender (K2EDTA), plain red, or serum separator tube (SST).

**Specimen Preparation:**

Separate from cells within 6 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube and freeze immediately. (Min: 0.2 mL)

**Reference Interval:**

Refer to Report

**Synonyms:**

- GAA & Creatine
- AGAT
- Creatine, Plasma
- Creatinine, plasma
- GAA + Creatine
- GAMT
- Guanidinoacetic Acid and Creatine
- Guanidinoacetic Acid + Creatine
- Guanidinoacetic acid, plasma
- GAA & Creatine
- CDPSP

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

Ambient: 6 hours; Refrigerated: 1 week; Frozen: 6 months (Three freeze/thaw cycles are acceptable.)

**Reported:**

2-9 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

82540; 82542

**LOINC:**

- 33244-5
- 15045-8

# Creatine Disorders Panel, Urine

LAB3880

## ORDERING

**Ordering Recommendations:**

Initial test to diagnose or rule out creatine deficiency syndromes following clinical presentation. Order Creatine Disorders Panel, Serum or Plasma (2002328), simultaneously for proper result interpretation.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Thu

**Methodology:**

Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

2-9 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- GAA & Creatine
- Guanidinoacetic Acid & Creatine
- AGAT
- GAA + Creatine
- GAMT
- Guanidinoacetic Acid + Creatine
- Guanidinoacetic Acid & Creatine
- GAA & Creatine
- CDPU

## COLLECTION

**Label Abbreviation:**

CDPU

**Collect:**

Random urine.

**Remarks:**

Clinical information is needed for appropriate interpretation. Additional required information includes age, gender, diet (e.g., TPN therapy), drug therapy, and family history. Biochemical Genetics Patient History Form is available on the ARUP Web site at <http://www.aruplab.com/patienthistory> or by contacting ARUP Client Services.

**Stability (from collection to initiation):**

Ambient: 6 hours; Refrigerated: 24 hours; Frozen: 6 months (Three freeze/thaw cycles are acceptable.)

**Storage/Transport Temperature:**

Frozen.

**Submit with Order:**

- [Patient History For Creatine Deficiency Syndromes](#)

## PROCESSING

**Test Code:**

CDPU

**ARUP Test Code:**

2002333

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 2 mL urine to an ARUP standard transport tube and freeze immediately. (Min: 0.5 mL)

**Stability (from collection to initiation):**

Ambient: 6 hours; Refrigerated: 24 hours; Frozen: 6 months (Three freeze/thaw cycles are acceptable.)

**Storage/Transport Temperature:**

Frozen.

**RESULT INTERPRETATION****Reference Interval:**

Refer to report

**Additional Technical Information:**

- [Additional Technical Information](#)

**ADMINISTRATIVE****CPT Codes:**

82540; 82570; 82542

**LOINC:**

- 15046-6
- 34155-2
- 34275-8
- 14683-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Initial test to diagnose or rule out creatine deficiency syndromes following clinical presentation. Order Creatine Disorders Panel, Serum or Plasma (2002328), simultaneously for proper result interpretation.

**Test Code:**

CDPU

**ARUP Test Code:**

2002333

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Thu

**Methodology:**

Liquid Chromatography-Tandem Mass Spectrometry

**Remarks:**Clinical information is needed for appropriate interpretation. Additional required information includes age, gender, diet (e.g., TPN therapy), drug therapy, and family history. Biochemical Genetics Patient History Form is available on the ARUP Web site at <http://www.aruplab.com/patienthistory> or by contacting ARUP Client Services.**Collect:**

Random urine.

**Specimen Preparation:**

Transfer 2 mL urine to an ARUP standard transport tube and freeze immediately. (Min: 0.5 mL)

**Reference Interval:**

Refer to report

**Synonyms:**

- GAA & Creatine
- Guanidinoacetic Acid & Creatine
- AGAT
- GAA + Creatine
- GAMT
- Guanidinoacetic Acid + Creatine
- Guanidinoacetic Acid & Creatine
- GAA & Creatine
- CDPU

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

Ambient: 6 hours; Refrigerated: 24 hours; Frozen: 6 months (Three freeze/thaw cycles are acceptable.)

**Reported:**

2-9 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

82540; 82570; 82542

**LOINC:**

- 15046-6
- 34155-2
- 34275-8
- 14683-7

# Creatine Kinase, MB

LAB64

## ORDERING

**Ordering Recommendations:**

This test has been virtually replaced clinically with the Troponin I test and should not be ordered except in unusual circumstances.

**Available Stat:**

Yes

**Performing Lab:**

Parnassus & Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Chemiluminescent microparticle immunoassay (CMIA)

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Order CK, Total separately, if desired.

**Synonyms:**

- Creatine kinase muscle/brain
- Creatine kinase cardiac specific
- CKi
- CK isoenzymes
- MB
- Creatine phosphokinase
- CKMB
- CK-MB
- CK MB
- MBMU

## COLLECTION

**Sample Type:**

Plasma, Serum

**Collect:**

Light Green top, Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 72 hours, frozen -20C 1 month

## PROCESSING

**Test Code:**

MBMU

**Performing Lab:**

Parnassus & Mission Bay Chemistry

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 72 hours, frozen -20C 1 month

## RESULT INTERPRETATION

**Units:**

µg/L

**Reference Interval:**

0.6 - 6.3 µg/L

**Additional Information:**

Order CK, Total separately, if desired.

**ADMINISTRATIVE****CPT Codes:**

82553

**LOINC Codes:**

13969-1

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**

This test has been virtually replaced clinically with the Troponin I test and should not be ordered except in unusual circumstances.

**Test Code:**

MBMU

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Chemiluminescent microparticle immunoassay (CMIA)

**Collect:**

Light Green top, Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma, Serum

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Units:**

µg/L

**Reference Interval:**

0.6 - 6.3 µg/L

**Synonyms:**

- Creatine kinase muscle/brain
- Creatine kinase cardiac specific
- CKi
- CK isoenzymes
- MB
- Creatine phosphokinase
- CKMB
- CK-MB
- CK MB
- MBMU

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 72 hours, frozen -20C 1 month

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Order CK, Total separately, if desired.

**CPT Codes:**

82553

**LOINC Codes:**  
13969-1



# Creatine Kinase, Total

LAB62

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

NAC (N-acetyl-L-cysteine)

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Levels are increased by IM injection or exercise. Hemolysis may artifactually increase the result.

**Synonyms:**

- CPK
- CK
- Creatine phosphokinase

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days

## PROCESSING

**Test Code:**

CK

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days

## RESULT INTERPRETATION

**Units:**

U/L

**Reference Interval:**

| Age            | Male (U/L) | Female (U/L) |
|----------------|------------|--------------|
| 0 to 4 years   | 41-277     | 34-204       |
| 5 to 9 years   | 54-269     | 44-189       |
| 10 to 14 years | 38-255     | 28-170       |
| >=15 years     | 50-388     | 37-241       |

**Additional Information:**

Levels are increased by IM injection or exercise. Hemolysis may artifactually increase the result.

**ADMINISTRATIVE****CPT Codes:**

82550

**LOINC Codes:**

2157-6

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CK

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

NAC (N-acetyl-L-cysteine)

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

U/L

**Reference Interval:**

| Age            | Male (U/L) | Female (U/L) |
|----------------|------------|--------------|
| 0 to 4 years   | 41-277     | 34-204       |
| 5 to 9 years   | 54-269     | 44-189       |
| 10 to 14 years | 38-255     | 28-170       |
| >=15 years     | 50-388     | 37-241       |

**Synonyms:**

- CPK
- CK
- Creatine phosphokinase

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Levels are increased by IM injection or exercise. Hemolysis may artifactually increase the result.

**CPT Codes:**

82550

**LOINC Codes:**

2157-6

# Creatinine Clearance

LAB383

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus & Mission Bay Chemistry  
Saint Francis Chemistry  
St. Mary's Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Parnassus, Mission Bay and Mount Zion: Enzymatic assay on Abbott Architect c8000. Calibration traceable to National Institute of Standards and Technology (NIST) Standard Reference Material (SRM) 967. (Isotope dilution mass spec (IDMS) standardization).

Saint Francis and St Mary's: Jaffe kinetic alkaline picrate on Abbott Architect

**Reported:**

4 hours

**Additional Information:**

**Note:** Clearances are often inaccurate because of incomplete urine collection. A 4- or 6-hour collection is likely to be more complete than the classic 24 hour test, but extrapolation of results from shortened collections may not be accurate.

GFR can also be estimated from serum creatinine measurements without the need for urine creatinine measurements. See the laboratory manual entry on serum creatinine for details on estimating GFR from serum creatinine results.

**Synonyms:**

- CRCL

## COLLECTION

**Sample Type:**24 hour urine collection or timed urine **AND** serum**Collect:**

Urine

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL, 10g Boric Acid

Serum/Plasma

Preferred: Light Green Top

Acceptable: Gold Top

**Amount to Collect:**

Entire 24 hour urine output and 2 mL blood (Gold top)

**Preferred Volume:**

Urine: Complete collection

Serum: 1 mL serum

**Minimum Volume:**

Urine: Complete collection

Serum: 0.2 mL serum

**Remarks:**

Submit serum (Gold top) drawn within 24 hours of urine collection-preferably within the interval of collection.

Give the weight in kg and height in cm of the patient if a corrected clearance is needed.

Refrigerate the collection container during the collection period.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days, frozen at -20C 6 months

**Unacceptable Conditions:**

Container not refrigerated during collection

## PROCESSING

**Test Code:**

CRCL

**Performing Lab:**

Parnassus & Mission Bay Chemistry  
 Saint Francis Chemistry  
 St. Mary's Chemistry

**Preferred Volume:**

Urine: Complete collection  
 Serum: 1 mL serum

**Minimum Volume:**

Urine: Complete collection  
 Serum: 0.2 mL serum

**Unacceptable Conditions:**

Container not refrigerated during collection

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days, frozen at -20C 6 months

**RESULT INTERPRETATION****Units:**

mL/min/1.73 m<sup>2</sup>

**Reference Interval:**

| Age          | Male and Female                   |                                   |
|--------------|-----------------------------------|-----------------------------------|
| 0-7 days     | 17-60 mL/min/1.73 m <sup>2</sup>  |                                   |
| 8-30 days    | 26-68 mL/min/1.73 m <sup>2</sup>  |                                   |
| 1-2 months   | 30-86 mL/min/1.73 m <sup>2</sup>  |                                   |
| 3-5 months   | 39-114 mL/min/1.73 m <sup>2</sup> |                                   |
| 6-11 months  | 49-157 mL/min/1.73 m <sup>2</sup> |                                   |
| 12-23 months | 62-191 mL/min/1.73 m <sup>2</sup> |                                   |
| 2-12 years   | 89-165 mL/min/1.73 m <sup>2</sup> |                                   |
| Age          | Male                              | Female                            |
| 13-18 years  | 88-146 mL/min/1.73 m <sup>2</sup> | 81-134 mL/min/1.73 m <sup>2</sup> |
| >18 years    | 60-150 mL/min/1.73 m <sup>2</sup> | 60-150 mL/min/1.73 m <sup>2</sup> |

Pediatric reference ranges from Holliday, Malcolm A; Barratt, T. Martin and Vernier, Robert L. Pediatric Nephrology, 2nd edition Williams & Wilkins and Edelmann, Chester M. Jr. Pediatric Kidney Disease vol 1, Little Brown & Company, Boston MA. Adult reference ranges adopted from Junge et al, Clinica Chimica Acta, 2004, 344:137-148.

**Additional Information:**

**Note:** Clearances are often inaccurate because of incomplete urine collection. A 4- or 6-hour collection is likely to be more complete than the classic 24 hour test, but extrapolation of results from shortened collections may not be accurate.

GFR can also be estimated from serum creatinine measurements without the need for urine creatinine measurements. See the laboratory manual entry on serum creatinine for details on estimating GFR from serum creatinine results.

**ADMINISTRATIVE****CPT Codes:**

82575

**LOINC Codes:**

2164-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CRCL

**Performing Lab:**

Parnassus & Mission Bay Chemistry  
 Saint Francis Chemistry  
 St. Mary's Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Parnassus, Mission Bay and Mount Zion: Enzymatic assay on Abbott Architect c8000. Calibration traceable to National Institute of Standards and Technology (NIST) Standard Reference Material (SRM) 967. (Isotope dilution mass spec (IDMS) standardization).

Saint Francis and St Mary's: Jaffe kinetic alkaline picrate on Abbott Architect

**Remarks:**

Submit serum (Gold top) drawn within 24 hours of urine collection-preferably within the interval of collection.

Give the weight in kg and height in cm of the patient if a corrected clearance is needed.

Refrigerate the collection container during the collection period.

**Collect:**

Urine

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL, 10g Boric Acid

Serum/Plasma

Preferred: Light Green Top

Acceptable: Gold Top

**Amount to Collect:**

Entire 24 hour urine output and 2 mL blood (Gold top)

**Sample Type:**

24 hour urine collection or timed urine **AND** serum

**Preferred Volume:**

Urine: Complete collection

Serum: 1 mL serum

**Minimum Volume:**

Urine: Complete collection

Serum: 0.2 mL serum

**Unacceptable Conditions:**

Container not refrigerated during collection

**Units:**

mL/min/1.73 m<sup>2</sup>

**Reference Interval:**

| Age          | Male and Female                   |                                   |
|--------------|-----------------------------------|-----------------------------------|
| 0-7 days     | 17-60 mL/min/1.73 m <sup>2</sup>  |                                   |
| 8-30 days    | 26-68 mL/min/1.73 m <sup>2</sup>  |                                   |
| 1-2 months   | 30-86 mL/min/1.73 m <sup>2</sup>  |                                   |
| 3-5 months   | 39-114 mL/min/1.73 m <sup>2</sup> |                                   |
| 6-11 months  | 49-157 mL/min/1.73 m <sup>2</sup> |                                   |
| 12-23 months | 62-191 mL/min/1.73 m <sup>2</sup> |                                   |
| 2-12 years   | 89-165 mL/min/1.73 m <sup>2</sup> |                                   |
| Age          | Male                              | Female                            |
| 13-18 years  | 88-146 mL/min/1.73 m <sup>2</sup> | 81-134 mL/min/1.73 m <sup>2</sup> |
| >18 years    | 60-150 mL/min/1.73 m <sup>2</sup> | 60-150 mL/min/1.73 m <sup>2</sup> |

Pediatric reference ranges from Holliday, Malcolm A; Barratt, T. Martin and Vernier, Robert L. Pediatric Nephrology, 2nd edition Williams & Wilkins and Edelmann, Chester M. Jr. Pediatric Kidney Disease vol 1, Little Brown & Company, Boston MA. Adult reference ranges adopted from Junge et al, Clinica Chimica Acta, 2004, 344:137-148.

**Synonyms:**

- CRCL

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days, frozen at -20C 6 months

**Reported:**

4 hours

**Additional Information:**

**Note:** Clearances are often inaccurate because of incomplete urine collection. A 4- or 6-hour collection is likely to be more complete than the classic 24 hour test, but extrapolation of results from shortened collections may not be accurate.

GFR can also be estimated from serum creatinine measurements without the need for urine creatinine measurements. See the laboratory manual entry on serum creatinine for details on estimating GFR from serum creatinine results.

**CPT Codes:**

82575

**LOINC Codes:**

2164-2

# Creatinine, Body Fluid

LAB65

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzymatic assay on Abbott Architect c8000. Calibration traceable to National Institute of Standards and Technology (NIST) Standard Reference Material (SRM) 967. (Isotope dilution mass spec (IDMS) standardization).

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

## COLLECTION

**Sample Type:**

Body Fluid

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days, frozen at -20C 6 months

## PROCESSING

**Test Code:**

CRB

**Test Group:**

Creatinine

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days, frozen at -20C 6 months

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

None established. If urine leakage into a body cavity has occurred, the concentration of creatinine in the body fluid may be within the concentration range of creatinine found in urine. Random urine creatinine concentrations are typically between 80 mg/dL to 150 mg/dL and can range from approximately 20 mg/dL to 300 mg/dL (see Barr, DB et al. Environmental Health Perspectives 113:192-200, 2005).



**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

**ADMINISTRATIVE****CPT Codes:**

82570

**LOINC Codes:**

12190-5

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CRB

**Test Group:**

Creatinine

**Performing Lab:**

Parnassus & Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzymatic assay on Abbott Architect c8000. Calibration traceable to National Institute of Standards and Technology (NIST) Standard Reference Material (SRM) 967. (Isotope dilution mass spec (IDMS) standardization).

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Sample Type:**

Body Fluid

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Units:**

mg/dL

**Reference Interval:**

None established. If urine leakage into a body cavity has occurred, the concentration of creatinine in the body fluid may be within the concentration range of creatinine found in urine. Random urine creatinine concentrations are typically between 80 mg/dL to 150 mg/dL and can range from approximately 20 mg/dL to 300 mg/dL (see Barr, DB et al. Environmental Health Perspectives 113:192-200, 2005).

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days, frozen at -20C 6 months

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

**CPT Codes:**

82570

**LOINC Codes:**

12190-5

# Creatinine, Serum/Plasma

LAB3001

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion: Enzymatic assay on Abbott Architect

Saint Francis and St Mary's: Jaffe kinetic alkaline picrate on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: Enzymatic assay on Roche cobas c311

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

For Parnassus, Mission Bay and Mount Zion only:

In patients receiving catecholamine infusions (e.g., dopamine, dobutamine, norepinephrine, or epinephrine), falsely low serum/plasma creatinine results can occur with this enzymatic creatinine assay when blood is sampled through an indwelling catheter. In these cases, accurate measurements of creatinine can be obtained by testing blood samples obtained by venipuncture instead of through an indwelling catheter (based on in-house studies and Saenger AK, Clinical Chemistry 2009, vol 55:9 1732-1736).

To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 88.4.

For all creatinine assays:

Estimated GFR (eGFR<sub>cr</sub>) is reported with serum creatinine results in adults and is determined using the CKD-EPI (2021) equation without race coefficient (NKF-ASN recommendations). Creatinine results traceable to isotope dilution mass spec IDMS calibration. Note that the estimated GFR result is not reliable in certain groups including severely ill patients. Estimates of eGFR with the CKD-EPI (2021) equation like other equations may also be less accurate in specific ethnic groups (eg, Asians in the United States), pregnant women, and those with unusual muscle mass, body habitus, and weight (eg, morbid obesity, amputees). Reference: Assessment of Kidney Function. WWW.UpToDate.com

CKD-EPI (2021) equation without race coefficient:

$$\text{eGFR}_{\text{cr}} = 142 \times [\min(\text{sCR}/\kappa, 1)^{\alpha} \times \max(\text{sCR}/\kappa, 1)^{-1.200}] \times 0.9938^{\text{AGE}} \times 1.012 [\text{if female}]$$

Where:

- sCR is serum creatinine in mg/dL
- $\kappa$  is 0.7 for females and 0.9 for males
- $\alpha$  is -0.241 for females and -0.302 for males
- min indicates the minimum of sCR/ $\kappa$  or 1, and max indicates the maximum of sCR/ $\kappa$  or 1
- units are in mL/min/1.73 m<sup>2</sup> body surface area

An eGFR<sub>cr</sub> will be calculated and reported with each plasma/serum creatinine result.

According to the National Kidney Disease Education Program, the best equation for estimating glomerular filtration rate (GFR) from serum creatinine in children is the Bedside Isotope Dilution Mass Spectrometry (IDMS)-traceable Schwartz equation <http://www.nkdep.nih.gov/lab-evaluation/gfr-calculators/children-conventional-unit.shtml>

Bedside IDMS-traceable Schwartz Equation for Children

$$\text{GFR (mL/min/1.73 m}^2\text{)} = (0.41 \times \text{Height in cm}) / \text{Creatinine in mg/dL}$$

**Synonyms:**

- GFR
- eGFRcr
- glomerular filtration rate
- CRG

**COLLECTION****Sample Type:**

Plasma or serum

**Collect:**

Preferred: Light Green Top

Acceptable: Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 7 days

Frozen at -20C: 3 months

**PROCESSING****Test Code:**

CRG

**Test Group:**

Creatinine

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry

Berkeley Outpatient Center

Peninsula Outpatient Center

Saint Francis Chemistry

Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 7 days

Frozen at -20C: 3 months

**RESULT INTERPRETATION****Units:**

Creatinine: mg/dL

eGFRcr: mL/min/1.73 m<sup>2</sup> body surface area

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; Saint Marys Chemistry

Creatinine:

| Age                  | Male (mg/dL) | Female (mg/dL) |
|----------------------|--------------|----------------|
| 0 to 14 days         | 0.32-0.92    | 0.32-0.92      |
| 15 days to < 2 years | 0.10-0.32    | 0.10-0.32      |
| 2 to < 5 years       | 0.20-0.43    | 0.20-0.43      |
| 5 to < 12 years      | 0.31-0.61    | 0.31-0.61      |
| 12 to < 15 years     | 0.45-0.81    | 0.45-0.81      |
| 15 to < 19 years     | 0.62-1.08    | 0.49-0.84      |
| >= 19 years          | 0.73-1.24    | 0.55-1.02      |

eGFRcr:

|             |                                   |
|-------------|-----------------------------------|
| >= 18 years | > 59 mL/min/1.73 m <sup>2</sup>   |
| < 18 years  | Not calculated (See Addtl. Info.) |

1. Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <https://caliper.research.sickkids.ca/#/>

2. UCSF Clinical Labs at Parnassus, Mission Bay, and Mount Zion verified the adult reference range stated in the Abbott Creatinine, Enzymatic package insert (June 2016) by running 20 male and 20 female lab volunteers.

On September 10, 2020, the upper limit of the Abbott creatinine reference range in males was modified from 1.18 to 1.24 mg/dL to align with the reference range previously established in the UCSF Clinical Laboratories with the Beckman creatinine method.

Berkeley Outpatient Center and Peninsula Outpatient Center

Creatinine:

| Age         | Male (mg/dL) | Female (mg/dL) |
|-------------|--------------|----------------|
| >= 19 years | 0.69-1.37    | 0.47-1.10      |

eGFRcr:

| Age         | eGFRcr                          |
|-------------|---------------------------------|
| >= 18 years | > 59 mL/min/1.73 m <sup>2</sup> |

Adult reference intervals adopted from the NHANES 2011-2012 survey that determined reference intervals in a multi-ethnic sample of males and females in the USA using an IDMS traceable creatinine assay. The reference intervals were verified by testing 20 male and 20 female normal volunteers from UCSF Clinical Laboratories. Lim E, et al, Racial/Ethnic-Specific Reference Intervals for Common Laboratory Tests: A Comparison among Asians, Blacks, Hispanics, and White. Hawaii J Med Public Health, 2015;74:302-310

**Additional Information:**

For Parnassus, Mission Bay and Mount Zion only:

In patients receiving catecholamine infusions (e.g., dopamine, dobutamine, norepinephrine, or epinephrine), falsely low serum/plasma creatinine results can occur with this enzymatic creatinine assay when blood is sampled through an indwelling catheter. In these cases, accurate measurements of creatinine can be obtained by testing blood samples obtained by venipuncture instead of through an indwelling catheter (based on in-house studies and Saenger AK, Clinical Chemistry 2009, vol 55:9 1732-1736).

To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 88.4.

For all creatinine assays:

Estimated GFR (eGFRcr) is reported with serum creatinine results in adults and is determined using the CKD-EPI (2021) equation without race coefficient (NKF-ASN recommendations). Creatinine results traceable to isotope dilution mass spec IDMS calibration. Note that the estimated GFR result is not reliable in certain groups including severely ill patients.

Estimates of eGFR with the CKD-EPI (2021) equation like other equations may also be less accurate in specific ethnic groups (eg, Asians in the United States), pregnant women, and those with unusual muscle mass, body habitus, and weight (eg, morbid obesity, amputees). Reference: Assessment of Kidney Function. WWW.UpToDate.com

CKD-EPI (2021) equation without race coefficient:

$$\text{eGFRcr} = 142 \times [\min(\text{sCR}/\kappa, 1)^{\alpha} \times \max(\text{sCR}/\kappa, 1)^{-1.200}] \times 0.9938^{\text{AGE}} \times 1.012 [\text{if female}]$$

Where:

- sCR is serum creatinine in mg/dL
- $\kappa$  is 0.7 for females and 0.9 for males
- $\alpha$  is -0.241 for females and -0.302 for males
- min indicates the minimum of sCR/ $\kappa$  or 1, and max indicates the maximum of sCR/ $\kappa$  or 1
- units are in mL/min/1.73 m<sup>2</sup> body surface area

An eGFRcr will be calculated and reported with each plasma/serum creatinine result.

According to the National Kidney Disease Education Program, the best equation for estimating glomerular filtration rate (GFR) from serum creatinine in children is the Bedside Isotope Dilution Mass Spectrometry (IDMS)-traceable Schwartz equation <http://www.nkdep.nih.gov/lab-evaluation/gfr-calculators/children-conventional-unit.shtml>

Bedside IDMS-traceable Schwartz Equation for Children

$$\text{GFR (mL/min/1.73 m}^2\text{)} = (0.41 \times \text{Height in cm}) / \text{Creatinine in mg/dL}$$

## ADMINISTRATIVE

**CPT Codes:**

82565

**LOINC Codes:**

2160-0

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

CRG

**Test Group:**

Creatinine

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion: Enzymatic assay on Abbott Architect

Saint Francis and St Mary's: Jaffe kinetic alkaline picrate on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: Enzymatic assay on Roche cobas c311

**Collect:**

Preferred: Light Green Top

Acceptable: Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

Creatinine: mg/dL

eGFRcr: mL/min/1.73 m<sup>2</sup> body surface area**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; Saint Marys Chemistry

Creatinine:

| Age                  | Male (mg/dL) | Female (mg/dL) |
|----------------------|--------------|----------------|
| 0 to 14 days         | 0.32-0.92    | 0.32-0.92      |
| 15 days to < 2 years | 0.10-0.32    | 0.10-0.32      |
| 2 to < 5 years       | 0.20-0.43    | 0.20-0.43      |
| 5 to < 12 years      | 0.31-0.61    | 0.31-0.61      |
| 12 to < 15 years     | 0.45-0.81    | 0.45-0.81      |
| 15 to < 19 years     | 0.62-1.08    | 0.49-0.84      |
| >= 19 years          | 0.73-1.24    | 0.55-1.02      |

eGFRcr:

|             |                                   |
|-------------|-----------------------------------|
| >= 18 years | > 59 mL/min/1.73 m <sup>2</sup>   |
| < 18 years  | Not calculated (See Addtl. Info.) |

1. Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <https://caliper.research.sickkids.ca/#/>

2. UCSF Clinical Labs at Parnassus, Mission Bay, and Mount Zion verified the adult reference range stated in the Abbott Creatinine, Enzymatic package insert (June 2016) by running 20 male and 20 female lab volunteers.

On September 10, 2020, the upper limit of the Abbott creatinine reference range in males was modified from 1.18 to 1.24 mg/dL to align with the reference range previously established in the UCSF Clinical Laboratories with the Beckman creatinine method.

Berkeley Outpatient Center and Peninsula Outpatient Center

Creatinine:

| Age         | Male (mg/dL) | Female (mg/dL) |
|-------------|--------------|----------------|
| >= 19 years | 0.69-1.37    | 0.47-1.10      |

eGFRcr:

| Age         | eGFRcr                          |
|-------------|---------------------------------|
| >= 18 years | > 59 mL/min/1.73 m <sup>2</sup> |

Adult reference intervals adopted from the NHANES 2011-2012 survey that determined reference intervals in a multi-ethnic sample of males and females in the USA using an IDMS traceable creatinine assay. The reference intervals were verified by testing 20 male and 20 female normal volunteers from UCSF Clinical Laboratories. Lim E, et al, Racial/Ethnic-Specific Reference Intervals for Common Laboratory Tests: A Comparison among Asians, Blacks, Hispanics, and White. Hawaii J Med Public Health, 2015;74:302-310

**Synonyms:**

- GFR
- eGFRcr
- glomerular filtration rate
- CRG

**Stability (from collection to initiation):**

Room temperature: 7 days  
 Refrigerated: 7 days  
 Frozen at -20C: 3 months

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

For Parnassus, Mission Bay and Mount Zion only:

In patients receiving catecholamine infusions (e.g., dopamine, dobutamine, norepinephrine, or epinephrine), falsely low serum/plasma creatinine results can occur with this enzymatic creatinine assay when blood is sampled through an indwelling catheter. In these cases, accurate measurements of creatinine can be obtained by testing blood samples obtained by venipuncture instead of through an indwelling catheter (based on in-house studies and Saenger AK, Clinical Chemistry 2009, vol 55:9 1732-1736).

To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 88.4.

For all creatinine assays:

Estimated GFR (eGFRcr) is reported with serum creatinine results in adults and is determined using the CKD-EPI (2021) equation without race coefficient (NKF-ASN recommendations). Creatinine results traceable to isotope dilution mass spec IDMS calibration. Note that the estimated GFR result is not reliable in certain groups including severely ill patients.

Estimates of eGFR with the CKD-EPI (2021) equation like other equations may also be less accurate in specific ethnic groups (eg, Asians in the United States), pregnant women, and those with unusual muscle mass, body habitus, and weight (eg, morbid obesity, amputees). Reference: Assessment of Kidney Function. WWW.UpToDate.com

CKD-EPI (2021) equation without race coefficient:

$$\text{eGFRcr} = 142 \times [\min(\text{sCR}/\kappa, 1)^{\alpha} \times \max(\text{sCR}/\kappa, 1)^{-1.200}] \times 0.9938^{\text{AGE}} \times 1.012 [\text{if female}]$$

Where:

- sCR is serum creatinine in mg/dL
- $\kappa$  is 0.7 for females and 0.9 for males
- $\alpha$  is -0.241 for females and -0.302 for males
- min indicates the minimum of sCR/ $\kappa$  or 1, and max indicates the maximum of sCR/ $\kappa$  or 1
- units are in mL/min/1.73 m<sup>2</sup> body surface area

An eGFRcr will be calculated and reported with each plasma/serum creatinine result.

According to the National Kidney Disease Education Program, the best equation for estimating glomerular filtration rate (GFR) from serum creatinine in children is the Bedside Isotope Dilution Mass Spectrometry (IDMS)-traceable Schwartz equation <http://www.nkdep.nih.gov/lab-evaluation/gfr-calculators/children-conventional-unit.shtml>

Bedside IDMS-traceable Schwartz Equation for Children

$$\text{GFR (mL/min/1.73 m}^2\text{)} = (0.41 \times \text{Height in cm}) / \text{Creatinine in mg/dL}$$

**CPT Codes:**

82565

**LOINC Codes:**

2160-0

# Creatinine, Urine, Random

LAB384

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
St. Mary's Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay and Mount Zion: Enzymatic assay on Abbott Architect c8000. Calibration traceable to National Institute of Standards and Technology (NIST) Standard Reference Material (SRM) 967. (Isotope dilution mass spec (IDMS) standardization).

Saint Francis and St Mary's: Jaffe kinetic alkaline picrate on Abbott Architect

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Output varies with the diet and weight.

Random urine creatinine concentrations are typically between 80 mg/dL to 150 mg/dL and can range from approximately 20 mg/dL to 300 mg/dL (see Barr, DB et al. Environmental Health Perspectives 113:192-200, 2005).

**Synonyms:**

- CRUR

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days, frozen at -20C 6 months

## PROCESSING

**Test Code:**

CRUR

**Test Group:**

Creatinine

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
St. Mary's Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days, frozen at -20C 6 months

## RESULT INTERPRETATION



**Units:**

mg/dL

**Reference Interval:**

See Additional Information

**Additional Information:**

Output varies with the diet and weight.

Random urine creatinine concentrations are typically between 80 mg/dL to 150 mg/dL and can range from approximately 20 mg/dL to 300 mg/dL (see Barr, DB et al. Environmental Health Perspectives 113:192-200, 2005).

**ADMINISTRATIVE****CPT Codes:**

82570

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CRUR

**Test Group:**

Creatinine

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Saint Francis Chemistry  
 St. Mary's Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay and Mount Zion: Enzymatic assay on Abbott Architect c8000. Calibration traceable to National Institute of Standards and Technology (NIST) Standard Reference Material (SRM) 967. (Isotope dilution mass spec (IDMS) standardization).

Saint Francis and St Mary's: Jaffe kinetic alkaline picrate on Abbott Architect

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Units:**

mg/dL

**Reference Interval:**

See Additional Information

**Synonyms:**

- CRUR

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days, frozen at -20C 6 months

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Output varies with the diet and weight.

Random urine creatinine concentrations are typically between 80 mg/dL to 150 mg/dL and can range from approximately 20 mg/dL to 300 mg/dL (see Barr, DB et al. Environmental Health Perspectives 113:192-200, 2005).

**CPT Codes:**

82570

# Creatinine, Urine, Timed

LAB712

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, and Mt. Zion Chemistry  
Saint Francis Chemistry  
St. Mary's Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Parnassus, Mission Bay and Mount Zion: Enzymatic assay on Abbott Architect c8000. Calibration traceable to National Institute of Standards and Technology (NIST) Standard Reference Material (SRM) 967. (Isotope dilution mass spec (IDMS) standardization).

Saint Francis and St Mary's: Jaffe kinetic alkaline picrate on Abbott Architect

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/kg/d to  $\mu\text{mol/kg/d}$  (SI units) multiply by 8.84. Output varies with the diet and weight.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Synonyms:**

- CRU

## COLLECTION

**Sample Type:**

Timed urine collection

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL, 10g Boric Acid

**Amount to Collect:**

Entire urine output during collection period

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Remarks:**

Include the patient's weight in kg on the request slip.

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days, frozen at -20C 6 months

## PROCESSING

**Test Code:**

CRU

**Test Group:**

Creatinine

**Performing Lab:**

Parnassus, Mission Bay, and Mt. Zion Chemistry  
 Saint Francis Chemistry  
 St. Mary's Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days, frozen at -20C 6 months

**RESULT INTERPRETATION****Units:**

mg/kg/D

**Reference Interval:**

Age (years):

|                    |               |
|--------------------|---------------|
| < 1                | 8-20 mg/kg/D  |
| 1-11               | 8-22 mg/kg/D  |
| 12-15              | 8-30 mg/kg/D  |
| Male 16-89 years   | 11-28 mg/kg/D |
| Female 16-89 years | 10-25 mg/kg/D |
| > 90 years         | > 9 mg/kg/D   |

Pediatric and >90 years reference ranges adopted from Tietz Fundamentals of Clinical Chemistry, 5th Edition. Adult reference ranges for ages 16-89 adopted from Junge et al, Clinica Chimica Acta, 2004, 344:137-148

**Additional Information:**

To convert mg/kg/d to  $\mu\text{mol/kg/d}$  (SI units) multiply by 8.84. Output varies with the diet and weight.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**ADMINISTRATIVE****CPT Codes:**

82570

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CRU

**Test Group:**

Creatinine

**Performing Lab:**

Parnassus, Mission Bay, and Mt. Zion Chemistry  
 Saint Francis Chemistry  
 St. Mary's Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Parnassus, Mission Bay and Mount Zion: Enzymatic assay on Abbott Architect c8000. Calibration traceable to National Institute of Standards and Technology (NIST) Standard Reference Material (SRM) 967. (Isotope dilution mass spec (IDMS) standardization).

Saint Francis and St Mary's: Jaffe kinetic alkaline picrate on Abbott Architect

**Remarks:**

Include the patient's weight in kg on the request slip.

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL, 10g Boric Acid

**Amount to Collect:**

Entire urine output during collection period

**Sample Type:**

Timed urine collection

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Units:**

mg/kg/D

**Reference Interval:**

Age (years):

|                    |               |
|--------------------|---------------|
| < 1                | 8-20 mg/kg/D  |
| 1-11               | 8-22 mg/kg/D  |
| 12-15              | 8-30 mg/kg/D  |
| Male 16-89 years   | 11-28 mg/kg/D |
| Female 16-89 years | 10-25 mg/kg/D |
| > 90 years         | > 9 mg/kg/D   |

Pediatric and >90 years reference ranges adopted from Tietz Fundamentals of Clinical Chemistry, 5th Edition. Adult reference ranges for ages 16-89 adopted from Junge et al, Clinica Chimica Acta, 2004, 344:137-148

**Synonyms:**

- CRU

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days, frozen at -20C 6 months

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/kg/d to  $\mu\text{mol/kg/d}$  (SI units) multiply by 8.84. Output varies with the diet and weight.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**CPT Codes:**

82570

# CRLF2 Xp22.33 BA FISH

BCRLF2, CRLF2

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Performed:**

Monday - Friday 0900-1700

**Methodology:**

FISH

**Reported:**

1-2 weeks

**Synonyms:**

- Xp22.33 break apart FISH, CRLF2 FISH

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow, Bone marrow core biopsy

**Collect:**

Dark green top

**Amount to Collect:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

?Bone marrow biopsy: 1 cm

**Remarks:**

Mix sample well with anticoagulant. keep at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

BCRLF2: Blood

CRLF2: Bone marrow

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples. Transport to China Basin Cytogenetics asap.

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Stability (from collection to initiation):**

Room temperature 2 days

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BCRLF2: Blood

CRLF2: Bone marrow

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Performed:**

Monday - Friday 0900-1700

**Methodology:**

FISH

**Remarks:**

Mix sample well with anticoagulant. keep at room temperature

**Collect:**

Dark green top

**Amount to Collect:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm

**Sample Type:**

Heparinized whole blood or bone marrow, Bone marrow core biopsy

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples. Transport to China Basin Cytogenetics asap.

**Synonyms:**

- Xp22.33 break apart FISH, CRLF2 FISH

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

# Crossmatch

XM, XMAG, XMPW, XMPG

## ORDERING

### Available Stat:

Yes

### Performing Lab:

Parnassus, Mission Bay and Mt. Zion Blood Banks

### Performed:

Test available 24 hours per day 7 days per week

### Reported:

STAT 1 hour, ASAP 2 hours, Routine 4 hours

### Additional Information:

3 mL may suffice for an infant < 4 months old if blood is not needed to cover surgical losses. This test is always ordered in conjunction with a separately charged Blood Typing and Antibody Screen, and cannot be ordered by itself. The Coombs test is employed when the antibody screen is positive; the various other modifications to the standard crossmatch are used to overcome the effects of non-specific cold-reactive antibodies.

See also HLA Crossmatch

## COLLECTION

### Sample Type:

EDTA whole blood

### Collect:

Lavender top (6 mL size preferred)

### Amount to Collect:

6 mL blood

### Preferred Volume:

< 4 mo: Full Microtainer (0.8 mL)  
 4 mo - 1 year: 3 mL  
 1 -18 years: 3-6 mL (3 mL OK for small children)  
 > 18 years: 6 mL

Check Specimen:

< 4 mo: Full Microtainer (0.8 mL)  
 > 4 mo: 3 mL

### Minimum Volume:

< 4 mo: Full Microtainer (0.8 mL)  
 4 mo - 1 year: 1 mL  
 1 -18 years: 3 mL  
 > 18 years: 5 mL

Check Specimen:

< 4 mo: Full Microtainer (0.8 mL)  
 > 4 mo: 1 mL

### Remarks:

Use BLOOD BANK requisition. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

### Unacceptable Conditions:

Unsigned, mislabeled or unlabeled sample

## PROCESSING

### Test Code:

XM-Standard  
 XMAG-w/ Coombs  
 XMPW-w/ prewarming to 37C  
 XMPG-w/ Polyethylene Glycol (PEG)

### Performing Lab:

Parnassus, Mission Bay and Mt. Zion Blood Banks

**Preferred Volume:**

< 4 mo: Full Microtainer (0.8 mL)  
 4 mo - 1 year: 3 mL  
 1 -18 years: 3-6 mL (3 mL OK for small children)  
 > 18 years: 6 mL

## Check Specimen:

< 4 mo: Full Microtainer (0.8 mL)  
 > 4 mo: 3 mL

**Minimum Volume:**

< 4 mo: Full Microtainer (0.8 mL)  
 4 mo - 1 year: 1 mL  
 1 -18 years: 3 mL  
 > 18 years: 5 mL

## Check Specimen:

< 4 mo: Full Microtainer (0.8 mL)  
 > 4 mo: 1 mL

**Unacceptable Conditions:**

Unsigned, mislabeled or unlabeled sample

**RESULT INTERPRETATION****Reference Interval:**

See Additional Information

**Additional Information:**

3 mL may suffice for an infant < 4 months old if blood is not needed to cover surgical losses. This test is always ordered in conjunction with a separately charged Blood Typing and Antibody Screen, and cannot be ordered by itself. The Coombs test is employed when the antibody screen is positive; the various other modifications to the standard crossmatch are used to overcome the effects of non-specific cold-reactive antibodies.

See also HLA Crossmatch

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

XM-Standard  
 XMAG-w/ Coombs  
 XMPW-w/ prewarming to 37C  
 XMPG-w/ Ployethylene Glycol (PEG)

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Remarks:**

Use BLOOD BANK requisition. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

< 4 mo: Full Microtainer (0.8 mL)  
 4 mo - 1 year: 3 mL  
 1 -18 years: 3-6 mL (3 mL OK for small children)  
 > 18 years: 6 mL

## Check Specimen:

< 4 mo: Full Microtainer (0.8 mL)  
 > 4 mo: 3 mL



**Minimum Volume:**

< 4 mo: Full Microtainer (0.8 mL)  
4 mo - 1 year: 1 mL  
1 -18 years: 3 mL  
> 18 years: 5 mL

**Check Specimen:**

< 4 mo: Full Microtainer (0.8 mL)  
> 4 mo: 1 mL

**Unacceptable Conditions:**

Unsigned, mislabeled or unlabeled sample

**Reference Interval:**

See Additional Information

**Reported:**

STAT 1 hour, ASAP 2 hours, Routine 4 hours

**Additional Information:**

3 mL may suffice for an infant < 4 months old if blood is not needed to cover surgical losses. This test is always ordered in conjunction with a separately charged Blood Typing and Antibody Screen, and cannot be ordered by itself. The Coombs test is employed when the antibody screen is positive; the various other modifications to the standard crossmatch are used to overcome the effects of non-specific cold-reactive antibodies.

See also HLA Crossmatch

# Cryofibrinogen

LAB5477

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Sunday-Friday

**Methodology:**

Cold preceptation

**Reported:**

3-5 days

**Synonyms:**

- DECANT

## COLLECTION

**Patient Preparation:**

A fasting sample is required

**Sample Type:**

Plasma

**Label Abbreviation:**

CRYF

**Collect:**

Light-blue top

**Amount to Collect:**

12 mL blood

**Preferred Volume:**

6 mL plasma

**Minimum Volume:**

3 mL plasma

**Remarks:**

Collect blood into 3 (5 mL) (LB) or (L) tubes. Place immediately in a 37° C water bath.

**Stability (from collection to initiation):**

Room Temperature: 7 days

Refrigerated/Frozen: Unacceptable

**Storage/Transport Temperature:**

Room Temperature

## PROCESSING

**Test Code:**

CRYF

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Centrifuge blood specimens in centrifuge carriers prewarmed to 37° C at 3000 rpm for a minimum of 10 minutes. Separate plasma from red cells, avoiding transfer of red cells, into plastic transport tubes. Order Quest test code 376.

**Preferred Volume:**

6 mL plasma

**Minimum Volume:**

3 mL plasma

**Stability (from collection to initiation):**

Room Temperature: 7 days

Refrigerated/Frozen: Unacceptable

**Storage/Transport Temperature:**

Room Temperature

**RESULT INTERPRETATION****Reference Interval:**

Negative

**ADMINISTRATIVE****CPT Codes:**

82585

**LOINC Codes:**

11043-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CRYF

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Sunday-Friday

**Methodology:**

Cold preceptation

**Patient Preparation:**

A fasting sample is required

**Remarks:**

Collect blood into 3 (5 mL) (LB) or (L) tubes. Place immediately in a 37° C water bath.

**Collect:**

Light-blue top

**Amount to Collect:**

12 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

6 mL plasma

**Minimum Volume:**

3 mL plasma

**Specimen Preparation:**

Centrifuge blood specimens in centrifuge carriers prewarmed to 37° C at 3000 rpm for a minimum of 10 minutes. Separate plasma from red cells, avoiding transfer of red cells, into plastic transport tubes. Order Quest test code 376.

**Reference Interval:**

Negative

**Synonyms:**

- DECANT

**Storage/Transport Temperature:**

Room Temperature

**Stability (from collection to initiation):**

Room Temperature: 7 days

Refrigerated/Frozen: Unacceptable

**Reported:**

3-5 days

**CPT Codes:**

82585

**LOINC Codes:**

11043-7

# Cryoglobulin

LAB713

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Tuesday, Friday (day shift)

**Reported:**

7 days

**Additional Information:**

If immunofixation (IFE) for a cryoglobulin is requested, a quantitative cryoglobulin is run first to determine whether the quantity of cryoprecipitate is sufficient for IFE analysis. Samples are held for a minimum of 72 hours after receipt before the analysis for cryoglobulin is performed. Cryoglobulinemias are generally classified as:

**Type I:** Monoclonal antibodies, associated most often with myeloma or lymphoproliferative disorders, and highly correlated with the development of renal disease.

**Type II:** Most commonly found, these are mixtures of mono- and polyclonal antibodies, and are associated with the various connective tissue diseases and, especially, chronic infection with Hepatitis C, which should be sought in any case of cryoglobulinemia. The cryoglobulin often recognizes portions of the HCV protein envelope and the cryoprecipitates are rich in virus.

**Type III:** Polyclonal antibodies, associated mainly with lupus erythematosus.

Refs: Brouet J-C et al. Amer J Med 1974; 57:775. Winfield JB. Hum Pathol 1983;14:350. Johnson RJ et al. N Engl J Med 1993;328:465.

**Note:** This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

2 mL serum

**Remarks:**

Once collected, please keep all samples warm by wrapping with a heel warmer and deliver to the laboratory as soon as possible.

**Unacceptable Conditions:**

Red top sample received at room temperature or colder

## PROCESSING

**Test Code:**

CRYQ

**Performing Lab:**

Immunology

**Specimen Preparation:**

Warm specimen for 1 hour at 37°C in heating block; centrifuge immediately thereafter, and aliquot into conical centrifuge tube. Refrigerate specimen at 2-8°C.

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

2 mL serum

**Unacceptable Conditions:**

Red top sample received at room temperature or colder

**RESULT INTERPRETATION****Units:**

g/L

**Reference Interval:**

&lt; 0.12 g/L

**Additional Information:**

If immunofixation (IFE) for a cryoglobulin is requested, a quantitative cryoglobulin is run first to determine whether the quantity of cryoprecipitate is sufficient for IFE analysis. Samples are held for a minimum of 72 hours after receipt before the analysis for cryoglobulin is performed. Cryoglobulinemias are generally classified as:

**Type I:** Monoclonal antibodies, associated most often with myeloma or lymphoproliferative disorders, and highly correlated with the development of renal disease.

**Type II:** Most commonly found, these are mixtures of mono- and polyclonal antibodies, and are associated with the various connective tissue diseases and, especially, chronic infection with Hepatitis C, which should be sought in any case of cryoglobulinemia. The cryoglobulin often recognizes portions of the HCV protein envelope and the cryoprecipitates are rich in virus.

**Type III:** Polyclonal antibodies, associated mainly with lupus erythematosus.

Refs: Brouet J-C et al. Amer J Med 1974; 57:775. Winfield JB. Hum Pathol 1983;14:350. Johnson RJ et al. N Engl J Med 1993;328:465.

**Note:** This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

82784

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

2168-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CRYQ

**Performing Lab:**

Immunology

**Performed:**

Tuesday, Friday (day shift)

**Remarks:**

Once collected, please keep all samples warm by wrapping with a heel warmer and deliver to the laboratory as soon as possible.

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

2 mL serum

**Unacceptable Conditions:**

Red top sample received at room temperature or colder

**Specimen Preparation:**

Warm specimen for 1 hour at 37C in heating block; centrifuge immediately thereafter, and aliquot into conical centrifuge tube. Refrigerate specimen at 2-8°C.

**Units:**

g/L

**Reference Interval:**

< 0.12 g/L

**Reported:**

7 days

**Additional Information:**

If immunofixation (IFE) for a cryoglobulin is requested, a quantitative cryoglobulin is run first to determine whether the quantity of cryoprecipitate is sufficient for IFE analysis. Samples are held for a minimum of 72 hours after receipt before the analysis for cryoglobulin is performed. Cryoglobulinemias are generally classified as:

**Type I:** Monoclonal antibodies, associated most often with myeloma or lymphoproliferative disorders, and highly correlated with the development of renal disease.

**Type II:** Most commonly found, these are mixtures of mono- and polyclonal antibodies, and are associated with the various connective tissue diseases and, especially, chronic infection with Hepatitis C, which should be sought in any case of cryoglobulinemia. The cryoglobulin often recognizes portions of the HCV protein envelope and the cryoprecipitates are rich in virus.

**Type III:** Polyclonal antibodies, associated mainly with lupus erythematosus.

Refs: Brouet J-C et al. Amer J Med 1974; 57:775. Winfield JB. Hum Pathol 1983;14:350. Johnson RJ et al. N Engl J Med 1993;328:465.

**Note:** This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

82784

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

2168-3

# Cryopreservation of cells

CYTOFZ

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Freezing cells at -70C

**Additional Information:**

The Cytogenetics Lab does not have the capability of long term cryogenics. Cells may no longer be available after 12 months of storage at -80C. Recovery rate is dependent on the age and quality of the cultures at the time of storage.

**Synonyms:**

- Cell freezing

## COLLECTION

**Sample Type:**

Cultured cells from amniocentesis, chorionic villus sampling, and solid unfixed tissue samples.

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## PROCESSING

**Test Code:**

CYTOFZ

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Refer any questions to Cytogenetics. This test will only be ordered by Cytogenetics staff

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## RESULT INTERPRETATION

**Additional Information:**

The Cytogenetics Lab does not have the capability of long term cryogenics. Cells may no longer be available after 12 months of storage at -80C. Recovery rate is dependent on the age and quality of the cultures at the time of storage.

## ADMINISTRATIVE

**CPT Codes:**

88240

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

CYTOFZ

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Freezing cells at -70C

**Sample Type:**

Cultured cells from amniocentesis, chorionic villus sampling, and solid unfixed tissue samples.

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Refer any questions to Cytogenetics. This test will only be ordered by Cytogenetics staff

**Synonyms:**

- Cell freezing

**Additional Information:**

The Cytogenetics Lab does not have the capability of long term cryogenics. Cells may no longer be available after 12 months of storage at -80C. Recovery rate is dependent on the age and quality of the cultures at the time of storage.

**CPT Codes:**

88240



# Cryptococcus Antigen with reflex to Titer

LAB5026

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

CSF: Daily, day and evening shifts until 9 PM

Serum: Once daily on day shift

**Methodology:**

Lateral flow assay

**Reported:**

1 day

**Additional Information:**

Call Microbiology (x3-1268) for assistance with interpretation.

Order Bacterial Culture, CSF in conjunction with initial CSF cryptococcal antigen test.

Serum specimens are repeated at 7-day intervals and CSF at 2-day intervals, whether previously positive or negative.

**Reflex Testing:**

Positive results are titered at a separate charge (B254).

**Synonyms:**

- CRAG
- Cryptococcus latex agglutination

## COLLECTION

**Sample Type:**

Serum, CSF

**Collect:**

Gold top, CSF tube or sterile collection tube

**Amount to Collect:**

2 mL blood or 1 mL CSF

**Preferred Volume:**

1 mL serum or CSF

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen 2 weeks

**Unacceptable Conditions:**

More than one serum in one week or more than one CSF in 48 hours.

## PROCESSING

**Test Code:**

P253

**Test Group:**

Cryptococcus neoformans

**Performing Lab:**

Microbiology

**Preferred Volume:**

1 mL serum or CSF

**Unacceptable Conditions:**

More than one serum in one week or more than one CSF in 48 hours.

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen 2 weeks

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Critical Values:**

Positive results from CSF.

**Additional Information:**

Call Microbiology (x3-1268) for assistance with interpretation.

Order Bacterial Culture, CSF in conjunction with initial CSF cryptococcal antigen test.

Serum specimens are repeated at 7-day intervals and CSF at 2-day intervals, whether previously positive or negative.

**ADMINISTRATIVE****CPT Codes:**

87899

**LOINC Codes:**

38390-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P253

**Test Group:**

Cryptococcus neoformans

**Performing Lab:**

Microbiology

**Performed:**

CSF: Daily, day and evening shifts until 9 PM

Serum: Once daily on day shift

**Methodology:**

Lateral flow assay

**Collect:**

Gold top, CSF tube or sterile collection tube

**Amount to Collect:**

2 mL blood or 1 mL CSF

**Sample Type:**

Serum, CSF

**Preferred Volume:**

1 mL serum or CSF

**Unacceptable Conditions:**

More than one serum in one week or more than one CSF in 48 hours.

**Reference Interval:**

Negative

**Critical Values:**

Positive results from CSF.

**Synonyms:**

- CRAG
- Cryptococcus latex agglutination

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen 2 weeks

**Reported:**

1 day

**Reflex Testing:**

Positive results are titrated at a separate charge (B254).

**Additional Information:**

Call Microbiology (x3-1268) for assistance with interpretation.

Order Bacterial Culture, CSF in conjunction with initial CSF cryptococcal antigen test.

Serum specimens are repeated at 7-day intervals and CSF at 2-day intervals, whether previously positive or negative.

**CPT Codes:**

87899

**LOINC Codes:**  
38390-1

# Crystals, Duodenal Fluid or Bile

LAB3143

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Performed:**

Test run 0800-2400 daily

**Reported:**

4 hours

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

## COLLECTION

**Sample Type:**

Duodenal Fluid or Bile

**Collect:**

Plain tube, no additive

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL fluid

**Remarks:**

Deliver to laboratory immediately. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

## PROCESSING

**Test Code:**

CBD

**Test Group:**

Crystals

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Preferred Volume:**

1 mL fluid

## RESULT INTERPRETATION

**Reference Interval:**

None

## ADMINISTRATIVE

**CPT Codes:**

89060

**LOINC Codes:**

5780-2

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

CBD

**Test Group:**

Crystals

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Performed:**

Test run 0800-2400 daily

**Remarks:**

Deliver to laboratory immediately. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Plain tube, no additive

**Amount to Collect:**

See preferred volume

**Sample Type:**

Duodenal Fluid or Bile

**Preferred Volume:**

1 mL fluid

**Reference Interval:**

None

**Reported:**

4 hours

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**CPT Codes:**

89060

**LOINC Codes:**

5780-2

# Crystals, synovial fluid

LAB213

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Hematology

**Performed:**

Test run 0800-2400 daily

**Methodology:**

Compensated Polarized Light Microscopy

**Reported:**

4 hours

**Additional Information:**

There is a > 95% chance of detecting intraleukocytic urate crystals in an acutely gouty joint (and in approx. 75% of asymptomatic patients); the few negative fluids are usually positive on repeat aspiration a few hours later. False positive results can occur due to the similar needle- or rod-like shape and birefringence seen occasionally w/ cholesterol crystals or w/ crystalline preparations of corticosteroids such as betamethasone and triamcinolone. Cartilage fragments and calcium oxalate crystals can also be birefringent, but are usually distinguishable from urates by careful attention to morphologic details. Generally more rectangular birefringent pyrophosphate crystals are seen in other arthritides.

Lithium heparin (light green top) may cause false positive crystal formation.

Based on a small in-house study the effect of storage on joint crystals was examined. Calcium pyrophosphate dehydrate (CPPD) crystals dissolve after several hours. Refrigeration did not prevent CPPD crystals from dissolution. However, Monosodium Urate (MSU) crystals did not decrease in numbers significantly over the first few days, but decrease over a period of weeks. Refrigeration appeared to slow the dissolution of MSU crystals.

Samples for Particle Disease - Particle disease is a byproduct of the increasing use of prosthesis for joint replacement in patients with chronic arthritis. Looking at joint fluid for particles is not ideal for diagnosis of "particle disease", but is the simplest means of obtaining a sample (much easier than biopsy of tissue around the prosthetic joint).

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Synonyms:**

- Gout
- Uric acid
- Pseudogout
- Calcium pyrophosphate dehydrogenase
- CPPD
- joint fluid

## COLLECTION

**Sample Type:**

Synovial fluid

**Collect:**

Lavender or Dark Green top

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 ml fluid

**Remarks:**

Specimen label must contain the date and time the sample was collected and the legible name of the person who collected the sample.

Bring samples asap to laboratory for testing.

**Stability (from collection to initiation):**

4 hours at room temperature

**Unacceptable Conditions:**

Samples in syringes with needle still attached.

Samples received four (4) or more hours after collection are accepted but results modified as follows: Sample stability period exceeded or collection time unknown. Calcium pyrophosphate dehydrate (CPPD) crystals dissolve with time, therefore false negatives can occur. Uric acid crystals are stable for several weeks. See Lab Manual for Moffitt-Long and Mt. Zion for more information".

**PROCESSING****Test Code:**

CJF

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Hematology

**Specimen Preparation:**

Deliver sample to Hematology immediately after sample is received and entered in Sunquest.

**Preferred Volume:**

1 ml fluid

**Unacceptable Conditions:**

Samples in syringes with needle still attached.

Samples received four (4) or more hours after collection are accepted but results modified as follows: Sample stability period exceeded or collection time unknown. Calcium pyrophosphate dehydrate (CPPD) crystals dissolve with time, therefore false negatives can occur. Uric acid crystals are stable for several weeks. See Lab Manual for Moffitt-Long and Mt. Zion for more information".

**Stability (from collection to initiation):**

4 hours at room temperature

**RESULT INTERPRETATION****Reference Interval:**

None

**Additional Information:**

There is a > 95% chance of detecting intraleukocytic urate crystals in an acutely gouty joint (and in approx. 75% of asymptomatic patients); the few negative fluids are usually positive on repeat aspiration a few hours later. False positive results can occur due to the similar needle- or rod-like shape and birefringence seen occasionally w/ cholesterol crystals or w/ crystalline preparations of corticosteroids such as betamethasone and triamcinolone. Cartilage fragments and calcium oxalate crystals can also be birefringent, but are usually distinguishable from urates by careful attention to morphologic details. Generally more rectangular birefringent pyrophosphate crystals are seen in other arthritides.

Lithium heparin (light green top) may cause false positive crystal formation.

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Samples for Particle Disease - Particle disease is a byproduct of the increasing use of prosthesis for joint replacement in patients with chronic arthritis. Looking at joint fluid for particles is not ideal for diagnosis of "particle disease", but is the simplest means of obtaining a sample (much easier than biopsy of tissue around the prosthetic joint).

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

89060

**LOINC Codes:**

5781-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CJF

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Hematology

**Performed:**

Test run 0800-2400 daily

**Methodology:**

Compensated Polarized Light Microscopy

**Remarks:**

Specimen label must contain the date and time the sample was collected and the legible name of the person who collected the sample.

Bring samples asap to laboratory for testing.

**Collect:**

Lavender or Dark Green top

**Amount to Collect:**

See preferred volume

**Sample Type:**

Synovial fluid

**Preferred Volume:**

1 ml fluid

**Unacceptable Conditions:**

Samples in syringes with needle still attached.

Samples received four (4) or more hours after collection are accepted but results modified as follows: Sample stability period exceeded or collection time unknown. Calcium pyrophosphate dehydrate (CPPD) crystals dissolve with time, therefore false negatives can occur. Uric acid crystals are stable for several weeks. See Lab Manual for Moffitt-Long and Mt. Zion for more information".

**Specimen Preparation:**

Deliver sample to Hematology immediately after sample is received and entered in Sunquest.

**Reference Interval:**

None

**Synonyms:**

- Gout
- Uric acid
- Pseudogout
- Calcium pyrophosphate dehydrogenase
- CPPD
- joint fluid

**Stability (from collection to initiation):**

4 hours at room temperature

**Reported:**

4 hours

**Additional Information:**

There is a > 95% chance of detecting intraleukocytic urate crystals in an acutely gouty joint (and in approx. 75% of asymptomatic patients); the few negative fluids are usually positive on repeat aspiration a few hours later. False positive results can occur due to the similar needle- or rod-like shape and birefringence seen occasionally w/ cholesterol crystals or w/ crystalline preparations of corticosteroids such as betamethasone and triamcinolone. Cartilage fragments and calcium oxalate crystals can also be birefringent, but are usually distinguishable from urates by careful attention to morphologic details. Generally more rectangular birefringent pyrophosphate crystals are seen in other arthritides.

Lithium heparin (light green top) may cause false positive crystal formation.

Based on a small in-house study the effect of storage on joint crystals was examined. Calcium pyrophosphate dehydrate (CPPD) crystals dissolve after several hours. Refrigeration did not prevent CPPD crystals from dissolution. However, Monosodium Urate (MSU) crystals did not decrease in numbers significantly over the first few days, but decrease over a period of weeks. Refrigeration appeared to slow the dissolution of MSU crystals.

Samples for Particle Disease - Particle disease is a byproduct of the increasing use of prosthesis for joint replacement in patients with chronic arthritis. Looking at joint fluid for particles is not ideal for diagnosis of "particle disease", but is the simplest means of obtaining a sample (much easier than biopsy of tissue around the prosthetic joint).

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

89060

**LOINC Codes:**

5781-0



# CSF IgG Index

LAB555

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Tuesday (day shift)

**Methodology:**

Turbidimetry

**Reported:**

1-8 days

**Additional Information:**

Index = (CSF IgG/Albumin)/ (serum IgG/Albumin)

Reference range data applies only to lumbar CSF.

Contamination of CSF with blood due to a traumatic LP can significantly elevate the IgG index.

Immunoelectrophoresis is not offered on CSF.

the CSF IgG Synthesis Rate does not provide any additional information and is less sensitive than the CSF IgG Index. As such the Clinical Laboratories does not calculate or report the CSF IgG Synthesis Rate.

**References:**

McMillan SA, et al. 1996. Evaluation of formulae for CSF IgG synthesis using data obtained from two methods: importance of receiver operator characteristic curve analysis. J. Clin. Pathol. 49:24-28.

McMillan SA, et al. 2000. Evaluation of the clinical utility of cerebrospinal fluid (CSF) indices of inflammatory markers in multiple sclerosis. Acta Neurol. Scand. 101:239-243.

**Synonyms:**

- CSF IgG Synthesis Rate

## COLLECTION

**Sample Type:**
CSF **AND** Serum
**Label Abbreviation:**

IGGI

**Collect:**

CSF tube or sterile collection tube and Gold top

**Amount to Collect:**
1 mL CSF **AND** 1 mL blood
**Preferred Volume:**
1 mL CSF **AND** 0.5 mL serum
**Minimum Volume:**
0.5 ML CSF **AND** 0.5 mL serum
**Remarks:**

Both CSF and serum samples required, preferably collected at the same time (not more than 72 hours). CSF specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

Albumin (serum) is needed as part of this testing. If no albumin (serum) is ordered within 72 hours of the collected CSF samples, then an albumin (serum) test is added-on. See lab manual page for Albumin, plasma/serum.

**Unacceptable Conditions:**

Lipemic samples

## PROCESSING

**Test Code:**

IGGI and IGGIS

**Test Group:**

IgG

**Performing Lab:**

Immunology

**Specimen Preparation:**

Order IGGI for CSF and IGGIS for serum. Freeze samples at -20oC

**Preferred Volume:**1 mL CSF **AND** 0.5 mL serum**Minimum Volume:**0.5 ML CSF **AND** 0.5 mL serum**Unacceptable Conditions:**

Lipemic samples

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

|                |                                               |
|----------------|-----------------------------------------------|
| IgG, Serum     | See lab manual page for IgG, serum            |
| IgG, CSF       | <3.4 mg/dL                                    |
| Albumin, Serum | See lab manual page for Albumin, plasma/serum |
| Albumin, CSF   | <35.0 mg/dL                                   |
| CSF IgG Index  | 0.30-0.70                                     |

Felgenhauer K. Laboratory diagnosis of neurological diseases. In Thomas L (Ed.) Clinical laboratory diagnosis, TH-books, Frankfurt/Main 1998; 1308-26

Reiber H. Reference Ranges of Analytes in CSF and Serum. In: Laboratory Diagnosis in Neurology. English 1st Edition Eds. Wildemann B., Oschmann P., Reiber H. THIEME; 2010; 21: 256.

CSF IgG Index ratio, IgG, CSF and Albumin, CSF tests were not validated for pediatric samples. A reference range has not been established by the manufacturer. Reference range has not been verified by UCSF.

**Additional Information:**

Index = (CSF IgG/Albumin)/ (serum IgG/Albumin)

Reference range data applies only to lumbar CSF.

Contamination of CSF with blood due to a traumatic LP can significantly elevate the IgG index.

Immunoelectrophoresis is not offered on CSF.

the CSF IgG Synthesis Rate does not provide any additional information and is less sensitive than the CSF IgG Index. As such the Clinical Laboratories does not calculate or report the CSF IgG Synthesis Rate.

**References:**

McMillan SA, et al. 1996. Evaluation of formulae for CSF IgG synthesis using data obtained from two methods: importance of receiver operator characteristic curve analysis. J. Clin. Pathol. 49:24-28.

McMillan SA, et al. 2000. Evaluation of the clinical utility of cerebrospinal fluid (CSF) indices of inflammatory markers in multiple sclerosis. Acta Neurol. Scand. 101:239-243.

**ADMINISTRATIVE****CPT Codes:**

82784 x2, 82042

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IGGI and IGGIS

**Test Group:**

IgG

**Performing Lab:**

Immunology

**Performed:**

Tuesday (day shift)

**Methodology:**

Turbidimetry

**Remarks:**

Both CSF and serum samples required, preferably collected at the same time (not more than 72 hours). CSF specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

Albumin (serum) is needed as part of this testing. If no albumin (serum) is ordered within 72 hours of the collected CSF samples, then an albumin (serum) test is added-on. See lab manual page for Albumin, plasma/serum.

**Collect:**

CSF tube or sterile collection tube and Gold top

**Amount to Collect:**1 mL CSF **AND** 1 mL blood**Sample Type:**CSF **AND** Serum**Preferred Volume:**1 mL CSF **AND** 0.5 mL serum**Minimum Volume:**0.5 mL CSF **AND** 0.5 mL serum**Unacceptable Conditions:**

Lipemic samples

**Specimen Preparation:**

Order IGGI for CSF and IGGIS for serum. Freeze samples at -20oC

**Units:**

mg/dL

**Reference Interval:**

|                |                                               |
|----------------|-----------------------------------------------|
| IgG, Serum     | See lab manual page for IgG, serum            |
| IgG, CSF       | <3.4 mg/dL                                    |
| Albumin, Serum | See lab manual page for Albumin, plasma/serum |
| Albumin, CSF   | <35.0 mg/dL                                   |
| CSF IgG Index  | 0.30-0.70                                     |

Felgenhauer K. Laboratory diagnosis of neurological diseases. In Thomas L (Ed.) Clinical laboratory diagnosis, TH-books, Frankfurt/Main 1998; 1308-26

Reiber H. Reference Ranges of Analytes in CSF and Serum. In: Laboratory Diagnosis in Neurology. English 1st Edition Eds. Wildemann B., Oschmann P., Reiber H. THIEME; 2010; 21: 256.

CSF IgG Index ratio, IgG, CSF and Albumin, CSF tests were not validated for pediatric samples. A reference range has not been established by the manufacturer. Reference range has not been verified by UCSF.

**Synonyms:**

- CSF IgG Synthesis Rate

**Reported:**

1-8 days

**Additional Information:**

Index = (CSF IgG/Albumin)/ (serum IgG/Albumin)

Reference range data applies only to lumbar CSF.

Contamination of CSF with blood due to a traumatic LP can significantly elevate the IgG index.

Immunoelectrophoresis is not offered on CSF.

the CSF IgG Synthesis Rate does not provide any additional information and is less sensitive than the CSF IgG Index. As such the Clinical Laboratories does not calculate or report the CSF IgG Synthesis Rate.

**References:**

McMillan SA, et al. 1996. Evaluation of formulae for CSF IgG synthesis using data obtained from two methods: importance of receiver operator characteristic curve analysis. J. Clin. Pathol. 49:24-28.

McMillan SA, et al. 2000. Evaluation of the clinical utility of cerebrospinal fluid (CSF) indices of inflammatory markers in multiple sclerosis. Acta Neurol. Scand. 101:239-243.

**CPT Codes:**

82784 x2, 82042

# C-telopeptide

LAB5323

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Electrochemiluminescent Immunoassay

**Reported:**

5-7 days

**Synonyms:**

- CTx
- Collagen Type I
- Bone markers
- osteoporosis
- 70416

## COLLECTION

**Patient Preparation:**

Fasting morning collection 8-10 am. (Diurnal variations cause elevated levels at night.) Minimum of 12 hours fasting is required.

**Sample Type:**

Serum

**Label Abbreviation:**

CTX

**Collect:**

Red top, (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 16 hours, refrigerated 3 days, frozen 3 months.

## PROCESSING

**Test Code:**

CTX

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Centrifuge and separate the serum from the cells. Freeze as soon as possible.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 16 hours, refrigerated 3 days, frozen 3 months.

## RESULT INTERPRETATION

**Units:**

pg/mL

**Reference Interval:**

Pediatric:

| Age         | Males          | Females        |
|-------------|----------------|----------------|
| 5-9 years   | 574-1849 pg/mL | 574-1849 pg/mL |
| 10-13 years | 519-2415 pg/mL | 519-2415 pg/mL |
| 14-17 years | 435-2924 pg/mL | 242-1291 pg/mL |

Adult:

| Age         | Males         | Females       |
|-------------|---------------|---------------|
| 18-29 years | 87-1200 pg/mL | 64-640 pg/mL  |
| 30-39 years | 70-780 pg/mL  | 60-650 pg/mL  |
| 40-49 years | 60-700 pg/mL  | 40-465 pg/mL  |
| 50-68 years | 87-345 pg/mL  | Not available |

**ADMINISTRATIVE****CPT Codes:**

82523-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CTX

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Electrochemiluminescent Immunoassay

**Patient Preparation:**

Fasting morning collection 8-10 am. (Diurnal variations cause elevated levels at night.) Minimum of 12 hours fasting is required.

**Collect:**

Red top, (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Centrifuge and separate the serum from the cells. Freeze as soon as possible.

**Units:**

pg/mL

**Reference Interval:**

## Pediatric:

| Age         | Males          | Females        |
|-------------|----------------|----------------|
| 5-9 years   | 574-1849 pg/mL | 574-1849 pg/mL |
| 10-13 years | 519-2415 pg/mL | 519-2415 pg/mL |
| 14-17 years | 435-2924 pg/mL | 242-1291 pg/mL |

## Adult:

| Age         | Males         | Females       |
|-------------|---------------|---------------|
| 18-29 years | 87-1200 pg/mL | 64-640 pg/mL  |
| 30-39 years | 70-780 pg/mL  | 60-650 pg/mL  |
| 40-49 years | 60-700 pg/mL  | 40-465 pg/mL  |
| 50-68 years | 87-345 pg/mL  | Not available |

**Synonyms:**

- CTx
- Collagen Type I
- Bone markers
- osteoporosis
- 70416

**Stability (from collection to initiation):**

Room temperature 16 hours, refrigerated 3 days, frozen 3 months.

**Reported:**

5-7 days

**CPT Codes:**

82523-90

# Cutaneous Antibodies

## ORDERING

**Available Stat:**

No

**Performing Lab:**

UCSF IF Lab

**Performed:**

Daily, Monday-Friday

**Methodology:**

Indirect immunofluorescence

**Reported:**

3-5 days

**Additional Information:**

Identifies the presence of serum antibodies against intercellular substance in squamous epithelium (pemphigus vulgaris) or basement membrane (bullous pemphigoid). Nuclear staining may be seen from sera of patients with systemic lupus or other connective tissue disorders. Antibodies are typically present during active disease. If positive, it is advisable to perform direct immunofluorescent testing on biopsies of skin lesions. A two-fold drop in titer is indicative of effective therapy.

**Synonyms:**

- Blistering diseases
- blistering disorders
- BMZ antibodies
- Bullous disease
- Cutaneous immunofluorescent antibodies
- basement membrane antibodies
- epidermolysis bullosa acquisita
- fluorescent antibodies for bullous disease
- Pemphigoid
- pemphigus

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Remarks:**

Complete Dermatopathology requisition and submit with sample. Samples should be received by the laboratory by Wednesday for next Monday signout.

## PROCESSING

**Test Code:**

No test code, see Processing instructions

**Sendout:**

Yes

**Performing Lab:**

UCSF IF Lab

**Specimen Preparation:**

Store and transport at room temperature. Send sample and completed dermatopathology requisition to: UCSF Dermatopathology office, Mount Zion Campus, 1701 Divisadero St., 3rd floor Room 350, San Francisco, CA 94115. For questions contact the UCSF Immunofluorescence Lab at 353-7546.



**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**RESULT INTERPRETATION****Units:**

titer

**Reference Interval:**

Negative titer &lt; 1:10

**Additional Information:**

Identifies the presence of serum antibodies against intercellular substance in squamous epithelium (pemphigus vulgaris) or basement membrane (bullous pemphigoid). Nuclear staining may be seen from sera of patients with systemic lupus or other connective tissue disorders. Antibodies are typically present during active disease. If positive, it is advisable to perform direct immunofluorescent testing on biopsies of skin lesions. A two-fold drop in titer is indicative of effective therapy.

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

No test code, see Processing instructions

**Performing Lab:**

UCSF IF Lab

**Sendout:**

Yes

**Performed:**

Daily, Monday-Friday

**Methodology:**

Indirect immunofluorescence

**Remarks:**

Complete Dermatopathology requisition and submit with sample. Samples should be received by the laboratory by Wednesday for next Monday signout.

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Specimen Preparation:**

Store and transport at room temperature. Send sample and completed dermatopathology requisition to: UCSF Dermatopathology office, Mount Zion Campus, 1701 Divisadero St., 3rd floor Room 350, San Francisco, CA 94115. For questions contact the UCSF Immunofluorescence Lab at 353-7546.

**Units:**

titer

**Reference Interval:**

Negative titer &lt; 1:10

**Synonyms:**

- Blistering diseases
- blistering disorders
- BMZ antibodies
- Bullous disease
- Cutaneous immunofluorescent antibodies
- basement membrane antibodies
- epidermolysis bullosa acquisita
- fluorescent antibodies for bullous disease
- Pemphigoid
- pemphigus

**Reported:**

3-5 days

**Additional Information:**

Identifies the presence of serum antibodies against intercellular substance in squamous epithelium (pemphigus vulgaris) or basement membrane (bullous pemphigoid). Nuclear staining may be seen from sera of patients with systemic lupus or other connective tissue disorders. Antibodies are typically present during active disease. If positive, it is advisable to perform direct immunofluorescent testing on biopsies of skin lesions. A two-fold drop in titer is indicative of effective therapy.

**Supplemental Test Request Form Required:**

Yes

# CXCL9

CXCL9

## ORDERING

**Performing Lab:**

Machaon Diagnostics

**Performed:**

Varies

**Methodology:**

Microfluidics immunoassay

**Reported:**

Varies

## COLLECTION

**Sample Type:**

Plasma

**Collect:**

EDTA Lavender top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Stability (from collection to initiation):**

Frozen: 6 months

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Thawed

## PROCESSING

**Test Code:**

CXCL9

**Sendout:**

Yes

**Performing Lab:**

Machaon Diagnostics

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Thawed

**Stability (from collection to initiation):**

Frozen: 6 months

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

pg/mL

**Reference Interval:**

&lt; 769 pg/mL

**Interpretive Data:**

CXCL9 is a recognized marker for interferon gamma (IFNgamma) activity. Sustained and consistent reductions in plasma concentrations of CXCL9 demonstrate that IFNgamma is being neutralized, which may be critical to know in assessing treatment and/or dosing decisions.

HLH is a life-threatening condition requiring rapid diagnosis and treatment. CXCL9 can differentiate HLH from sepsis and persistent systemic inflammatory response syndrome (SIRS).

CXCL9 levels quickly and significantly decreased with emapalumab treatment in HLH patients and low levels of CXCL9 were associated with treatment response. Emapalumab neutralizes IFNgamma activity; CXCL9 is a marker for IFNgamma activity.

**ADMINISTRATIVE****CPT Codes:**

83520

**COMPLETE VIEW****Test Code:**

CXCL9

**Performing Lab:**

Machaon Diagnostics

**Sendout:**

Yes

**Performed:**

Varies

**Methodology:**

Microfluidics immunoassay

**Collect:**

EDTA Lavender top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Thawed

**Units:**

pg/mL

**Reference Interval:**

< 769 pg/mL

**Interpretive Data:**

CXCL9 is a recognized marker for interferon gamma (IFNgamma) activity. Sustained and consistent reductions in plasma concentrations of CXCL9 demonstrate that IFNgamma is being neutralized, which may be critical to know in assessing treatment and/or dosing decisions.

HLH is a life-threatening condition requiring rapid diagnosis and treatment. CXCL9 can differentiate HLH from sepsis and persistent systemic inflammatory response syndrome (SIRS).

CXCL9 levels quickly and significantly decreased with emapalumab treatment in HLH patients and low levels of CXCL9 were associated with treatment response. Emapalumab neutralizes IFNgamma activity; CXCL9 is a marker for IFNgamma activity.

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Frozen: 6 months

**Reported:**

Varies

**CPT Codes:**

83520

# Cyanide Level

LAB972

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Colorimetric

**Reported:**

Test run Monday, Wednesday, Friday. Turnaround time: 4-6 days

**Additional Information:**

The detection limit of this assay is 0.1 mg/L

Toxic syndromes are rapid and include flushing, headache, dizziness, and tachypnea that may progress to respiratory depression and death.

80% of cyanide is converted to thiocyanate. Administration of sodium nitroprusside contributes to the total body pool of cyanide and complicates interpretation.

**Synonyms:**

- Hydrogen cyanide
- Cn
- Hydrocyanic acid
- Prussic acid
- CYA
- Q400
- 400

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Label Abbreviation:**

CYAN

**Collect:**

Dark Green top (Sodium Heparin)

**Amount to Collect:**

10 mL blood

**Preferred Volume:**

10 mL blood

**Minimum Volume:**

1 mL blood

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 weeks, frozen at -20C 1 month.

## PROCESSING

**Test Code:**

CYAN

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Do NOT centrifuge or open tube. Order Quest # 400

**Preferred Volume:**

10 mL blood

**Minimum Volume:**

1 mL blood

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 weeks, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

mg/L

**Reference Interval:**

Normal: &lt; 0.1 mg/L

Potentially toxic: &gt; 0.5 mg/L

**Critical Values:**Quest Priority-1:  $\geq 1.0$  mg/L

Quest Priority-2: 0.5-0.9 mg/L

**Additional Information:**

The detection limit of this assay is 0.1 mg/L

Toxic syndromes are rapid and include flushing, headache, dizziness, and tachypnea that may progress to respiratory depression and death.

80% of cyanide is converted to thiocyanate. Administration of sodium nitroprusside contributes to the total body pool of cyanide and complicates interpretation.

**ADMINISTRATIVE****CPT Codes:**

82600-90

**LOINC Codes:**

5634-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CYAN

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Colorimetric

**Collect:**

Dark Green top (Sodium Heparin)

**Amount to Collect:**

10 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

10 mL blood

**Minimum Volume:**

1 mL blood

**Specimen Preparation:**

Refrigerate. Do NOT centrifuge or open tube. Order Quest # 400

**Units:**

mg/L

**Reference Interval:**

Normal: &lt; 0.1 mg/L

Potentially toxic: &gt; 0.5 mg/L

**Critical Values:**Quest Priority-1:  $\geq 1.0$  mg/L

Quest Priority-2: 0.5-0.9 mg/L

**Synonyms:**

- Hydrogen cyanide
- Cn
- Hydrocyanic acid
- Prussic acid
- CYA
- Q400
- 400

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 weeks, frozen at -20C 1 month.

**Reported:**

Test run Monday, Wednesday, Friday. Turnaround time: 4-6 days

**Additional Information:**

The detection limit of this assay is 0.1 mg/L

Toxic syndromes are rapid and include flushing, headache, dizziness, and tachypnea that may progress to respiratory depression and death.

80% of cyanide is converted to thiocyanate. Administration of sodium nitroprusside contributes to the total body pool of cyanide and complicates interpretation.

**CPT Codes:**

82600-90

**LOINC Codes:**

5634-1

# Cyclic Citrullinated Peptide Antibody, IgG

LAB3336

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday (day shift)

**Methodology:**

Chemiluminescent immunoassay

**Reported:**

2-9 days

**Additional Information:**

The main clinically useful biologic markers in diagnosis of patients with rheumatoid arthritis (RA) are rheumatoid factor and antibodies to citrullinated peptides. These antibodies may also be useful for prediction of functional and radiographic outcomes. Anti-perinuclear antibodies (also called anti-keratin antibodies) often found in patients with RA recognize an epitope that contains the deiminated form of arginine called citrulline.

This test uses a third generation cyclic citrullinated peptide (CCP) antigen for detection of these antibodies. Presence of these antibodies is thought to be very specific for RA but not as sensitive as rheumatoid factor. Recent studies suggest that use of RF and CCP antibodies together may provide better sensitivity for diagnosis of RA than either alone. Note that at the present time, CCP antibodies are not considered part of the diagnostic criteria for RA. Test results that fall in the weak positive range may be repeated, if clinically indicated for diagnostic purposes, or may reflect treatment of a patient with an existing clinical diagnosis.

**Synonyms:**

- CCP
- anti-CCP

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top or Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

## PROCESSING

**Test Code:**

CYCP

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze serum at -20C

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

## RESULT INTERPRETATION

**Units:**

C.U.

**Reference Interval:**

&lt;20.0 CU



**Additional Information:**

The main clinically useful biologic markers in diagnosis of patients with rheumatoid arthritis (RA) are rheumatoid factor and antibodies to citrullinated peptides. These antibodies may also be useful for prediction of functional and radiographic outcomes. Anti-perinuclear antibodies (also called anti-keratin antibodies) often found in patients with RA recognize an epitope that contains the deiminated form of arginine called citrulline.

This test uses a third generation cyclic citrullinated peptide (CCP) antigen for detection of these antibodies. Presence of these antibodies is thought to be very specific for RA but not as sensitive as rheumatoid factor. Recent studies suggest that use of RF and CCP antibodies together may provide better sensitivity for diagnosis of RA than either alone. Note that at the present time, CCP antibodies are not considered part of the diagnostic criteria for RA. Test results that fall in the weak positive range may be repeated, if clinically indicated for diagnostic purposes, or may reflect treatment of a patient with an existing clinical diagnosis.

**ADMINISTRATIVE****CPT Codes:**

86200

**LOINC Codes:**

33935-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CYCP

**Performing Lab:**

Immunology

**Performed:**

Monday (day shift)

**Methodology:**

Chemiluminescent immunoassay

**Collect:**

Gold top or Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Freeze serum at -20C

**Units:**

C.U.

**Reference Interval:**

&lt;20.0 CU

**Synonyms:**

- CCP
- anti-CCP

**Reported:**

2-9 days

**Additional Information:**

The main clinically useful biologic markers in diagnosis of patients with rheumatoid arthritis (RA) are rheumatoid factor and antibodies to citrullinated peptides. These antibodies may also be useful for prediction of functional and radiographic outcomes. Anti-perinuclear antibodies (also called anti-keratin antibodies) often found in patients with RA recognize an epitope that contains the deiminated form of arginine called citrulline.

This test uses a third generation cyclic citrullinated peptide (CCP) antigen for detection of these antibodies. Presence of these antibodies is thought to be very specific for RA but not as sensitive as rheumatoid factor. Recent studies suggest that use of RF and CCP antibodies together may provide better sensitivity for diagnosis of RA than either alone. Note that at the present time, CCP antibodies are not considered part of the diagnostic criteria for RA. Test results that fall in the weak positive range may be repeated, if clinically indicated for diagnostic purposes, or may reflect treatment of a patient with an existing clinical diagnosis.

**CPT Codes:**

86200

**LOINC Codes:**

33935-8

# Cyclosporine A Level

LAB874

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Daily (day shift)

**Methodology:**

Abbott Architect Chemiluminescent Immunoassay

**Reported:**

For samples received by 1200 (Monday-Friday) and 1000 (weekends and holidays) the results will be available by 1600. Results for samples that miss the cut-off times will be available the following day.

Note: Samples from Berkeley Outpatient Clinic (BOPC), Peninsula Outpatient Clinic (POPC), Saint Francis, and Saint Marys may be reported next day.

**Additional Information:**

Generally recommended therapeutic trough levels vary between 50 to 500. However, there is no universally accepted therapeutic level and the desired concentrations may vary with the indications, e.g., higher for liver than for renal transplantation, higher early in the post-transplant period, higher in threatened or subacute rejection. In a patient who is doing well following liver transplantation a level of 250-300 might be sought for the first 3-4 months, 150-250 for 4 months - 12 months, and lowered to 100-150 after one year, whereas post-renal transplant a well-compensated patient might be kept at 150-300 for 6 months, then reduced to 50-150. The level usually desirable for any given patient may also be adjusted because of intercurrent illness. The current therapeutic range was established in consultation with UCSF transplant physicians and clinical pharmacists.

The Abbott Architect immunoassay for cyclosporine is reported by the manufacturer to show little or no cross reactivity with the major cyclosporine metabolites. Results with this immunoassay run approximately 30% higher than results with the previous HPLC assay mainly due to assay calibration differences. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- Neoral
- cyclosporin
- CSA
- Gengraf
- Sandimmune
- CYCL

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

1 mL blood

**NOTE:** This should be submitted as a unique, separate sample for testing.

**Preferred Volume:**

1 mL blood

**NOTE:** This should be submitted as a unique, separate sample for testing.

**Minimum Volume:**

0.5 mL blood

**NOTE:** This should be submitted as a unique, separate sample for testing and this minimum volume does not allow for repeat testing if needed.

**Remarks:**

Time to steady state: 2-5 days

Draw trough samples only (24 hours post dose or just prior to next dose) or normal ranges will not apply.

This very non-polar compound adheres tenaciously to plastic; samples should not be drawn from any line through which the drug has been infused but only from a peripheral site.

**NOTE:** To avoid testing delays and the possibility of QNS samples, blood for Cyclosporin should be collected as a separate sample. The sample should not be shared for any other test(s).

**PROCESSING****Test Code:**

CYCL

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Do not centrifuge

**Preferred Volume:**

1 mL blood

**NOTE:** This should be submitted as a unique, separate sample for testing.

**Minimum Volume:**

0.5 mL blood

**NOTE:** This should be submitted as a unique, separate sample for testing and this minimum volume does not allow for repeat testing if needed.

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

Therapeutic trough 50-500 ng/mL

**Additional Information:**

Generally recommended therapeutic trough levels vary between 50 to 500. However, there is no universally accepted therapeutic level and the desired concentrations may vary with the indications, e.g., higher for liver than for renal transplantation, higher early in the post-transplant period, higher in threatened or subacute rejection. In a patient who is doing well following liver transplantation a level of 250-300 might be sought for the first 3-4 months, 150-250 for 4 months - 12 months, and lowered to 100-150 after one year, whereas post-renal transplant a well-compensated patient might be kept at 150-300 for 6 months, then reduced to 50-150. The level usually desirable for any given patient may also be adjusted because of intercurrent illness. The current therapeutic range was established in consultation with UCSF transplant physicians and clinical pharmacists.

The Abbott Architect immunoassay for cyclosporine is reported by the manufacturer to show little or no cross reactivity with the major cyclosporine metabolites. Results with this immunoassay run approximately 30% higher than results with the previous HPLC assay mainly due to assay calibration differences. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**NOTE:** For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

80158

**LOINC Codes:**

3520-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CYCL

**Performing Lab:**

China Basin Chemistry

**Performed:**

Daily (day shift)

**Methodology:**

Abbott Architect Chemiluminescent Immunoassay

**Remarks:**

Time to steady state: 2-5 days

Draw trough samples only (24 hours post dose or just prior to next dose) or normal ranges will not apply.

This very non-polar compound adheres tenaciously to plastic; samples should not be drawn from any line through which the drug has been infused but only from a peripheral site.

**NOTE:** To avoid testing delays and the possibility of QNS samples, blood for Cyclosporin should be collected as a separate sample. The sample should not be shared for any other test(s).

**Collect:**

Lavender top

**Amount to Collect:**

1 mL blood

**NOTE:** This should be submitted as a unique, separate sample for testing.

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

1 mL blood

**NOTE:** This should be submitted as a unique, separate sample for testing.

**Minimum Volume:**

0.5 mL blood

**NOTE:** This should be submitted as a unique, separate sample for testing and this minimum volume does not allow for repeat testing if needed.

**Specimen Preparation:**

Do not centrifuge

**Units:**

ng/mL

**Reference Interval:**

Therapeutic trough 50-500 ng/mL

**Synonyms:**

- Neoral
- cyclosporin
- CSA
- Gengraf
- Sandimmune
- CYCL

**Reported:**

For samples received by 1200 (Monday-Friday) and 1000 (weekends and holidays) the results will be available by 1600. Results for samples that miss the cut-off times will be available the following day.

Note: Samples from Berkeley Outpatient Clinic (BOPC), Peninsula Outpatient Clinic (POPC), Saint Francis, and Saint Marys may be reported next day.

**Additional Information:**

Generally recommended therapeutic trough levels vary between 50 to 500. However, there is no universally accepted therapeutic level and the desired concentrations may vary with the indications, e.g., higher for liver than for renal transplantation, higher early in the post-transplant period, higher in threatened or subacute rejection. In a patient who is doing well following liver transplantation a level of 250-300 might be sought for the first 3-4 months , 150-250 for 4 months - 12 months , and lowered to 100-150 after one year, whereas post-renal transplant a well-compensated patient might be kept at 150-300 for 6 months , then reduced to 50-150. The level usually desirable for any given patient may also be adjusted because of intercurrent illness. The current therapeutic range was established in consultation with UCSF transplant physicians and clinical pharmacists.

The Abbott Architect immunoassay for cyclosporine is reported by the manufacturer to show little or no cross reactivity with the major cyclosporine metabolites. Results with this immunoassay run approximately 30% higher than results with the previous HPLC assay mainly due to assay calibration differences. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

80158

**LOINC Codes:**

3520-4

CYP2C19 Genotype  
LAB3068

ORDERING

**Available Stat:**  
No

**Performing Lab:**  
Quest

**Methodology:**  
PCR

**Reported:**  
4-8 days

**Synonyms:**

- Cytochrome P450 2C19
- Plavix

COLLECTION

**Sample Type:**  
EDTA or heparinized whole blood

**Label Abbreviation:**

2C19G

**Collect:**  
Lavender top, Dark green top

**Amount to Collect:**  
4 mL blood

**Preferred Volume:**  
4 mL blood

**Minimum Volume:**  
2 mL blood

**Stability (from collection to initiation):**  
Room temperature 8 days, Refrigerated 1 month

PROCESSING

**Test Code:**  
2C19G

**Sendout:**  
Yes

**Performing Lab:**  
Quest

**Specimen Preparation:**  
Do not aliquot sample. Transport to CB & Quest at ambient temperature. Order Quest test code 16924.

**Preferred Volume:**  
4 mL blood

**Minimum Volume:**  
2 mL blood

**Stability (from collection to initiation):**  
Room temperature 8 days, Refrigerated 1 month

ADMINISTRATIVE

**CPT Codes:**  
81225-90

COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**

2C19G

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

PCR

**Collect:**

Lavender top, Dark green top

**Amount to Collect:**

4 mL blood

**Sample Type:**

EDTA or heparinized whole blood

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

2 mL blood

**Specimen Preparation:**

Do not aliquot sample. Transport to CB & Quest at ambient temperature. Order Quest test code 16924.

**Synonyms:**

- Cytochrome P450 2C19
- Plavix

**Stability (from collection to initiation):**

Room temperature 8 days, Refrigerated 1 month

**Reported:**

4-8 days

**CPT Codes:**

81225-90



# CYP2C9 Genotype

LAB6215

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Thursdays

**Methodology:**

PCR, Single nucleotide primer extension

**Reported:**

7 days

**Synonyms:**

- Cytochrome p450 2C9 Genotype

## COLLECTION

**Sample Type:**

Blood

**Label Abbreviation:**

2C9G

**Collect:**

Lavender (EDTA) top

**Amount to Collect:**

5 mL

**Preferred Volume:**

5 mL

**Minimum Volume:**

3 mL

**Stability (from collection to initiation):**

8 days ambient or refrigerated. Unacceptable frozen.

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Frozen

## PROCESSING

**Test Code:**

2C9G

**Sendout:**

Yes

**Performing Lab:**

Quest

**Preferred Volume:**

5 mL

**Minimum Volume:**

3 mL

**Unacceptable Conditions:**

Frozen

**Stability (from collection to initiation):**

8 days ambient or refrigerated. Unacceptable frozen.

**Storage/Transport Temperature:**

Refrigerated

## ADMINISTRATIVE

**CPT Codes:**

81227

**LOINC Codes:**  
46724-1

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
2C9G

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Performed:**  
Thursdays

**Methodology:**  
PCR, Single nucleotide primer extension

**Collect:**  
Lavender (EDTA) top

**Amount to Collect:**  
5 mL

**Sample Type:**  
Blood

**Preferred Volume:**  
5 mL

**Minimum Volume:**  
3 mL

**Unacceptable Conditions:**  
Frozen

**Synonyms:**

- Cytochrome p450 2C9 Genotype

**Storage/Transport Temperature:**  
Refrigerated

**Stability (from collection to initiation):**  
8 days ambient or refrigerated. Unacceptable frozen.

**Reported:**  
7 days

**CPT Codes:**  
81227

**LOINC Codes:**  
46724-1

# CYP2D6 Genotype

2D6G

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Monday and Thursday

**Methodology:**

Polymerase Chain Reaction (PCR) • Single Nucleotide Primer Extension Reaction (SNP-IT)

**Reported:**

10-12 days

**Additional Information:**

The CYP2D6 gene product is responsible for the metabolism of many major drug groups including many antidepressants, neuroleptics, and cardiovascular drugs. Cytochrome 450 2D6 Genotype detects eight alleles associated with the poor metabolizer phenotype (PM). Patients with duplication of the CYP2D6 gene are ultraextensive metabolizers (UEM).

Approximately 5-10% of Caucasian individuals express PM phenotype and the same percentage the UEM phenotype.

**Synonyms:**

- Cytochrome p450 2d6 Genotype

## COLLECTION

**Sample Type:**

Whole blood

**Collect:**

EDTA Lavender-top tube

**Amount to Collect:**

5 mL

**Preferred Volume:**

5 mL

**Minimum Volume:**

3 mL

**Stability (from collection to initiation):**

Room temperature: 8 days

Refrigerated: 8 days

Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Wrong specimen type • Received Frozen • Exceeds specimen stability • QNS

## PROCESSING

**Test Code:**

2D6G

**Sendout:**

Yes

**Performing Lab:**

Quest

**Preferred Volume:**

5 mL

**Minimum Volume:**

3 mL

**Unacceptable Conditions:**

Wrong specimen type • Received Frozen • Exceeds specimen stability • QNS

**Stability (from collection to initiation):**

Room temperature: 8 days

Refrigerated: 8 days

Frozen: Unacceptable

**Storage/Transport Temperature:**  
Refrigerated

## RESULT INTERPRETATION

**Additional Information:**

The CYP2D6 gene product is responsible for the metabolism of many major drug groups including many antidepressants, neuroleptics, and cardiovascular drugs. Cytochrome 450 2D6 Genotype detects eight alleles associated with the poor metabolizer phenotype (PM). Patients with duplication of the CYP2D6 gene are ultraextensive metabolizers (UEM). Approximately 5-10% of Caucasian individuals express PM phenotype and the same percentage the UEM phenotype.

## ADMINISTRATIVE

**CPT Codes:**  
81226

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**  
2D6G

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Performed:**  
Monday and Thursday

**Methodology:**  
Polymerase Chain Reaction (PCR) • Single Nucleotide Primer Extension Reaction (SNP-IT)

**Collect:**  
EDTA Lavender-top tube

**Amount to Collect:**  
5 mL

**Sample Type:**  
Whole blood

**Preferred Volume:**  
5 mL

**Minimum Volume:**  
3 mL

**Unacceptable Conditions:**  
Wrong specimen type • Received Frozen • Exceeds specimen stability • QNS

**Synonyms:**

- Cytochrome p450 2d6 Genotype

**Storage/Transport Temperature:**  
Refrigerated

**Stability (from collection to initiation):**  
Room temperature: 8 days  
Refrigerated: 8 days  
Frozen: Unacceptable

**Reported:**  
10-12 days

**Additional Information:**

The CYP2D6 gene product is responsible for the metabolism of many major drug groups including many antidepressants, neuroleptics, and cardiovascular drugs. Cytochrome 450 2D6 Genotype detects eight alleles associated with the poor metabolizer phenotype (PM). Patients with duplication of the CYP2D6 gene are ultraextensive metabolizers (UEM). Approximately 5-10% of Caucasian individuals express PM phenotype and the same percentage the UEM phenotype.

**CPT Codes:**  
81226

# CYP3A4 Genotype

3A4G

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Wednesday

**Methodology:**

Single Nucleotide Primer Extension

**Reported:**

9-16 days

**Additional Information:**

CYP3A4 and CYP3A5 are liver enzymes that are responsible for metabolizing approximately 50% of small molecule drugs, and their induction often causes unwanted drug-drug interactions and potential toxicities. Variants of CYP3A4/3A5 are associated with significant phenotypic variations that alter the rate of drug metabolism and may cause increased or decreased drug efficacy or adverse drug reactions.

Detecting genetic predisposition to altered CYP3A4/3A5 metabolism may help to avoid drug toxicity and can assist the physician with optimizing therapeutic strategies for maximum efficacy and minimal adverse effects.

## COLLECTION

**Sample Type:**

Whole blood

**Collect:**

EDTA Lavender-top tube

**Amount to Collect:**

4 mL

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Stability (from collection to initiation):**

Room temperature: 8 days

Refrigerated: 8 days

Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Incorrect collection device • Liquid has leaked from container • No liquid present • Blood sample received frozen • Buccal swabs received refrigerated or frozen

## PROCESSING

**Test Code:**

3A4G

**Sendout:**

Yes

**Performing Lab:**

Quest

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Unacceptable Conditions:**

Incorrect collection device • Liquid has leaked from container • No liquid present • Blood sample received frozen • Buccal swabs received refrigerated or frozen

**Stability (from collection to initiation):**

Room temperature: 8 days

Refrigerated: 8 days

Frozen: Unacceptable

**Storage/Transport Temperature:**  
Refrigerated

## RESULT INTERPRETATION

### Additional Information:

CYP3A4 and CYP3A5 are liver enzymes that are responsible for metabolizing approximately 50% of small molecule drugs, and their induction often causes unwanted drug-drug interactions and potential toxicities. Variants of CYP3A4/3A5 are associated with significant phenotypic variations that alter the rate of drug metabolism and may cause increased or decreased drug efficacy or adverse drug reactions.

Detecting genetic predisposition to altered CYP3A4/3A5 metabolism may help to avoid drug toxicity and can assist the physician with optimizing therapeutic strategies for maximum efficacy and minimal adverse effects.

## ADMINISTRATIVE

**CPT Codes:**  
81230

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
3A4G

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Performed:**  
Wednesday

**Methodology:**  
Single Nucleotide Primer Extension

**Collect:**  
EDTA Lavender-top tube

**Amount to Collect:**  
4 mL

**Sample Type:**  
Whole blood

**Preferred Volume:**  
4 mL

**Minimum Volume:**  
2 mL

**Unacceptable Conditions:**  
Incorrect collection device • Liquid has leaked from container • No liquid present • Blood sample received frozen • Buccal swabs received refrigerated or frozen

**Storage/Transport Temperature:**  
Refrigerated

**Stability (from collection to initiation):**  
Room temperature: 8 days  
Refrigerated: 8 days  
Frozen: Unacceptable

**Reported:**  
9-16 days

### Additional Information:

CYP3A4 and CYP3A5 are liver enzymes that are responsible for metabolizing approximately 50% of small molecule drugs, and their induction often causes unwanted drug-drug interactions and potential toxicities. Variants of CYP3A4/3A5 are associated with significant phenotypic variations that alter the rate of drug metabolism and may cause increased or decreased drug efficacy or adverse drug reactions.

Detecting genetic predisposition to altered CYP3A4/3A5 metabolism may help to avoid drug toxicity and can assist the physician with optimizing therapeutic strategies for maximum efficacy and minimal adverse effects.

**CPT Codes:**  
81230

# CYP3A5 Genotype

LAB9044

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Wednesday

**Methodology:**

Single Nucleotide Primer Extension

**Reported:**

9-16 days

**Additional Information:**

CYP3A4 and CYP3A5 are liver enzymes that are responsible for metabolizing approximately 50% of small molecule drugs, and their induction often causes unwanted drug-drug interactions and potential toxicities. Variants of CYP3A4/3A5 are associated with significant phenotypic variations that alter the rate of drug metabolism and may cause increased or decreased drug efficacy or adverse drug reactions.

Detecting genetic predisposition to altered CYP3A4/3A5 metabolism may help avoid drug toxicity and can assist the physician with optimizing therapeutic strategies for maximum efficacy and minimal adverse effects.

**Synonyms:**

- Cytochrome p450 3A5 Genotype

## COLLECTION

**Sample Type:**

Whole blood

**Label Abbreviation:**

3A5G

**Collect:**

EDTA Lavender-top

**Amount to Collect:**

4 mL

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Stability (from collection to initiation):**

Room temperature: 8 days

Refrigerated: 8 days

Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Incorrect collection device • Liquid has leaked from container • No liquid present • Blood sample received frozen • Buccal swabs received refrigerated or frozen

## PROCESSING

**Test Code:**

3A5G

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Do not aliquot. Transport to CB refrigerated. Order Quest test code 91618.

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Unacceptable Conditions:**

Incorrect collection device • Liquid has leaked from container • No liquid present • Blood sample received frozen • Buccal swabs received refrigerated or frozen

**Stability (from collection to initiation):**

Room temperature: 8 days

Refrigerated: 8 days

Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Additional Information:**

CYP3A4 and CYP3A5 are liver enzymes that are responsible for metabolizing approximately 50% of small molecule drugs, and their induction often causes unwanted drug-drug interactions and potential toxicities. Variants of CYP3A4/3A5 are associated with significant phenotypic variations that alter the rate of drug metabolism and may cause increased or decreased drug efficacy or adverse drug reactions.

Detecting genetic predisposition to altered CYP3A4/3A5 metabolism may help avoid drug toxicity and can assist the physician with optimizing therapeutic strategies for maximum efficacy and minimal adverse effects.

**ADMINISTRATIVE****CPT Codes:**

81231

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

3A5G

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Wednesday

**Methodology:**

Single Nucleotide Primer Extension

**Collect:**

EDTA Lavender-top

**Amount to Collect:**

4 mL

**Sample Type:**

Whole blood

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Unacceptable Conditions:**

Incorrect collection device • Liquid has leaked from container • No liquid present • Blood sample received frozen • Buccal swabs received refrigerated or frozen

**Specimen Preparation:**

Do not aliquot. Transport to CB refrigerated. Order Quest test code 91618.

**Synonyms:**

- Cytochrome p450 3A5 Genotype

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Room temperature: 8 days

Refrigerated: 8 days

Frozen: Unacceptable



**Reported:**

9-16 days

**Additional Information:**

CYP3A4 and CYP3A5 are liver enzymes that are responsible for metabolizing approximately 50% of small molecule drugs, and their induction often causes unwanted drug-drug interactions and potential toxicities. Variants of CYP3A4/3A5 are associated with significant phenotypic variations that alter the rate of drug metabolism and may cause increased or decreased drug efficacy or adverse drug reactions.

Detecting genetic predisposition to altered CYP3A4/3A5 metabolism may help avoid drug toxicity and can assist the physician with optimizing therapeutic strategies for maximum efficacy and minimal adverse effects.

**CPT Codes:**

81231

**Cystatin C with eGFR**

LAB6165

**ORDERING****Available Stat:**

No

**Performing Lab:**

Parnassus Chemistry

**Methodology:**

Immunoturbidimetric-Gentian reagents on Architect c8000

**Reported:**

STAT 1 hour, Routine 4 hours

Note: TAT for STAT or Routine samples drawn at Mission Bay or Mt Zion can be up to 24 hours.

**Additional Information:**

eGFRcys:

Estimated GFR (eGFRcys) is reported with plasma Cystatin C results and is determined using the CKD-EPI (2012) equation.

$$\text{eGFRcys} = 133 \times \min(S_{\text{cys}}/0.8, 1)^{-0.499} \times \max(S_{\text{cys}}/0.8, 1)^{-1.328} \times 0.996^{\text{Age}} \times 0.932 \text{ [if female]}$$

Where:

eGFRcys (estimated glomerular filtration rate) = mL/min/1.73 m<sup>2</sup>

Scys (standardized serum cystatin C) = mg/L

min = indicates the minimum of S<sub>cys</sub>/0.8 or 1max = indicates the maximum of S<sub>cys</sub>/0.8 or 1

age = years

units are in mL/min/1.73 m<sup>2</sup> body surface area

eGFRcr-cys:

eGFRcr-cys is calculated using CKD-EPI (2021) equation based on creatinine and cystatin C results and without a race coefficient (NKF-ASN recommendations).

$$\text{eGFRcr-cys} = 135 \times [\min(\text{sCR}/\kappa, 1)^{\alpha} \times \max(\text{sCR}/\kappa, 1)^{-0.544}] \times \min(\text{sCYS}/0.8, 1)^{-0.323} \times \max(\text{sCYS}/0.8, 1)^{-0.778} \times 0.9961^{\text{AGE}} \times 0.963 \text{ [if female]}$$

Where:

- sCR is serum creatinine in mg/dL

- sCYS is serum cystatin C in mg/L

- alpha is -0.219 for females and -0.144 for males

- kappa is 0.7 for females and 0.9 for males

- min sCR/kappa, 1 indicates the minimum of sCR/kappa or 1

- max sCR/kappa, 1 indicates the maximum of sCR/kappa or 1

- min sCYS/0.8, 1 indicates the minimum of sCYS/0.8 or 1

- max sCYS/0.8, 1 indicates the maximum of sCYS/0.8 or 1

- units are in mL/min/1.73 m<sup>2</sup> body surface area

eGFRcr-cys is reported only when a Creatinine and Cystatin C are both selected in the Cystatin C panel order.

**COLLECTION****Sample Type:**

Plasma

**Collect:**

Lt. Green top (preferred)

Red top or Gold top (acceptable)

**Amount to Collect:**

2 mL

**Preferred Volume:**

1.0 mL

**Minimum Volume:**

0.2 mL

**Stability (from collection to initiation):**

Room Temperature (8-25°C): = 14 days

Refrigerated (2-8°C): = 21 days

Frozen (-70°C or colder): 5 years

**PROCESSING****Test Code:**

CYSTNC

**Performing Lab:**

Parnassus Chemistry

**Preferred Volume:**

1.0 mL

**Minimum Volume:**

0.2 mL

**Stability (from collection to initiation):**

Room Temperature (8-25°C): = 14 days

Refrigerated (2-8°C): = 21 days

Frozen (-70°C or colder): 5 years

**RESULT INTERPRETATION****Units:**

Cystatin C: mg/L

eGFR<sub>cys</sub>: mL/min/1.73m<sup>2</sup>eGFR<sub>cr-cys</sub>: mL/min/1.73m<sup>2</sup>**Reference Interval:**

Cystatin C

**Males:**

| Age                 | Males (mg/L)                    |
|---------------------|---------------------------------|
| 0 to <1 month       | 1.49-2.85                       |
| 1 to <5 months      | 1.01-1.92                       |
| 5 months to <1 year | 0.75-1.53                       |
| 1 to <2 years       | 0.75-1.20                       |
| 2 to <19 years      | 0.70-1.20                       |
| 19-29 years         | 0.60-1.03                       |
| 30-39 years         | 0.64-1.12                       |
| 40-49 years         | 0.68-1.22                       |
| 50-59 years         | 0.72-1.32                       |
| 60-69 years         | 0.77-1.42                       |
| 70-79 years         | 0.82-1.52                       |
| >79 years           | No reference values established |

**Females:**

| Age                 | Females (mg/L)                  |
|---------------------|---------------------------------|
| 0 to <1 month       | 1.49-2.85                       |
| 1 to <5 months      | 1.01-1.92                       |
| 5 months to <1 year | 0.75-1.53                       |
| 1 to <2 years       | 0.75-1.25                       |
| 2 to <19 years      | 0.70-1.10                       |
| 19-29 years         | 0.57-0.90                       |
| 30-39 years         | 0.59-0.98                       |
| 40-49 years         | 0.62-1.07                       |
| 50-59 years         | 0.64-1.17                       |
| 60-69 years         | 0.66-1.26                       |
| 70-80 years         | 0.68-1.36                       |
| 81-86 years         | 0.70-1.45                       |
| >86 years           | No reference values established |

Adult reference ranges have been adopted from Mayo Medical Laboratories based on correlation studies showing excellent agreement between the Architect Gentian method and the Mayo Roche Gentian method in samples in the Mayo reference range.

Pediatric reference ranges adopted from the Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study and Cai et al, Pediatric Nephrology, 2020, 35:1959-1966.

#### eGFRcys

Results < 60 mL/min per 1.73 m<sup>2</sup> are flagged as abnormal

eGFRcys will not be calculated for patients under 18 years

#### eGFRcr-cys

Results < 60 mL/min per 1.73 m<sup>2</sup> are flagged as abnormal

eGFRcr-cys will not be calculated for patients under 18 years

|                         |           |                                        |
|-------------------------|-----------|----------------------------------------|
| Normal to increased GFR | Stage G1  | = 90 mL/min per 1.73 m <sup>2</sup>    |
| Mildly reduced GFR      | Stage G2  | 60 - 89 mL/min per 1.73 m <sup>2</sup> |
| Moderately reduced GFR  | Stage G3a | 45 - 59 mL/min per 1.73 m <sup>2</sup> |
| Moderately reduced GFR  | Stage G3b | 30 - 44 mL/min per 1.73 m <sup>2</sup> |
| Severely reduced GFR    | Stage G4  | 15 - 29 mL/min per 1.73 m <sup>2</sup> |
| Kidney failure          | Stage G5  | < 15 mL/min per 1.73 m <sup>2</sup>    |

Source: Kidney Disease: Improving Global Outcomes (KDIGO) Consensus Conference, 2020

### Additional Information:

#### eGFRcys:

Estimated GFR (eGFRcys) is reported with plasma Cystatin C results and is determined using the CKD-EPI (2012) equation.

$$\text{eGFRcys} = 133 \times \min(\text{S}_{\text{cys}}/0.8, 1)^{-0.499} \times \max(\text{S}_{\text{cys}}/0.8, 1)^{-1.328} \times 0.996^{\text{Age}} \times 0.932 \text{ [if female]}$$

Where:

eGFRcys (estimated glomerular filtration rate) = mL/min/1.73 m<sup>2</sup>

S<sub>cys</sub> (standardized serum cystatin C) = mg/L

min = indicates the minimum of S<sub>cys</sub>/0.8 or 1

max = indicates the maximum of S<sub>cys</sub>/0.8 or 1

age = years

units are in mL/min/1.73 m<sup>2</sup> body surface area

#### eGFRcr-cys:

eGFRcr-cys is calculated using CKD-EPI (2021) equation based on creatinine and cystatin C results and without a race coefficient (NKF-ASN recommendations).

$$\text{eGFRcr-cys} = 135 \times [\min(\text{sCR}/\text{kappa}, 1)^{\alpha} \times \max(\text{sCR}/\text{kappa}, 1)^{-0.544}] \times \min(\text{sCYS}/0.8, 1)^{-0.323} \times \max(\text{sCYS}/0.8, 1)^{-0.778} \times 0.9961^{\text{AGE}} \times 0.963 \text{ [if female]}$$

Where:

- sCR is serum creatinine in mg/dL

- sCYS is serum cystatin C in mg/L

- alpha is -0.219 for females and -0.144 for males

- kappa is 0.7 for females and 0.9 for males

- min sCR/kappa, 1 indicates the minimum of sCR/kappa or 1

- max sCR/kappa, 1 indicates the maximum of sCR/kappa or 1

- min sCYS/0.8, 1 indicates the minimum of sCYS/0.8 or 1

- max sCYS/0.8, 1 indicates the maximum of sCYS/0.8 or 1

- units are in mL/min/1.73 m<sup>2</sup> body surface area

eGFRcr-cys is reported only when a Creatinine and Cystatin C are both selected in the Cystatin C panel order.

**CPT Codes:**

82610

**LOINC Codes:**

87430-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CYSTNC

**Performing Lab:**

Parnassus Chemistry

**Methodology:**

Immunoturbidimetric-Gentian reagents on Architect c8000

**Collect:**

Lt. Green top (preferred)

Red top or Gold top (acceptable)

**Amount to Collect:**

2 mL

**Sample Type:**

Plasma

**Preferred Volume:**

1.0 mL

**Minimum Volume:**

0.2 mL

**Units:**

Cystatin C: mg/L

eGFR<sub>cys</sub>: mL/min/1.73m<sup>2</sup>eGFR<sub>cr-cys</sub>: mL/min/1.73m<sup>2</sup>**Reference Interval:**

Cystatin C

**Males:**

| Age                 | Males (mg/L)                    |
|---------------------|---------------------------------|
| 0 to <1 month       | 1.49-2.85                       |
| 1 to <5 months      | 1.01-1.92                       |
| 5 months to <1 year | 0.75-1.53                       |
| 1 to <2 years       | 0.75-1.20                       |
| 2 to <19 years      | 0.70-1.20                       |
| 19-29 years         | 0.60-1.03                       |
| 30-39 years         | 0.64-1.12                       |
| 40-49 years         | 0.68-1.22                       |
| 50-59 years         | 0.72-1.32                       |
| 60-69 years         | 0.77-1.42                       |
| 70-79 years         | 0.82-1.52                       |
| >79 years           | No reference values established |

**Females:**

| Age                 | Females (mg/L) |
|---------------------|----------------|
| 0 to <1 month       | 1.49-2.85      |
| 1 to <5 months      | 1.01-1.92      |
| 5 months to <1 year | 0.75-1.53      |
| 1 to <2 years       | 0.75-1.25      |
| 2 to <19 years      | 0.70-1.10      |
| 19-29 years         | 0.57-0.90      |
| 30-39 years         | 0.59-0.98      |
| 40-49 years         | 0.62-1.07      |

|             |                                 |
|-------------|---------------------------------|
| 50-59 years | 0.64-1.17                       |
| 60-69 years | 0.66-1.26                       |
| 70-80 years | 0.68-1.36                       |
| 81-86 years | 0.70-1.45                       |
| >86 years   | No reference values established |

Adult reference ranges have been adopted from Mayo Medical Laboratories based on correlation studies showing excellent agreement between the Architect Gentian method and the Mayo Roche Gentian method in samples in the Mayo reference range.

Pediatric reference ranges adopted from the Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study and Cai et al, Pediatric Nephrology, 2020, 35:1959-1966.

#### eGFRcys

Results < 60 mL/min per 1.73 m<sup>2</sup> are flagged as abnormal

eGFRcys will not be calculated for patients under 18 years

#### eGFRcr-cys

Results < 60 mL/min per 1.73 m<sup>2</sup> are flagged as abnormal

eGFRcr-cys will not be calculated for patients under 18 years

|                         |           |                                        |
|-------------------------|-----------|----------------------------------------|
| Normal to increased GFR | Stage G1  | = 90 mL/min per 1.73 m <sup>2</sup>    |
| Mildly reduced GFR      | Stage G2  | 60 - 89 mL/min per 1.73 m <sup>2</sup> |
| Moderately reduced GFR  | Stage G3a | 45 - 59 mL/min per 1.73 m <sup>2</sup> |
| Moderately reduced GFR  | Stage G3b | 30 - 44 mL/min per 1.73 m <sup>2</sup> |
| Severely reduced GFR    | Stage G4  | 15 - 29 mL/min per 1.73 m <sup>2</sup> |
| Kidney failure          | Stage G5  | < 15 mL/min per 1.73 m <sup>2</sup>    |

Source: Kidney Disease: Improving Global Outcomes (KDIGO) Consensus Conference, 2020

#### Stability (from collection to initiation):

Room Temperature (8-25°C): = 14 days

Refrigerated (2-8°C): = 21 days

Frozen (-70°C or colder): 5 years

#### Reported:

STAT 1 hour, Routine 4 hours

Note: TAT for STAT or Routine samples drawn at Mission Bay or Mt Zion can be up to 24 hours.

**Additional Information:**

eGFRcys:

Estimated GFR (eGFRcys) is reported with plasma Cystatin C results and is determined using the CKD-EPI (2012) equation.

$$\text{eGFRcys} = 133 \times \min(\text{S}_{\text{cys}}/0.8, 1)^{-0.499} \times \max(\text{S}_{\text{cys}}/0.8, 1)^{-1.328} \times 0.996^{\text{Age}} \times 0.932 \text{ [if female]}$$

Where:

eGFRcys (estimated glomerular filtration rate) = mL/min/1.73 m<sup>2</sup>

Scys (standardized serum cystatin C) = mg/L

min = indicates the minimum of S<sub>cys</sub>/0.8 or 1

max = indicates the maximum of S<sub>cys</sub>/0.8 or 1

age = years

units are in mL/min/1.73 m<sup>2</sup> body surface area

eGFRcr-cys:

eGFRcr-cys is calculated using CKD-EPI (2021) equation based on creatinine and cystatin C results and without a race coefficient (NKF-ASN recommendations).

$$\text{eGFRcr-cys} = 135 \times [\min(\text{sCR}/\text{kappa}, 1)^{\alpha} \times \max(\text{sCR}/\text{kappa}, 1)^{-0.544}] \times \min(\text{sCYS}/0.8, 1)^{-0.323} \times \max(\text{sCYS}/0.8, 1)^{-0.778} \times 0.9961^{\text{AGE}} \times 0.963 \text{ [if female]}$$

Where:

- sCR is serum creatinine in mg/dL

- sCYS is serum cystatin C in mg/L

- alpha is -0.219 for females and -0.144 for males

- kappa is 0.7 for females and 0.9 for males

- min sCR/kappa, 1 indicates the minimum of sCR/kappa or 1

- max sCR/kappa, 1 indicates the maximum of sCR/kappa or 1

- min sCYS/0.8, 1 indicates the minimum of sCYS/0.8 or 1

- max sCYS/0.8, 1 indicates the maximum of sCYS/0.8 or 1

- units are in mL/min/1.73 m<sup>2</sup> body surface area

eGFRcr-cys is reported only when a Creatinine and Cystatin C are both selected in the Cystatin C panel order.

**CPT Codes:**

82610

**LOINC Codes:**

87430-5

# Cystic Fibrosis CBAVD Poly T Mutation

LAB4230

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1x per week, Monday-Friday, day shift only

**Methodology:**

PCR and allele-specific probes

**Reported:**

7-10 days

**Additional Information:**

This test detects the 5T variant at the CFTR exon 9 splice site, which has been implicated in congenital bilateral absence of the vas deferens. The mutation can also affect the phenotype of some mild CF mutations.

If a mutation is detected it is recommended that the patient seek genetic counseling.

**Note:** This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- PCR
- CF Poly T

## COLLECTION

**Sample Type:**

EDTA whole blood, Tissue culture CVS

**Collect:**

Lavender top, Blue (citrate) and Yellow (ACD) tops acceptable

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

0.5 mL blood

**Remarks:**

If collecting in citrate, check the expiration date on the label of the blue top vacutainer before drawing the patient

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

## PROCESSING

**Test Code:**

POLT

**Test Group:**

Cystic Fibrosis

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable.

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

0.5 mL blood



**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

**RESULT INTERPRETATION****Reference Interval:**

5T allele not detected

**Additional Information:**

This test detects the 5T variant at the CFTR exon 9 splice site, which has been implicated in congenital bilateral absence of the vas deferens. The mutation can also affect the phenotype of some mild CF mutations.

If a mutation is detected it is recommended that the patient seek genetic counseling.

**Note:** This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

81224

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21654-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

POLT

**Test Group:**

Cystic Fibrosis

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1x per week, Monday-Friday, day shift only

**Methodology:**

PCR and allele-specific probes

**Remarks:**

If collecting in citrate, check the expiration date on the label of the blue top vacutainer before drawing the patient

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top, Blue (citrate) and Yellow (ACD) tops acceptable

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood, Tissue culture CVS

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

0.5 mL blood

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable.

**Reference Interval:**

5T allele not detected

**Synonyms:**

- PCR
- CF Poly T

**Reported:**

7-10 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

This test detects the 5T variant at the CFTR exon 9 splice site, which has been implicated in congenital bilateral absence of the vas deferens. The mutation can also affect the phenotype of some mild CF mutations.

If a mutation is detected it is recommended that the patient seek genetic counseling.

**Note:** This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

81224

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21654-9

# Cystic Fibrosis, PCR for common mutations

LAB4231

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 2x per week, Monday - Friday day shift only

**Methodology:**

Multiplex PCR, RDB

**Reported:**

7-10 days

**Additional Information:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

A total of 34 mutations and the F508C polymorphism are included in this assay, which detects CF mutations in 88% of Caucasians, 94% of Ashkenazi Jewish descent, 72% of Hispanics and 65% of African Americans.

The UCSF CF panel encompasses all the ACMG recommended 23 mutations and 11 additional ones. Compared to the California CF newborn screen, the UCSF panel overlaps with 15 ACMG mutations and 2 common Hispanic mutations. A newborn who is suspected of having CF and tests negative or heterozygous by the State program might benefit from additional mutations screened for at UCSF.

[Click here for comparison of UCSF, California State panels and ACMG recommended mutations](#)

A reflex test for the 5/7/9T polymorphism is recommended to evaluate the association of CBAVD with CF, if the patient is diagnosed with the R117H mutation.

If a mutation is detected it is recommended that the patient seek genetic counseling.

Note: This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Reflex Testing:**

5/7/9T Polymorphism test is performed if sample shows R117H mutation

**Synonyms:**

- CF mutations
- CF polymorphisms
- F508 deletion
- Delta F508 deletion
- Phenylalanine 508 deletion
- R553X mutation

## COLLECTION

**Sample Type:**

Whole blood, Tissue culture, Amniotic fluid, Chorionic villi

**Collect:**

Lavender top, Blue (citrate) and Yellow (ACD) tops acceptable

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

Whole blood: 3 mL  
 Cell culture: 2 T25 flasks, 80% confluent  
 Amniotic fluid: 10 mL  
 Chorionic villi: 10 mg (2-3 mm diameter)

**Minimum Volume:**

0.5 mL for whole blood

**Remarks:**

If collecting in citrate, check the expiration date on the label of the blue top vacutainer before drawing the patient.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Stability (from collection to initiation):**

Whole blood is stable refrigerated for 1 week.

**Unacceptable Conditions:**

Insufficient sample provided. Samples collected in outdated blue top vacutainer.

**PROCESSING****Test Code:**

MCFM

**Test Group:**

Cystic Fibrosis

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable.

**Preferred Volume:**

Whole blood: 3 mL

Cell culture: 2 T25 flasks, 80% confluent

Amniotic fluid: 10 mL

Chorionic villi: 10 mg (2-3 mm diameter)

**Minimum Volume:**

0.5 mL for whole blood

**Unacceptable Conditions:**

Insufficient sample provided. Samples collected in outdated blue top vacutainer.

**Stability (from collection to initiation):**

Whole blood is stable refrigerated for 1 week.

**RESULT INTERPRETATION****Reference Interval:**

No mutation detected

**Additional Information:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

A total of 34 mutations and the F508C polymorphism are included in this assay, which detects CF mutations in 88% of Caucasians, 94% of Ashkenazi Jewish decent, 72% of Hispanics and 65% of African Americans.

The UCSF CF panel encompasses all the ACMG recommended 23 mutations and 11 additional ones. Compared to the California CF newborn screen, the UCSF panel overlaps with 15 ACMG mutations and 2 common Hispanic mutations. A newborn who is suspected of having CF and tests negative or heterozygous by the State program might benefit from additional mutations screened for at UCSF.

[Click here for comparison of UCSF, California State panels and ACMG recommended mutations](#)

A reflex test for the 5/7/9T polymorphism is recommended to evaluate the association of CBAVD with CF, if the patient is diagnosed with the R117H mutation.

If a mutation is detected it is recommended that the patient seek genetic counseling.

Note: This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

81220

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21654-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MCFM

**Test Group:**

Cystic Fibrosis

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 2x per week, Monday - Friday day shift only

**Methodology:**

Multiplex PCR, RDB

**Remarks:**

If collecting in citrate, check the expiration date on the label of the blue top vacutainer before drawing the patient.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top, Blue (citrate) and Yellow (ACD) tops acceptable

**Amount to Collect:**

See Preferred Volume

**Sample Type:**

Whole blood, Tissue culture, Amniotic fluid, Chorionic villi

**Preferred Volume:**

Whole blood: 3 mL

Cell culture: 2 T25 flasks, 80% confluent

Amniotic fluid: 10 mL

Chorionic villi: 10 mg (2-3 mm diameter)

**Minimum Volume:**

0.5 mL for whole blood

**Unacceptable Conditions:**

Insufficient sample provided. Samples collected in outdated blue top vacutainer.

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable.

**Reference Interval:**

No mutation detected

**Synonyms:**

- CF mutations
- CF polymorphisms
- F508 deletion
- Delta F508 deletion
- Phenylalanine 508 deletion
- R553X mutation

**Stability (from collection to initiation):**

Whole blood is stable refrigerated for 1 week.

**Reported:**

7-10 days

**Reflex Testing:**

5/7/9T Polymorphism test is performed if sample shows R117H mutation

**Additional Information:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

A total of 34 mutations and the F508C polymorphism are included in this assay, which detects CF mutations in 88% of Caucasians, 94% of Ashkenazi Jewish decent, 72% of Hispanics and 65% of African Americans.

The UCSF CF panel encompasses all the ACMG recommended 23 mutations and 11 additional ones. Compared to the California CF newborn screen, the UCSF panel overlaps with 15 ACMG mutations and 2 common Hispanic mutations. A newborn who is suspected of having CF and tests negative or heterozygous by the State program might benefit from additional mutations screened for at UCSF.

[Click here for comparison of UCSF, California State panels and ACMG recommended mutations](#)

A reflex test for the 5/7/9T polymorphism is recommended to evaluate the association of CBAVD with CF, if the patient is diagnosed with the R117H mutation.

If a mutation is detected it is recommended that the patient seek genetic counseling.

Note: This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

81220

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21654-9

# Cysticercosis Antibody (IgG), Western Blot

TSASB

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Western Blot

**Reported:**

3-5 days

**Additional Information:**

This assay is a qualitative test for the confirmation of specific IgG antibodies recognizing *Taenia Solium*, the agent causing Cysticercosis. Detection of antibodies to any 6 specific *T.solium* glycoprotein bands of molecular weight 50, 42-39, 24, 21, 18, and 14 kilodaltons is interpreted as a positive result. However, a positive result without reactivity to the 50 and 42-39 glycoprotein bands may reflect crossreactive antibodies induced by *Echinococcus*.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top (SST)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 30 days

## PROCESSING

**Test Code:**

TSASB

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze serum. Transport to CB frozen, Order Quest test code 34279.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 30 days

## RESULT INTERPRETATION

**Additional Information:**

This assay is a qualitative test for the confirmation of specific IgG antibodies recognizing *Taenia Solium*, the agent causing Cysticercosis. Detection of antibodies to any 6 specific *T.solium* glycoprotein bands of molecular weight 50, 42-39, 24, 21, 18, and 14 kilodaltons is interpreted as a positive result. However, a positive result without reactivity to the 50 and 42-39 glycoprotein bands may reflect crossreactive antibodies induced by *Echinococcus*.

## ADMINISTRATIVE

**CPT Codes:**

86682

**LOINC Codes:**

6374-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TSASB

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Western Blot

**Collect:**

Gold top (SST)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Aliquot and freeze serum. Transport to CB frozen, Order Quest test code 34279.

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 30 days

**Reported:**

3-5 days

**Additional Information:**

This assay is a qualitative test for the confirmation of specific IgG antibodies recognizing *Taenia Solium*, the agent causing Cysticercosis. Detection of antibodies to any 6 specific *T.solium* glycoprotein bands of molecular weight 50, 42-39, 24, 21, 18, and 14 kilodaltons is interpreted as a positive result. However, a positive result without reactivity to the 50 and 42-39 glycoprotein bands may reflect crossreactive antibodies induced by *Echinococcus*.

**CPT Codes:**

86682

**LOINC Codes:**

6374-3



# Cysticercosis Antibody IgG, CSF

LAB1083

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

Western blot

**Reported:**

Performed once per week. Turnaround 5-15 days

**Additional Information:**Testing for IgM antibodies to *T. solium* is not available.**Synonyms:**

- Cystercercosis
- *Taenia solium*
- *Cysticercus cellulosae*

## COLLECTION

**Sample Type:**

CSF

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

1 mL CSF

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.1 mL CSF

**Stability (from collection to initiation):**

Frozen at -20C 1 year

**Rejection Criteria:**

Sample received thawed.

## PROCESSING

**Test Code:**

TSCSF

**Test Group:**

Cysticercosis

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Freeze CSF at -20C, ship frozen. Order Quest Test #34164X

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.1 mL CSF

**Rejection Criteria:**

Sample received thawed.

**Stability (from collection to initiation):**

Frozen at -20C 1 year

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Testing for IgM antibodies to T. solium is not available.

**ADMINISTRATIVE****CPT Codes:**

86682-90

**LOINC Codes:**

7846-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TSCSF

**Test Group:**

Cysticercosis

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

Western blot

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

1 mL CSF

**Sample Type:**

CSF

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.1 mL CSF

**Rejection Criteria:**

Sample received thawed.

**Specimen Preparation:**

Freeze CSF at -20C, ship frozen. Order Quest Test #34164X

**Reference Interval:**

Negative

**Synonyms:**

- Cystercercosis
- Taenia solium
- Cysticercus cellulosae

**Stability (from collection to initiation):**

Frozen at -20C 1 year

**Reported:**

Performed once per week. Turnaround 5-15 days

**Additional Information:**

Testing for IgM antibodies to T. solium is not available.

**CPT Codes:**

86682-90

**LOINC Codes:**

7846-9

# Cysticercus Antibody

LAB5236

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

ELISA

**Reported:**

Performed 2x per week. Turnaround 5-10 days.

**Additional Information:**

Testing for IgM antibodies to *T. solium* is not available. If confirmation is desired, order Cysticercosis IgG AB Western Blot, Quest test # 34279X

**Synonyms:**

- Cystercercosis
- Taenia solium
- Cysticercus cellulosae
- CYSTERCOSIS ANTIBODY

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

TSABS

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 2 weeks, frozen at -20C 1 month.

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

TSABS

**Test Group:**

Cysticercosis

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Order Quest test # 96008P

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 2 weeks, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

Index

**Reference Interval:**

&lt; 0.90

**Additional Information:**

Testing for IgM antibodies to *T. solium* is not available. If confirmation is desired, order Cysticercosis IgG AB Western Blot, Quest test # 34279X

**ADMINISTRATIVE****CPT Codes:**

86682-90

**LOINC Codes:**

7847-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TSABS

**Test Group:**

Cysticercosis

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Order Quest test # 96008P

**Units:**

Index

**Reference Interval:**

&lt; 0.90

**Synonyms:**

- Cystercercosis
- Taenia solium
- Cysticercus cellulosae
- CYSTERCOSIS ANTIBODY

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 2 weeks, frozen at -20C 1 month.

**Reported:**

Performed 2x per week. Turnaround 5-10 days.

**Additional Information:**

Testing for IgM antibodies to *T. solium* is not available. If confirmation is desired, order Cysticercosis IgG AB Western Blot, Quest test # 34279X

**CPT Codes:**  
86682-90

**LOINC Codes:**  
7847-7

# Cystine, Quantitative, random urine

CUQT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

Test run as needed, at least 3x weekly. Turnaround 3-5 days

**Additional Information:**

Clinical Significance: Cystinuria is an autosomal recessive disease in which dibasic amino acids, including cystine, are excreted in excess. Also part of Amino Acid Analysis. Pediatric reference ranges are from Soldin SJ et al., eds., Pediatric Reference Ranges, 2nd ed., AACC Press, 1997, pp. 20-29.

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1.8 mL urine

## PROCESSING

**Test Code:**

CUQT

**Test Group:**

Cystine

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze sample at -20C. Order Quest # 9605N.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1.8 mL urine

## RESULT INTERPRETATION

**Units:**

mmol/mol creatinine

**Reference Interval:****Cystine**

Pediatric (&lt;18 Years): 2.8-10.9 mmol/mol creat

Adult: 2.9-14.1 mmol/mol creat

**Creatinine Random Urine**

&lt;=6 Months: 0.18-2.86 mmol/L

7-11 Months: 0.18-3.19 mmol/L

1-2 Years: 0.18-11.33 mmol/L

3-8 Years: 0.18-13.19 mmol/L

9-12 Years: 0.18-16.19 mmol/L

Adult: 2.38-26.55 mmol/L

**Additional Information:**

Clinical Significance: Cystinuria is an autosomal recessive disease in which dibasic amino acids, including cystine, are excreted in excess. Also part of Amino Acid Analysis. Pediatric reference ranges are from Soldin SJ et al., eds., Pediatric Reference Ranges, 2nd ed., AACCC Press, 1997, pp. 20-29.

**ADMINISTRATIVE****CPT Codes:**

82131-90

**LOINC Codes:**

22687-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CUQT

**Test Group:**

Cystine

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1.8 mL urine

**Specimen Preparation:**

Freeze sample at -20C. Order Quest # 9605N.

**Units:**

mmol/mol creatinine

**Reference Interval:****Cystine**

Pediatric (&lt;18 Years): 2.8-10.9 mmol/mol creat

Adult: 2.9-14.1 mmol/mol creat

**Creatinine Random Urine**

&lt;=6 Months: 0.18-2.86 mmol/L

7-11 Months: 0.18-3.19 mmol/L

1-2 Years: 0.18-11.33 mmol/L

3-8 Years: 0.18-13.19 mmol/L

9-12 Years: 0.18-16.19 mmol/L

Adult: 2.38-26.55 mmol/L

**Reported:**

Test run as needed, at least 3x weekly. Turnaround 3-5 days

**Additional Information:**

Clinical Significance: Cystinuria is an autosomal recessive disease in which dibasic amino acids, including cystine, are excreted in excess. Also part of Amino Acid Analysis. Pediatric reference ranges are from Soldin SJ et al., eds., Pediatric Reference Ranges, 2nd ed., AACCC Press, 1997, pp. 20-29.

**CPT Codes:**

82131-90

**LOINC Codes:**

22687-8

# Cytogenetic Testing, Constitutional - Prenatal

LAB4015

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon-Fri, 9am-5pm

**Methodology:**

Giemsa banding and brightfield microscopy

**Reported:**

7-14 days

**Reflex Testing:**

If an abnormality is detected the Cytogenetics Director will determine the appropriate additional studies (e.g. C-banding, NOR) to be performed to characterize the abnormality.

If additional metaphases are required for final interpretation additional counts will be performed and billed for.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**Synonyms:**

- Cytogenetic analysis
- Prenatal Cytogenetics
- Amniotic Fluid
- Karyotype
- Karyotyping

## COLLECTION

**Sample Type:**

Amniotic Fluid

**Collect:**

Sterile container

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

30 mL

**Minimum Volume:**

10 mL

**Remarks:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Keep samples at Room temperature.

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## PROCESSING

**Test Code:**

CYAF

**Test Group:**

Chromosome Analysis

**Performing Lab:**

Cytogenetics



**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

Sample is to be collected in two 15 mL orange screw top polypropylene tubes. Discard first 2 mL of fluid, and then add 15-25 mL to two tubes.

**Preferred Volume:**

30 mL

**Minimum Volume:**

10 mL

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Keep samples at Room temperature.

**RESULT INTERPRETATION****Reference Interval:**

46,XY normal male

46,XX normal female

**ADMINISTRATIVE****CPT Codes:**

88235,88267,88280

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CYAF

**Test Group:**

Chromosome Analysis

**Performing Lab:**

Cytogenetics

**Performed:**

Mon-Fri, 9am-5pm

**Methodology:**

Giemsa banding and brightfield microscopy

**Remarks:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Collect:**

Sterile container

**Amount to Collect:**

See Preferred Volume

**Sample Type:**

Amniotic Fluid

**Preferred Volume:**

30 mL

**Minimum Volume:**

10 mL

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

Sample is to be collected in two 15 mL orange screw top polypropylene tubes. Discard first 2 mL of fluid, and then add 15-25 mL to two tubes.

**Reference Interval:**

46,XY normal male  
46,XX normal female

**Synonyms:**

- Cytogenetic analysis
- Prenatal Cytogenetics
- Amniotic Fluid
- Karyotype
- Karyotyping

**Storage/Transport Temperature:**

Keep samples at Room temperature.

**Stability (from collection to initiation):**

2 days

**Reported:**

7-14 days

**Reflex Testing:**

If an abnormality is detected the Cytogenetics Director will determine the appropriate additional studies (e.g. C-banding, NOR) to be performed to characterize the abnormality.

If additional metaphases are required for final interpretation additional counts will be performed and billed for.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**CPT Codes:**

88235,88267,88280

# Cytogenetics Testing, Hematology/Oncology

LAB4017

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily, Monday-Friday

**Methodology:**

Fluorescent in-situ hybridization

**Reported:**

7-14 days

**Additional Information:**

A normal result indicates that there was no evidence of a deletion present. However, this does not exclude the possibility that an undetected mutation exists.

**Non-Oncology probes:**

Submicroscopic deletions in the regions listed below, associated with the specified syndromes, are detected by the examination of 10 metaphase cells using the appropriate probe set with an internal control. A normal result indicates there was no evidence of deletions or other abnormal hybridization patterns.

| Syndrome                            | Test Code | Locus/Gene                 |
|-------------------------------------|-----------|----------------------------|
| Wolf Hirshhorn                      | WHS       | 4p16                       |
| Cri du Chat                         | CDCR      | 5p15                       |
| Williams                            | WMS       | 7q11.23                    |
| Retinoblastoma                      | RB1       | 13q14                      |
| Prader Willi                        | PW        | SNRPN/CEP15/D15S10         |
| Smith Magenis                       | SMS       | 17p11.2                    |
| Miller Dieker                       | MDIE      | 17p13.3                    |
| DiGeorge/VCF/distal 22q TUPLE1/ARSA | DGS       | 22q11.2/22q13              |
| Kallman syndrome                    | KAL       | Xp22.3                     |
| Steroid sulfatase deficiency        | STSD      | Xp22.3                     |
| SRY Region                          | SRY       | Yp11.3                     |
| Angelman                            | AGM       | D15S10/CEP15/PML           |
| XY metaphase FISH                   | CYXY      | CEPX/DYZ1                  |
| 14/22 FISH                          | MAR       | FISH for marker chromosome |

\*\*The DNA methylation test "PWA" must be done prior the FISH test for microdeletion detection for Prader Willi/Angelman syndrome.

See Molecular Diagnostics-test Prader Willi/Angelman for sample collection information.

**Oncology probes:**

| Name                      | Test code |
|---------------------------|-----------|
| BCR/ABL                   | TR922     |
| PML/RARA                  | TR1517    |
| Trisomy 8                 | TRIS8     |
| Monosomy 7/Deletion 7q    | M7D7Q     |
| Donor/Sex Specific (XXXY) | XXXY      |
| Monosomy 5/Deletion 5q    | M5D5Q     |
| MLL 11q23                 | MLLQ23    |
| Deletion 20q              | DEL20Q    |
| Duplication 1Q            | DUP1Q     |
| Deletion 13Q              | DEL13Q    |
| Translocation 4/14        | TR414     |

|                     |        |
|---------------------|--------|
| Translocation 11/14 | TR1114 |
| Translocation 14/16 | TR1416 |
| Deletion 17p        | DEL17P |
| Deletion 11Q        | DEL11Q |
| Trisomy 12          | TRIS12 |
| Inv/Trans/del 16q   | INV16Q |
| Translocation 8:21  | TR821  |
| Translocation 8/14  | TR814  |
| Translocation 14/18 | TR1418 |
| 14q23 breakapart    | IGHQ23 |

Each FISH test is developed and its performance characteristics determined by the UCSF Cytogenetics Laboratory as required by CLIA '88 regulations. It has not been cleared or approved for specific uses by the U.S. Food and Drug Administration. All FISH probes undergo internal validation and quality control testing at UCSF Cytogenetics Lab prior to use.

**Reflex Testing:**

If an abnormality is detected the Director will determine the appropriate additional studies to be performed to characterize the abnormality.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**Synonyms:**

- Cytogenetic analysis
- microdeletion
- chromosome analysis
- inherited disorders
- oncology FISH
- non-oncology FISH
- Karyotype
- Karyotyping
- Wolf Hirshhorn
- 4p16
- Cri du Chat
- 5p15
- Williams
- 7q11.23
- Retinoblastoma
- 13q14
- Prader Willi
- Angelman
- SNRPN
- 15q11-q13
- Smith
- Magenis
- 17p11.2
- Miller Dieker
- 17p13.3
- DiGeorge
- distal 22q
- TUPLE1
- ARSA
- 22q11.2/22q13
- Kallman syndrome
- Xp22.3
- Steroid sulfatase deficiency
- SRY Region
- Yp11.3
- BCR/ABL
- PML/RARA
- Trisomy 8
- Monosomy 7/Deletion 7q
- Donor/Sex Specific (XXXY)
- Monosomy 5/Deletion 5q
- MLL 11q23
- Deletion 20q
- Duplication 1Q
- Deletion 13Q
- Translocation 4/14
- Translocation 11/14
- Translocation 14/16
- Deletion 17p
- Deletion 11Q
- Trisomy 12
- Inv/Trans/del 16q
- Translocation 8:21
- Translocation 8/14
- Translocation 14/18
- 14q23 breakapart

**Supplemental Test Request Form Required:**

Yes

**COLLECTION****Sample Type:**

Heparinized whole blood, Amniotic fluid, CVS, Unfixed tissue

**Collect:**

Blood: Dark green top

Amniotic fluid: Sterile screw top container

CVS or POC: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep).

Available from Cytogenetics.

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

Whole blood, child or adult: 10 mL  
 Whole blood, infant: 3 mL  
 Amniotic Fluid: 10 mL  
 CVS: 10 mg  
 POC: 10 mg

**Minimum Volume:**

Whole blood, child or adult: 3 mL  
 Whole blood, infant: 1 mL  
 Amniotic Fluid: 5 mL  
 CVS: 5 mg  
 POC: 5 mg

**Remarks:**

Complete and submit a "UCSF Reproductive Genetics Lab Results" or a "UCSF Cytogenetic Requisition" form and send with the samples.

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason.

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**PROCESSING****Test Code:**

CYFMB

**Test Group:**

Chromosome Analysis

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Preferred Volume:**

Whole blood, child or adult: 10 mL  
 Whole blood, infant: 3 mL  
 Amniotic Fluid: 10 mL  
 CVS: 10 mg  
 POC: 10 mg

**Minimum Volume:**

Whole blood, child or adult: 3 mL  
 Whole blood, infant: 1 mL  
 Amniotic Fluid: 5 mL  
 CVS: 5 mg  
 POC: 5 mg

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Stability (from collection to initiation):**

48 hours

**RESULT INTERPRETATION****Reference Interval:**

Normal. See Additional Information

**Additional Information:**

A normal result indicates that there was no evidence of a deletion present. However, this does not exclude the possibility that an undetected mutation exists.

Non-Oncology probes:

Submicroscopic deletions in the regions listed below, associated with the specified syndromes, are detected by the examination of 10 metaphase cells using the appropriate probe set with an internal control. A normal result indicates there was no evidence of deletions or other abnormal hybridization patterns.

| Syndrome       | Test Code | Locus/Gene |
|----------------|-----------|------------|
| Wolf Hirshhorn | WHS       | 4p16       |

|                                     |      |                            |
|-------------------------------------|------|----------------------------|
| Cri du Chat                         | CDCR | 5p15                       |
| Williams                            | WMS  | 7q11.23                    |
| Retinoblastoma                      | RB1  | 13q14                      |
| Prader Willi                        | PW   | SNRPN/CEP15/D15S10         |
| Smith Magenis                       | SMS  | 17p11.2                    |
| Miller Dieker                       | MDIE | 17p13.3                    |
| DiGeorge/VCF/distal 22q TUPLE1/ARSA | DGS  | 22q11.2/22q13              |
| Kallman syndrome                    | KAL  | Xp22.3                     |
| Steroid sulfatase deficiency        | STSD | Xp22.3                     |
| SRY Region                          | SRY  | Yp11.3                     |
| Angelman                            | AGM  | D15S10/CEP15/PML           |
| XY metaphase FISH                   | CYXY | CEPX/DYZ1                  |
| 14/22 FISH                          | MAR  | FISH for marker chromosome |

\*\*The DNA methylation test "PWA" must be done prior the FISH test for microdeletion detection for Prader Willi/Angelman syndrome.

See Molecular Diagnostics-test Prader Willi/Angelman for sample collection information.

Oncology probes:

| Name                      | Test code |
|---------------------------|-----------|
| BCR/ABL                   | TR922     |
| PML/RARA                  | TR1517    |
| Trisomy 8                 | TRIS8     |
| Monosomy 7/Deletion 7q    | M7D7Q     |
| Donor/Sex Specific (XXXY) | XXXY      |
| Monosomy 5/Deletion 5q    | M5D5Q     |
| MLL 11q23                 | MLLQ23    |
| Deletion 20q              | DEL20Q    |
| Duplication 1Q            | DUP1Q     |
| Deletion 13Q              | DEL13Q    |
| Translocation 4/14        | TR414     |
| Translocation 11/14       | TR1114    |
| Translocation 14/16       | TR1416    |
| Deletion 17p              | DEL17P    |
| Deletion 11Q              | DEL11Q    |
| Trisomy 12                | TRIS12    |
| Inv/Trans/del 16q         | INV16Q    |
| Translocation 8:21        | TR821     |
| Translocation 8/14        | TR814     |
| Translocation 14/18       | TR1418    |
| 14q23 breakapart          | IGHQ23    |

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## ADMINISTRATIVE

**CPT Codes:**

88273, 88271

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

48818-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CYFMB

**Test Group:**

Chromosome Analysis

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily, Monday-Friday

**Methodology:**

Fluorescent in-situ hybridization

**Remarks:**

Complete and submit a "UCSF Reproductive Genetics Lab Results" or a "UCSF Cytogenetic Requisition" form and send with the samples.

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason.

**Collect:**

Blood: Dark green top

Amniotic fluid: Sterile screw top container

CVS or POC: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep).

Available from Cytogenetics.

**Amount to Collect:**

See preferred volume

**Sample Type:**

Heparinized whole blood, Amniotic fluid, CVS, Unfixed tissue

**Preferred Volume:**

Whole blood, child or adult: 10 mL

Whole blood, infant: 3 mL

Amniotic Fluid: 10 mL

CVS: 10 mg

POC: 10 mg

**Minimum Volume:**

Whole blood, child or adult: 3 mL

Whole blood, infant: 1 mL

Amniotic Fluid: 5 mL

CVS: 5 mg

POC: 5 mg

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Reference Interval:**

Normal. See Additional Information



**Synonyms:**

- Cytogenetic analysis
- microdeletion
- chromosome analysis
- inherited disorders
- oncology FISH
- non-oncology FISH
- Karyotype
- Karyotyping
- Wolf Hirshhorn
- 4p16
- Cri du Chat
- 5p15
- Williams
- 7q11.23
- Retinoblastoma
- 13q14
- Prader Willi
- Angelman
- SNRPN
- 15q11-q13
- Smith
- Magenis
- 17p11.2
- Miller Dieker
- 17p13.3
- DiGeorge
- distal 22q
- TUPLE1
- ARSA
- 22q11.2/22q13
- Kallman syndrome
- Xp22.3
- Steroid sulfatase deficiency
- SRY Region
- Yp11.3
- BCR/ABL
- PML/RARA
- Trisomy 8
- Monosomy 7/Deletion 7q
- Donor/Sex Specific (XXXY)
- Monosomy 5/Deletion 5q
- MLL 11q23
- Deletion 20q
- Duplication 1Q
- Deletion 13Q
- Translocation 4/14
- Translocation 11/14
- Translocation 14/16
- Deletion 17p
- Deletion 11Q
- Trisomy 12
- Inv/Trans/del 16q
- Translocation 8:21
- Translocation 8/14
- Translocation 14/18
- 14q23 breakapart

**Stability (from collection to initiation):**

48 hours

**Reported:**

7-14 days

**Reflex Testing:**

If an abnormality is detected the Director will determine the appropriate additional studies to be performed to characterize the abnormality.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**Additional Information:**

A normal result indicates that there was no evidence of a deletion present. However, this does not exclude the possibility that an undetected mutation exists.

## Non-Oncology probes:

Submicroscopic deletions in the regions listed below, associated with the specified syndromes, are detected by the examination of 10 metaphase cells using the appropriate probe set with an internal control. A normal result indicates there was no evidence of deletions or other abnormal hybridization patterns.

| Syndrome                            | Test Code | Locus/Gene                 |
|-------------------------------------|-----------|----------------------------|
| Wolf Hirshhorn                      | WHS       | 4p16                       |
| Cri du Chat                         | CDCR      | 5p15                       |
| Williams                            | WMS       | 7q11.23                    |
| Retinoblastoma                      | RB1       | 13q14                      |
| Prader Willi                        | PW        | SNRPN/CEP15/D15S10         |
| Smith Magenis                       | SMS       | 17p11.2                    |
| Miller Dieker                       | MDIE      | 17p13.3                    |
| DiGeorge/VCF/distal 22q TUPLE1/ARSA | DGS       | 22q11.2/22q13              |
| Kallman syndrome                    | KAL       | Xp22.3                     |
| Steroid sulfatase deficiency        | STSD      | Xp22.3                     |
| SRY Region                          | SRY       | Yp11.3                     |
| Angelman                            | AGM       | D15S10/CEP15/PML           |
| XY metaphase FISH                   | CYXY      | CEPX/DYZ1                  |
| 14/22 FISH                          | MAR       | FISH for marker chromosome |

\*\*The DNA methylation test "PWA" must be done prior the FISH test for microdeletion detection for Prader Willi/Angelman syndrome.

See Molecular Diagnostics-test Prader Willi/Angelman for sample collection information.

## Oncology probes:

| Name                      | Test code |
|---------------------------|-----------|
| BCR/ABL                   | TR922     |
| PML/RARA                  | TR1517    |
| Trisomy 8                 | TRIS8     |
| Monosomy 7/Deletion 7q    | M7D7Q     |
| Donor/Sex Specific (XXXY) | XXXY      |
| Monosomy 5/Deletion 5q    | M5D5Q     |
| MLL 11q23                 | MLLQ23    |
| Deletion 20q              | DEL20Q    |
| Duplication 1Q            | DUP1Q     |
| Deletion 13Q              | DEL13Q    |
| Translocation 4/14        | TR414     |
| Translocation 11/14       | TR1114    |
| Translocation 14/16       | TR1416    |
| Deletion 17p              | DEL17P    |
| Deletion 11Q              | DEL11Q    |
| Trisomy 12                | TRIS12    |
| Inv/Trans/del 16q         | INV16Q    |
| Translocation 8:21        | TR821     |
| Translocation 8/14        | TR814     |
| Translocation 14/18       | TR1418    |
| 14q23 breakapart          | IGHQ23    |

Each FISH test is developed and its performance characteristics determined by the UCSF Cytogenetics Laboratory as required by CLIA '88 regulations. It has not been cleared or approved for specific uses by the U.S. Food and Drug Administration. All FISH probes undergo internal validation and quality control testing at UCSF Cytogenetics Lab prior to use.

## CPT Codes:

88273, 88271

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

48818-9

**Supplemental Test Request Form Required:**

Yes

# Cytogenetics Testing, Hematology/Oncology

LAB4017

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily, Monday-Friday

**Methodology:**

Fluorescent in-situ hybridization

**Reported:**

3-7 days

**Additional Information:**

Direct FISH is limited to the detection of aneuploidy (increase or decrease in copy number) of chromosomes 13, 18, 21, X and Y by analyzing INTERPHASE nuclei. A normal result indicates that no numeric abnormality of chromosomes 13, 18, 21, X and Y were identified. It does not rule out the possibility of structural defects or numeric defects in other chromosomes.

DIRECT FISH results are preliminary: G-banded chromosome analysis of 15 colonies or 20 cells remains the standard of care for prenatal diagnosis and all cytogenetic studies. It is also standard of care that no irreversible therapeutic action be initiated on the basis of DIRECT FISH results alone. About one third of all chromosome abnormalities cannot be detected by DIRECT FISH, including structural abnormalities, mosaicism, and numerical abnormalities of other chromosomes.

"Direct FISH" is the UCSF Cytogenetics name for interphase fluorescence in situ hybridization (FISH) analysis for chromosomes 13, 18, 21, X, and Y.

Each FISH test is developed and its performance characteristics determined by the UCSF Cytogenetics Laboratory as required by CLIA '88 regulations. It has not been cleared or approved for specific uses by the U.S. Food and Drug Administration. All FISH probes undergo internal validation and quality control testing at UCSF Cytogenetics Lab prior to use.

**Reflex Testing:**

If an abnormality is detected the Director will determine the appropriate additional studies to be performed to characterize the abnormality.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**Synonyms:**

- Cytogenetic analysis
- CYFD
- BCYFD

## COLLECTION

**Sample Type:**

Heparinized whole blood, CVS, Amniotic fluid, POC

**Collect:**

Blood: Dark green top

Amniotic fluid: Sterile screw top container

CVS or POC: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep).

Available from Cytogenetics, 415-353-4844.

**Preferred Volume:**

Whole blood, child or adult: 5 mL

Whole blood, infant: 2 mL

Amniotic fluid: 10 mL

CVS: 10 mg

POC: 10 mg

**Minimum Volume:**

Whole blood, child or adult: 2 mL

Whole blood, infant: 1 mL

Amniotic fluid: 10 mL

CVS: 10 mg

POC: 10 mg

**Remarks:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason.

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**PROCESSING****Test Code:**

BCYFD: Blood

CYFD: Amniotic fluid, CVS

**Test Group:**

Chromosome Analysis

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Preferred Volume:**

Whole blood, child or adult: 5 mL

Whole blood, infant: 2 mL

Amniotic fluid: 10 mL

CVS: 10 mg

POC: 10 mg

**Minimum Volume:**

Whole blood, child or adult: 2 mL

Whole blood, infant: 1 mL

Amniotic fluid: 10 mL

CVS: 10 mg

POC: 10 mg

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Stability (from collection to initiation):**

48 hours

**RESULT INTERPRETATION****Reference Interval:**

Normal. See Additional Information

**Additional Information:**

Direct FISH is limited to the detection of aneuploidy (increase or decrease in copy number) of chromosomes 13, 18, 21, X and Y by analyzing INTERPHASE nuclei. A normal result indicates that no numeric abnormality of chromosomes 13, 18, 21, X and Y were identified. It does not rule out the possibility of structural defects or numeric defects in other chromosomes.

DIRECT FISH results are preliminary: G-banded chromosome analysis of 15 colonies or 20 cells remains the standard of care for prenatal diagnosis and all cytogenetic studies. It is also standard of care that no irreversible therapeutic action be initiated on the basis of DIRECT FISH results alone. About one third of all chromosome abnormalities cannot be detected by DIRECT FISH, including structural abnormalities, mosaicism, and numerical abnormalities of other chromosomes.

"Direct FISH" is the UCSF Cytogenetics name for interphase fluorescence in situ hybridization (FISH) analysis for chromosomes 13, 18, 21, X, and Y.

Each FISH test is developed and its performance characteristics determined by the UCSF Cytogenetics Laboratory as required by CLIA '88 regulations. It has not been cleared or approved for specific uses by the U.S. Food and Drug Administration. All FISH probes undergo internal validation and quality control testing at UCSF Cytogenetics Lab prior to use.

**ADMINISTRATIVE****CPT Codes:**

88275, 88271x3

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

50684-0

**COMPLETE VIEW**

**Available Stat:**

No

**Test Code:**

BCYFD: Blood  
CYFD: Amniotic fluid, CVS

**Test Group:**

Chromosome Analysis

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily, Monday-Friday

**Methodology:**

Fluorescent in-situ hybridization

**Remarks:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason.

**Collect:**

Blood: Dark green top  
Amniotic fluid: Sterile screw top container  
CVS or POC: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep).  
Available from Cytogenetics, 415-353-4844.

**Sample Type:**

Heparinized whole blood, CVS, Amniotic fluid, POC

**Preferred Volume:**

Whole blood, child or adult: 5 mL  
Whole blood, infant: 2 mL  
Amniotic fluid: 10 mL  
CVS: 10 mg  
POC: 10 mg

**Minimum Volume:**

Whole blood, child or adult: 2 mL  
Whole blood, infant: 1 mL  
Amniotic fluid: 10 mL  
CVS: 10 mg  
POC: 10 mg

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Reference Interval:**

Normal. See Additional Information

**Synonyms:**

- Cytogenetic analysis
- CYFD
- BCYFD

**Stability (from collection to initiation):**

48 hours

**Reported:**

3-7 days

**Reflex Testing:**

If an abnormality is detected the Director will determine the appropriate additional studies to be performed to characterize the abnormality.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**Additional Information:**

Direct FISH is limited to the detection of aneuploidy (increase or decrease in copy number) of chromosomes 13, 18, 21, X and Y by analyzing INTERPHASE nuclei. A normal result indicates that no numeric abnormality of chromosomes 13, 18, 21, X and Y were identified. It does not rule out the possibility of structural defects or numeric defects in other chromosomes.

DIRECT FISH results are preliminary: G-banded chromosome analysis of 15 colonies or 20 cells remains the standard of care for prenatal diagnosis and all cytogenetic studies. It is also standard of care that no irreversible therapeutic action be initiated on the basis of DIRECT FISH results alone. About one third of all chromosome abnormalities cannot be detected by DIRECT FISH, including structural abnormalities, mosaicism, and numerical abnormalities of other chromosomes.

"Direct FISH" is the UCSF Cytogenetics name for interphase fluorescence in situ hybridization (FISH) analysis for chromosomes 13, 18, 21, X, and Y.

Each FISH test is developed and its performance characteristics determined by the UCSF Cytogenetics Laboratory as required by CLIA '88 regulations. It has not been cleared or approved for specific uses by the U.S. Food and Drug Administration. All FISH probes undergo internal validation and quality control testing at UCSF Cytogenetics Lab prior to use.

**CPT Codes:**

88275, 88271x3

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

50684-0

# Cytogenetics Testing, Hematology/Oncology

LAB4017, LAB401

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Monday - Friday day shift

**Methodology:**

Fluorescent in situ hybridization

**Reported:**

1-2 weeks

**Synonyms:**

- Multiple myeloma
- CD138 cell isolation
- CD138
- BCD138

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow aspirate. Bone marrow core biopsy

**Collect:**

Dark green top

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 1 cm

**Stability (from collection to initiation):**

2 days

**Unacceptable Conditions:**

Frozen, leaking or unlabeled tubes

## PROCESSING

**Test Code:**

BCD138: Blood

CD138: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Do not centrifuge or freeze sample. Send to Cytogenetics at China basin for processing.

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled tubes



**Stability (from collection to initiation):**  
2 days

## ADMINISTRATIVE

**CPT Codes:**  
88299

**LDT or Modified FDA:**  
Yes

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
BCD138: Blood  
CD138: Bone marrow

**Performing Lab:**  
Medical Genomics - Cytogenetics

**Performed:**  
Monday - Friday day shift

**Methodology:**  
Fluorescent in situ hybridization

**Collect:**  
Dark green top

**Amount to Collect:**  
Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow biopsy: 2 cm

**Sample Type:**  
Heparinized whole blood or bone marrow aspirate. Bone marrow core biopsy

**Preferred Volume:**  
Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow biopsy: 2 cm

**Minimum Volume:**  
Blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**  
Frozen, leaking or unlabeled tubes

**Specimen Preparation:**  
Do not centrifuge or freeze sample. Send to Cytogenetics at China basin for processing.

**Synonyms:**

- Multiple myeloma
- CD138 cell isolation
- CD138
- BCD138

**Stability (from collection to initiation):**  
2 days

**Reported:**  
1-2 weeks

**CPT Codes:**  
88299

**LDT or Modified FDA:**  
Yes

# Cytomegalovirus antibody, IgG

LAB467

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

1-4 days

**Additional Information:**

This assay measures IgG anti-CMV antibodies and is a useful test for evaluation of prior CMV exposure.

If the assay is positive and there is a clinical need to determine if there is an acute infection, assays for CMV IgM antibodies and/or PCR for the CMV virus could be ordered as sendout tests.

A single positive sample provides evidence of prior infection.

This test is NOT FDA approved for screening of blood, tissue, or organ donors.

Note: Sera are not retained for comparative testing with a later sample.

**Synonyms:**

- CMV Antibody
- CMV Ab
- CMV serology
- TORCH antibodies
- CMV inclusion disease
- CMV Antibody total

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## PROCESSING

**Test Code:**

CMVAB

**Test Group:**

Cytomegalovirus

**Performing Lab:**

Immunology

**Specimen Preparation:**

If CMV Antibody (Total) is ordered, order CMVAB (CMV Ab, IgG) instead. If CMV Antibody IgM is specifically requested, order CMVIGM. If both Total and IgM are requested, order both CMVAB and CMVIGM.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

This assay measures IgG anti-CMV antibodies and is a useful test for evaluation of prior CMV exposure.

If the assay is positive and there is a clinical need to determine if there is an acute infection, assays for CMV IgM antibodies and/or PCR for the CMV virus could be ordered as sendout tests.

A single positive sample provides evidence of prior infection.

This test is NOT FDA approved for screening of blood, tissue, or organ donors.

Note: Sera are not retained for comparative testing with a later sample.

**ADMINISTRATIVE****CPT Codes:**

86644

**LOINC Codes:**

13949-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CMVAB

**Test Group:**

Cytomegalovirus

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Collect:**

Gold top

**Amount to Collect:**

3 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

If CMV Antibody (Total) is ordered, order CMVAB (CMV Ab, IgG) instead. If CMV Antibody IgM is specifically requested, order CMVIGM. If both Total and IgM are requested, order both CMVAB and CMVIGM.

**Reference Interval:**

Negative

**Synonyms:**

- CMV Antibody
- CMV Ab
- CMV serology
- TORCH antibodies
- CMV inclusion disease
- CMV Antibody total

**Reported:**

1-4 days

**Additional Information:**

This assay measures IgG anti-CMV antibodies and is a useful test for evaluation of prior CMV exposure.

If the assay is positive and there is a clinical need to determine if there is an acute infection, assays for CMV IgM antibodies and/or PCR for the CMV virus could be ordered as sendout tests.

A single positive sample provides evidence of prior infection.

This test is NOT FDA approved for screening of blood, tissue, or organ donors.

Note: Sera are not retained for comparative testing with a later sample.

**CPT Codes:**

86644

**LOINC Codes:**

13949-3

# Cytomegalovirus DNA, Qualitative PCR, Amniotic Fluid

LAB2026

## ORDERING

**Ordering Recommendations:**

Detect cytomegalovirus but does not quantify viral load. Potentially useful for specimen types other than blood. Cytomegalovirus by Quantitative PCR on plasma is the preferred test for most clinical indications.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Qualitative Polymerase Chain Reaction

**Reported:**

1-3 days

**Synonyms:**

- CMV
- CMV by PCR
- CMV PCR bone marrow
- CMV PCR whole blood
- CMV qualitative
- herpes
- HHV-5
- Human herpesvirus 5
- CMVAF

## COLLECTION

**Sample Type:**

Amniotic fluid

**Label Abbreviation:**

CMVAF

**Collect:**

Sterile container

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Stability (from collection to initiation):**

Central Processing, please send/transport ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving. China Basin Processing will give Cytogenetics lab all tubes and Cytogenetics lab will bring all send out tests back to Sendout lab. Sendout department will then send the tubes out at frozen temperature.

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
(send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)  
From China Basin Central Processing to Cytogenetics: Room Temperature  
From China Basin Central Processing to Send Out institution: Frozen

**Unacceptable Conditions:**

Heparinized specimens

## PROCESSING

**Test Code:**

CMVAF

**ARUP Test Code:**

0060040

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Heparinized specimens

**Stability (from collection to initiation):**

Central Processing, please send/transport ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving. China Basin Processing will give Cytogenetics lab all tubes and Cytogenetics lab will bring all send out tests back to Sendout lab. Sendout department will then send the tubes out at frozen temperature.

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
(send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)

From China Basin Central Processing to Cytogenetics: Room Temperature

From China Basin Central Processing to Send Out institution: Frozen

**RESULT INTERPRETATION****Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

87496

**LOINC:**

- 31208-2
- 5000-5

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Detect cytomegalovirus but does not quantify viral load. Potentially useful for specimen types other than blood. Cytomegalovirus by Quantitative PCR on plasma is the preferred test for most clinical indications.

**Test Code:**

CMVAF

**ARUP Test Code:**

0060040

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Qualitative Polymerase Chain Reaction

**Collect:**

Sterile container

**Sample Type:**

Amniotic fluid

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Heparinized specimens

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- CMV
- CMV by PCR
- CMV PCR bone marrow
- CMV PCR whole blood
- CMV qualitative
- herpes
- HHV-5
- Human herpesvirus 5
- CMVAF

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
(send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)  
From China Basin Central Processing to Cytogenetics: Room Temperature  
From China Basin Central Processing to Send Out institution: Frozen

**Stability (from collection to initiation):**

Central Processing, please send/transport ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving. China Basin Processing will give Cytogenetics lab all tubes and Cytogenetics lab will bring all send out tests back to Sendout lab. Sendout department will then send the tubes out at frozen temperature.

**Reported:**

1-3 days

**CPT Codes:**

87496

**LOINC:**

- 31208-2
- 5000-5

# Cytomegalovirus DNA, Quantitative PCR, Plasma

LAB913

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Performed Mon - Fri once daily.

**Methodology:**

RT-PCR

**Reported:**

1-2 days

**Synonyms:**

- CMV Quant PCR
- CMV quantitative
- Cytomegalovirus

## COLLECTION

**Sample Type:**

Plasma

**Collect:**

EDTA Plasma, Pearl White top preferred, Lavender top acceptable

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.5 mL plasma (this volume is insufficient for repeat testing)

**Stability (from collection to initiation):**

- Room temperature 1 day
- Refrigerated 4 days
- Frozen at -20°C or colder, 60 days or longer

**Unacceptable Conditions:**

Sample not collected in Pearl top or Lavender top tubes.  
Sample outside stability period.

## PROCESSING

**Test Code:**

CMVRT

**Test Group:**

CMV

**Performing Lab:**

Immunology

**Specimen Preparation:**

Pearl White top - centrifuge and store in original tube in refrigerator.  
Lavender top - centrifuge and separate plasma from blood cells. Store plasma aliquot in refrigerator.

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.5 mL plasma (this volume is insufficient for repeat testing)

**Unacceptable Conditions:**

Sample not collected in Pearl top or Lavender top tubes.  
Sample outside stability period.



**Stability (from collection to initiation):**

- Room temperature 1 day
- Refrigerated 4 days
- Frozen at -20°C or colder, 60 days or longer

**RESULT INTERPRETATION****Units:**

IU/mL and log IU/mL

**Reference Interval:**

Not detected (&lt; 30 IU/mL or &lt; 1.48 log IU/mL)

**ADMINISTRATIVE****CPT Codes:**

87497

**LOINC Codes:**

72493-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CMVRT

**Test Group:**

CMV

**Performing Lab:**

Immunology

**Performed:**

Performed Mon - Fri once daily.

**Methodology:**

RT-PCR

**Collect:**

EDTA Plasma, Pearl White top preferred, Lavender top acceptable

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.5 mL plasma (this volume is insufficient for repeat testing)

**Unacceptable Conditions:**

- Sample not collected in Pearl top or Lavender top tubes.
- Sample outside stability period.

**Specimen Preparation:**

- Pearl White top - centrifuge and store in original tube in refrigerator.
- Lavender top - centrifuge and separate plasma from blood cells. Store plasma aliquot in refrigerator.

**Units:**

IU/mL and log IU/mL

**Reference Interval:**

Not detected (&lt; 30 IU/mL or &lt; 1.48 log IU/mL)

**Synonyms:**

- CMV Quant PCR
- CMV quantitative
- Cytomegalovirus

**Stability (from collection to initiation):**

- Room temperature 1 day
- Refrigerated 4 days
- Frozen at -20°C or colder, 60 days or longer

**Reported:**

1-2 days

**CPT Codes:**

87497

**LOINC Codes:**

72493-0

# Cytomegalovirus DNA, Quantitative, Non-plasma samples

LAB6241

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

2-3 times per week, excluding weekends

**Methodology:**

Quantitative Real time PCR

**Reported:**

1-4 days

**Additional Information:**

Reportable ranges:

Lower respiratory tract (BAL, bronchial wash), CSF, and Buccal/oral swabs: 30 - 1.00 x10 IU/mL (1.48 - 8.00 Log IU/mL)

Urine: 175 - 1.00 x10 IU/mL (2.24 - 8.00 Log IU/mL)

This assay is most useful in monitoring patients at risk for development of CMV disease with end-organ manifestations (pneumonia, colitis, esophagitis, nephritis, chorioretinitis, encephalitis, polyradiculopathy, adrenalitis, hepatitis) or dissemination. Immunocompromised patients, including solid organ and hematopoietic stem cell transplant recipients and AIDS patients are at higher risk for clinical disease.

Changes in CMV viremia often parallel or precede end-organ clinical manifestations and can also be used to monitor treatment efficacy. Because different test methods can yield varying results, we recommend utilizing the same laboratory methodology to compare values.

CMV PCR from saliva (buccal/oral swabs) is generally appropriate for testing of infants failing newborn hearing screen, and is preferred to the prior method of CMV urine culture.

CMV culture will continue to be available for those occasional cases where confirmation of viable virus is clinically needed and will be orderable as Microbiology Sendout CMV culture". Consult the laboratory when ordering for sample collection requirements.

**Synonyms:**

- CMV
- CMV NON

## COLLECTION

**Sample Type:**

CSF, Urine, Buccal/oral swab, Lower respiratory tract (BAL, bronchial wash)

Eye fluid, Corneal swab, Bone marrow, Unpreserved Stool

**Label Abbreviation:**

CMV NON

**Collect:**

Fluids: sterile tube or container

Swabs: flocked swab in Universal Transport Medium

(Buccal/oral swabs: Specimen collection for newborn baby should be performed at least 90 minutes (preferably 120 minutes) post-breastfeeding. Massage the parotid gland for 30 seconds prior to specimen collection, vigorously swab the parotid area with a sterile synthetic swab (flocked swab preferred). Place the swab into the 3mL of universal transport medium.)

Bone marrow: Lavender top EDTA tube

Stool: sterile container, unpreserved

**Preferred Volume:**

3ml

**Minimum Volume:**

1 mL for CSF, Urine, Buccal/oral swab, Lower respiratory tract (BAL, bronchial wash)

0.05 mL for Eye fluid

0.5 mL for Bone marrow

Pea size for Unpreserved stool

**PROCESSING****Test Code:**

P321

**Sendout:**

Sample types other than CSF, Urine, Lower respiratory tract (BAL, bronchial wash) and buccal/oral swabs will be sent to Viracor

**Performing Lab:**

Microbiology

**Specimen Preparation:**

See test code CMVPCR for plasma samples

**Preferred Volume:**

3ml

**Minimum Volume:**

1 mL for CSF, Urine, Buccal/oral swab, Lower respiratory tract (BAL, bronchial wash)

0.05 mL for Eye fluid

0.5 mL for Bone marrow

Pea size for Unpreserved stool

**RESULT INTERPRETATION****Units:**

IU/mL (International Units per milliliter)

**Reference Interval:**

Not detected

**Additional Information:**

Reportable ranges:

Lower respiratory tract (BAL, bronchial wash), CSF, and Buccal/oral swabs: 30 - 1.00 x10 IU/mL (1.48 - 8.00 Log IU/mL)

Urine: 175 - 1.00 x10 IU/mL (2.24 - 8.00 Log IU/mL)

This assay is most useful in monitoring patients at risk for development of CMV disease with end-organ manifestations (pneumonia, colitis, esophagitis, nephritis, chorioretinitis, encephalitis, polyradiculopathy, adrenalitis, hepatitis) or dissemination. Immunocompromised patients, including solid organ and hematopoietic stem cell transplant recipients and AIDS patients are at higher risk for clinical disease.

Changes in CMV viremia often parallel or precede end-organ clinical manifestations and can also be used to monitor treatment efficacy. Because different test methods can yield varying results, we recommend utilizing the same laboratory methodology to compare values.

CMV PCR from saliva (buccal/oral swabs) is generally appropriate for testing of infants failing newborn hearing screen, and is preferred to the prior method of CMV urine culture.

CMV culture will continue to be available for those occasional cases where confirmation of viable virus is clinically needed and will be orderable as Microbiology Sendout CMV culture". Consult the laboratory when ordering for sample collection requirements.

**ADMINISTRATIVE****CPT Codes:**

87497

**LOINC Codes:**

34720-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P321

**Performing Lab:**

Microbiology

**Sendout:**

Sample types other than CSF, Urine, Lower respiratory tract (BAL, bronchial wash) and buccal/oral swabs will be sent to Viracor

**Performed:**

2-3 times per week, excluding weekends

**Methodology:**

Quantitative Real time PCR

**Collect:**

Fluids: sterile tube or container

Swabs: flocked swab in Universal Transport Medium

(Buccal/oral swabs: Specimen collection for newborn baby should be performed at least 90 minutes (preferably 120 minutes) post-breastfeeding. Massage the parotid gland for 30 seconds prior to specimen collection, vigorously swab the parotid area with a sterile synthetic swab (flocked swab preferred). Place the swab into the 3mL of universal transport medium.)

Bone marrow: Lavender top EDTA tube

Stool: sterile container, unpreserved

**Sample Type:**

CSF, Urine, Buccal/oral swab, Lower respiratory tract (BAL, bronchial wash)

Eye fluid, Corneal swab, Bone marrow, Unpreserved Stool

**Preferred Volume:**

3ml

**Minimum Volume:**

1 mL for CSF, Urine, Buccal/oral swab, Lower respiratory tract (BAL, bronchial wash)

0.05 mL for Eye fluid

0.5 mL for Bone marrow

Pea size for Unpreserved stool

**Specimen Preparation:**

See test code CMVPCR for plasma samples

**Units:**

IU/mL (International Units per milliliter)

**Reference Interval:**

Not detected

**Synonyms:**

- CMV
- CMV NON

**Reported:**

1-4 days

**Additional Information:**

Reportable ranges:

Lower respiratory tract (BAL, bronchial wash), CSF, and Buccal/oral swabs: 30 - 1.00 x10 IU/mL (1.48 - 8.00 Log IU/mL)

Urine: 175 - 1.00 x10 IU/mL (2.24 - 8.00 Log IU/mL)

This assay is most useful in monitoring patients at risk for development of CMV disease with end-organ manifestations (pneumonia, colitis, esophagitis, nephritis, chorioretinitis, encephalitis, polyradiculopathy, adrenalitis, hepatitis) or dissemination. Immunocompromised patients, including solid organ and hematopoietic stem cell transplant recipients and AIDS patients are at higher risk for clinical disease.

Changes in CMV viremia often parallel or precede end-organ clinical manifestations and can also be used to monitor treatment efficacy. Because different test methods can yield varying results, we recommend utilizing the same laboratory methodology to compare values.

CMV PCR from saliva (buccal/oral swabs) is generally appropriate for testing of infants failing newborn hearing screen, and is preferred to the prior method of CMV urine culture.

CMV culture will continue to be available for those occasional cases where confirmation of viable virus is clinically needed and will be orderable as Microbiology Sendout CMV culture". Consult the laboratory when ordering for sample collection requirements.

**CPT Codes:**

87497

**LOINC Codes:**

34720-3

# Cytomegalovirus Genotyping

LAB3454

## ORDERING

**Ordering Recommendations:**

This should only be ordered in patients who have rising plasma CMV viral loads after at least 3-4 weeks or more of anti-viral therapy. CMV viral loads commonly rise during the first 2-3 weeks of therapy but this does not indicate resistance unless the patient has had recent exposure to the specific drug.

**Available Stat:**

No

**Performing Lab:**

Viracor

**Methodology:**

PCR, DNA sequencing

**Reported:**

Set up Monday - Friday. Turnaround 4-6 days

**Additional Information:**

Cytomegalovirus, also known as human herpesvirus 5, is a highly ubiquitous, double-stranded DNA virus in the Betaherpesvirinae subfamily. Serological studies have demonstrated that a majority of adults in the United States have been infected with CMV. Following primary infection, CMV establishes a lifelong latent infection, which may reactivate in both immunocompetent and immunocompromised individuals. In immunocompromised patients, primary or reactivated CMV infections can cause a range of symptoms like fever and fatigue and diseases that may include interstitial pneumonia, gastrointestinal infection, central nervous system disease, hepatitis, retinitis, and encephalitis. CMV reactivations have also been reported to occur frequently in critically ill immunocompetent patients and are associated with prolonged hospitalization or death. Due to the severity of these conditions and even life threatening outcomes, treatment of CMV diseases with antiviral drugs is common. Additionally, prophylactic treatment with antiviral drugs is used to prevent the occurrence of disease in high-risk patients. Anti-CMV drugs currently available for either treatment or prophylaxis include ganciclovir, valganciclovir (the orally administered prodrug), foscarnet, cidofovir, letermovir, and maribavir (Livtency™). Maribavir targets UL97, and ganciclovir targets both UL97 and UL54. Cidofovir and foscarnet target UL54 alone. Letermovir, targets subunit 2 of the viral terminase complex, known as UL56. Viral UL97 phosphotransferase gene, and UL54 polymerase genotypic mutations are well documented mechanisms of resistance to these antiviral drugs.<sup>9</sup> Mutations within UL56 have been shown to confer resistance to Letermovir. Drug resistance should be suspected if quantitative CMV PCR viral load values either persist or increase, or if CMV disease presents, after several weeks of treatment with an appropriate dose.

**Synonyms:**

- CMV
- CMV susceptibility
- CID
- CMV resistance
- CMV inclusion disease

## COLLECTION

**Sample Type:**

EDTA plasma

**Collect:**

Lavender top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

1.5 mL plasma

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month

**Rejection Criteria:**

CMV DNA concentrations too low to allow antiviral resistance testing (&lt;1000 IU/mL for plasma)

## PROCESSING

**Test Code:**

CMVAVR

**Test Group:**

CMV

**Sendout:**

Yes

**Performing Lab:**

Viracor

**Specimen Preparation:**

Separate plasma within 2 hours of collection and transfer to sterile screw-top plastic vial. Freeze plasma at -20C and ship to China Basin and ViraCor on dry ice.

Order ViraCor test # 33125

Contact the laboratory for authorization on anything other than plasma. Sequencing assays are very sensitive to inhibition, and processing of other sample types, including CSF and BAL, may be affected by PCR inhibitors that affect the result.

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

1.5 mL plasma

**Rejection Criteria:**

CMV DNA concentrations too low to allow antiviral resistance testing (<1000 IU/mL for plasma)

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month

**RESULT INTERPRETATION****Additional Information:**

Cytomegalovirus, also known as human herpesvirus 5, is a highly ubiquitous, double-stranded DNA virus in the Betaherpesvirinae subfamily. Serological studies have demonstrated that a majority of adults in the United States have been infected with CMV. Following primary infection, CMV establishes a lifelong latent infection, which may reactivate in both immunocompetent and immunocompromised individuals. In immunocompromised patients, primary or reactivated CMV infections can cause a range of symptoms like fever and fatigue and diseases that may include interstitial pneumonia, gastrointestinal infection, central nervous system disease, hepatitis, retinitis, and encephalitis. CMV reactivations have also been reported to occur frequently in critically ill immunocompetent patients and are associated with prolonged hospitalization or death. Due to the severity of these conditions and even life threatening outcomes, treatment of CMV diseases with antiviral drugs is common. Additionally, prophylactic treatment with antiviral drugs is used to prevent the occurrence of disease in high-risk patients. Anti-CMV drugs currently available for either treatment or prophylaxis include ganciclovir, valganciclovir (the orally administered prodrug), foscarnet, cidofovir, letermovir, and maribavir (Livtency™). Maribavir targets UL97, and ganciclovir targets both UL97 and UL54. Cidofovir and foscarnet target UL54 alone. Letermovir, targets subunit 2 of the viral terminase complex, known as UL56. Viral UL97 phosphotransferase gene, and UL54 polymerase genotypic mutations are well documented mechanisms of resistance to these antiviral drugs.<sup>9</sup> Mutations within UL56 have been shown to confer resistance to Letermovir. Drug resistance should be suspected if quantitative CMV PCR viral load values either persist or increase, or if CMV disease presents, after several weeks of treatment with an appropriate dose.

**ADMINISTRATIVE****CPT Codes:**

87910 x 2

**LOINC Codes:**

40444-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

This should only be ordered in patients who have rising plasma CMV viral loads after at least 3-4 weeks or more of anti-viral therapy. CMV viral loads commonly rise during the first 2-3 weeks of therapy but this does not indicate resistance unless the patient has had recent exposure to the specific drug.

**Test Code:**

CMVAVR

**Test Group:**

CMV

**Performing Lab:**

Viracor

**Sendout:**

Yes

**Methodology:**

PCR, DNA sequencing

**Collect:**

Lavender top

**Amount to Collect:**

4 mL blood

**Sample Type:**

EDTA plasma

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

1.5 mL plasma

**Rejection Criteria:**

CMV DNA concentrations too low to allow antiviral resistance testing (&lt;1000 IU/mL for plasma)

**Specimen Preparation:**

Separate plasma within 2 hours of collection and transfer to sterile screw-top plastic vial. Freeze plasma at -20C and ship to China Basin and ViraCor on dry ice.

Order ViraCor test # 33125

Contact the laboratory for authorization on anything other than plasma. Sequencing assays are very sensitive to inhibition, and processing of other sample types, including CSF and BAL, may be affected by PCR inhibitors that affect the result.

**Synonyms:**

- CMV
- CMV susceptibility
- CID
- CMV resistance
- CMV inclusion disease

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month

**Reported:**

Set up Monday - Friday. Turnaround 4-6 days

**Additional Information:**

Cytomegalovirus, also known as human herpesvirus 5, is a highly ubiquitous, double-stranded DNA virus in the Betaherpesvirinae subfamily. Serological studies have demonstrated that a majority of adults in the United States have been infected with CMV. Following primary infection, CMV establishes a lifelong latent infection, which may reactivate in both immunocompetent and immunocompromised individuals. In immunocompromised patients, primary or reactivated CMV infections can cause a range of symptoms like fever and fatigue and diseases that may include interstitial pneumonia, gastrointestinal infection, central nervous system disease, hepatitis, retinitis, and encephalitis. CMV reactivations have also been reported to occur frequently in critically ill immunocompetent patients and are associated with prolonged hospitalization or death. Due to the severity of these conditions and even life threatening outcomes, treatment of CMV diseases with antiviral drugs is common. Additionally, prophylactic treatment with antiviral drugs is used to prevent the occurrence of disease in high-risk patients. Anti-CMV drugs currently available for either treatment or prophylaxis include ganciclovir, valganciclovir (the orally administered prodrug), foscarnet, cidofovir, letermovir, and maribavir (Livtencity™). Maribavir targets UL97, and ganciclovir targets both UL97 and UL54. Cidofovir and foscarnet target UL54 alone. Letermovir, targets subunit 2 of the viral terminase complex, known as UL56. Viral UL97 phosphotransferase gene, and UL54 polymerase genotypic mutations are well documented mechanisms of resistance to these antiviral drugs.<sup>9</sup> Mutations within UL56 have been shown to confer resistance to Letermovir. Drug resistance should be suspected if quantitative CMV PCR viral load values either persist or increase, or if CMV disease presents, after several weeks of treatment with an appropriate dose.

**CPT Codes:**

87910 x 2

**LOINC Codes:**

40444-2



# Cytomegalovirus, IgM

LAB5328

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

1-4 days

**Additional Information:**

Results from any one IgM assay should not be used as a sole determinant of a current or recent infection. If an acute infection is suspected, consider obtaining a new specimen and submit for both IgG and IgM testing in two or more weeks. Latency and reactivation of CMV influence the interpretation of serological results. The presence of CMV IgM suggests a recent CMV exposure but does not differentiate between primary infection and reactivation.

**Synonyms:**

- CMV
- CID
- CMV IgM
- TORCH Antibodies
- CMV inclusion disease

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 ml serum

## PROCESSING

**Test Code:**

CMVIGM

**Test Group:**

Cytomegalovirus

**Performing Lab:**

Immunology

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 ml serum

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Results from any one IgM assay should not be used as a sole determinant of a current or recent infection. If an acute infection is suspected, consider obtaining a new specimen and submit for both IgG and IgM testing in two or more weeks. Latency and reactivation of CMV influence the interpretation of serological results. The presence of CMV IgM suggests a recent CMV exposure but does not differentiate between primary infection and reactivation.

**ADMINISTRATIVE****CPT Codes:**

86645

**LOINC Codes:**

24119-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CMVIGM

**Test Group:**

Cytomegalovirus

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 ml serum

**Reference Interval:**

Negative

**Synonyms:**

- CMV
- CID
- CMV IgM
- TORCH Antibodies
- CMV inclusion disease

**Reported:**

1-4 days

**Additional Information:**

Results from any one IgM assay should not be used as a sole determinant of a current or recent infection. If an acute infection is suspected, consider obtaining a new specimen and submit for both IgG and IgM testing in two or more weeks. Latency and reactivation of CMV influence the interpretation of serological results. The presence of CMV IgM suggests a recent CMV exposure but does not differentiate between primary infection and reactivation.

**CPT Codes:**

86645

**LOINC Codes:**

24119-0

# Daratumumab-Specific, Immunofixation

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

LabCorp (via ARUP)

**Methodology:**

Immunofixation

**Reported:**

4-6 days

**Additional Information:**

Daratumumab is an anti-CD38 IgGκ monoclonal antibody currently in clinical development for multiple myeloma (MM) treatment. In MM, malignant cells secrete high levels of monoclonal immunoglobulin (M-protein) that is commonly detectable by serum immunofixation electrophoresis (IFE). As immunoglobulin, daratumumab also can be detected in IFE and may co-migrate with M-protein in a subset of patients (~50% of MM patient produce IgGκ M protein). Addition of anti-idiotypic antibodies raised against daratumumab to patient serum containing daratumumab alters banding pattern as assessed to IFE (daratumumab shift) by forming a Daratumumab and anti-Daratumumab complex, helping to distinguish between therapeutic monoclonal antibody and M-protein present in the serum.

## COLLECTION

**Patient Preparation:**

Overnight fasting is preferred.

**Sample Type:**

Serum

**Collect:**

Gold top or red top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Stability (from collection to initiation):**

Room temperature: 14 days

Refrigerated: 14 days

Frozen: 14 days

**Rejection Criteria:**

Specimens other than serum

## PROCESSING

**Test Code:**

MOLT

**Sendout:**

Yes

**Performing Lab:**

LabCorp (via ARUP)

**Specimen Preparation:**

Aliquot on freeze serum. Send sample to CB frozen.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Rejection Criteria:**

Specimens other than serum

**Stability (from collection to initiation):**

Room temperature: 14 days  
Refrigerated: 14 days  
Frozen: 14 days

**RESULT INTERPRETATION****Additional Information:**

Daratumumab is an anti-CD38 IgGk monoclonal antibody currently in clinical development for multiple myeloma (MM) treatment. In MM, malignant cells secrete high levels of monoclonal immunoglobulin (M-protein) that is commonly detectable by serum immunofixation electrophoresis (IFE). As immunoglobulin, daratumumab also can be detected in IFE and may co-migrate with M-protein in a subset of patients (~50% of MM patient produce IgGk M protein). Addition of anti-idiotypic antibodies raised against daratumumab to patient serum containing daratumumab alters banding pattern as assessed to IFE (daratumumab shift) by forming a Daratumumab and anti-Daratumumab complex, helping to distinguish between therapeutic monoclonal antibody and M-protein present in the serum.

**ADMINISTRATIVE****CPT Codes:**

86334

**LOINC Codes:**

NG

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT

**Performing Lab:**

LabCorp (via ARUP)

**Sendout:**

Yes

**Methodology:**

Immunofixation

**Patient Preparation:**

Overnight fasting is preferred.

**Collect:**

Gold top or red top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Rejection Criteria:**

Specimens other than serum

**Specimen Preparation:**

Aliquot on freeze serum. Send sample to CB frozen.

**Stability (from collection to initiation):**

Room temperature: 14 days  
Refrigerated: 14 days  
Frozen: 14 days

**Reported:**

4-6 days

**Additional Information:**

Daratumumab is an anti-CD38 IgGk monoclonal antibody currently in clinical development for multiple myeloma (MM) treatment. In MM, malignant cells secrete high levels of monoclonal immunoglobulin (M-protein) that is commonly detectable by serum immunofixation electrophoresis (IFE). As immunoglobulin, daratumumab also can be detected in IFE and may co-migrate with M-protein in a subset of patients (~50% of MM patient produce IgGk M protein). Addition of anti-idiotypic antibodies raised against daratumumab to patient serum containing daratumumab alters banding pattern as assessed to IFE (daratumumab shift) by forming a Daratumumab and anti-Daratumumab complex, helping to distinguish between therapeutic monoclonal antibody and M-protein present in the serum.

**CPT Codes:**

86334

**LOINC Codes:**

NG

# DAT Negative Hemolytic Anemia Work-up

LAB1007

## ORDERING

**Approval Required:**

Yes, by Hematology, BMT Service or Blood Bank.

**Available Stat:**

No

**Performing Lab:**

American Red Cross Immunohematology Reference Lab (Pomona, CA)

**Performed:**

Test set up Monday - Thursday

**Reported:**

4-7 days

**Additional Information:**

Test is typically sent out only if a DAT done in the preceding 3 days is negative for IgG. Order DAT, if needed.

**Synonyms:**

- Super Coombs Test
- BOLT

## COLLECTION

**Sample Type:**

Whole blood

**Label Abbreviation:**

BOLT

**Collect:**

Lavender top

**Amount to Collect:**

See Preferred Volume.

**Preferred Volume:**

6 mL

**Minimum Volume:**

3 mL

**Remarks:**

Collect specimen Monday through Thursday only.

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample, or phlebotomist ID.

A previously collected sample can be used provided the sample was collected less than 48 hours earlier.

**Unacceptable Conditions:**

Mislabeled or unlabeled sample, phlebotomist ID or name not documented on label.

## PROCESSING

**Test Code:**

BOLT

**Sendout:**

Yes

**Performing Lab:**

American Red Cross Immunohematology Reference Lab (Pomona, CA)

**Specimen Preparation:**

Send samples to Blood Bank to be shipped to American Red Cross Reference Lab. Do not separate plasma or serum.

**Preferred Volume:**

6 mL

**Minimum Volume:**

3 mL

**Unacceptable Conditions:**

Mislabeled or unlabeled sample, phlebotomist ID or name not documented on label.

**RESULT INTERPRETATION****Additional Information:**

Test is typically sent out only if a DAT done in the preceding 3 days is negative for IgG. Order DAT, if needed.

**COMPLETE VIEW****Approval Required:**

Yes, by Hematology, BMT Service or Blood Bank.

**Available Stat:**

No

**Test Code:**

BOLT

**Performing Lab:**

American Red Cross Immunohematology Reference Lab (Pomona, CA)

**Sendout:**

Yes

**Performed:**

Test set up Monday - Thursday

**Remarks:**

Collect specimen Monday through Thursday only.

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample, or phlebotomist ID.

A previously collected sample can be used provided the sample was collected less than 48 hours earlier.

**Collect:**

Lavender top

**Amount to Collect:**

See Preferred Volume.

**Sample Type:**

Whole blood

**Preferred Volume:**

6 mL

**Minimum Volume:**

3 mL

**Unacceptable Conditions:**

Mislabeled or unlabeled sample, phlebotomist ID or name not documented on label.

**Specimen Preparation:**

Send samples to Blood Bank to be shipped to American Red Cross Reference Lab. Do not separate plasma or serum.

**Synonyms:**

- Super Coombs Test
- BOLT

**Reported:**

4-7 days

**Additional Information:**

Test is typically sent out only if a DAT done in the preceding 3 days is negative for IgG. Order DAT, if needed.

**D-Dimer, Quantitative**  
LAB3075

**ORDERING**

- Available Stat:**  
Yes
- Performing Lab:**  
Parnassus, Mission Bay, St. Mary, and St. Francis Hematology
- Performed:**  
24 hours, 7 days per week
- Methodology:**  
Immunoturbidimetric (Liatest)
- Reported:**  
1 hour



**Additional Information:****Reference Interval**

The fibrin D-dimer (FDD) levels in 113 normal blood donors were used to calculate a reference interval using a transformed parametric method. This analysis yielded an upper limit of normal of 664 ng/mL with approximately 8% of FDD values >500 ng/mL (1). In APeX, the upper limit of normal has been set at 500 ng/mL in order to alert clinicians to the cutoff value for exclusion of venous thromboembolism (VTE; see below) (2)

**Evaluation for VTE, including pulmonary embolism (PE) and deep venous thrombosis (DVT)**

In December 2016, Stago received approval from the US FDA for the reagent STA-Liatest D-Di to be used in the exclusion of pulmonary embolism (PE) and deep venous thrombosis (DVT) in patients with low or moderate risk, presenting at an emergency unit. In patients at a low-to-intermediate clinical probability for PE and for whom imaging studies are under consideration, an FDD <500 ng/mL may permit diagnostic imaging (e.g., helical contrast computed tomography or ventilation/perfusion scan) to be avoided. Clinical correlation is advised in these settings. The FDD should only be ordered when there is reasonably substantive clinical suspicion for VTE/PE, as an elevated FDD is a nonspecific finding and can be elevated in the setting of recent fibrinolytic therapy, recent trauma or surgery, large hematoma, malignancy, sepsis or severe infection, cirrhosis, pregnancy, atherosclerosis, hemoglobinopathy, and age >60 years.

**Age-adjusted Fibrin D-dimer**

For adults >50 years old, clinically assessed as non-high risk for VTE, current practice guidelines suggest that an age adjusted fibrin D-dimer value may be useful as a clinical decision point for avoiding imaging studies. (Ref 3, 4).

Some settings in which the FDD may not be appropriate to exclude VTE/PE include (2):

1. Children
2. High probability for VTE/PE by clinical criteria
3. Current anticoagulation therapy
4. Suspected upper extremity thrombosis or thrombosis distal to knee
5. Substantial time elapsed between onset of thrombosis and laboratory testing (FDD has a half-life of approximately 7 hours and may be cleared from circulation following thrombosis)
6. Deficiency of fibrinolytic enzymes

**Evaluation for disseminated intravascular coagulation (DIC)**

Obtain a current prothrombin time (PT), activated partial thromboplastin time (aPTT), platelet count, and fibrinogen prior to ordering FDD. In an appropriate clinical context, an FDD >8200 ng/mL is suggestive of DIC. Serial studies following the demonstration of a positive result are not generally useful.

**Ordering interval**

An acceptable ordering interval for the FDD is (1) 48 hours after last FDD or (2) 24-48 hours after last FDD with the most recent result <6000 ng/mL. If neither of these criteria are met, the FDD will be automatically canceled. Please contact the Hematology Lab Medicine Resident at 353-1747 if the clinical situation warrants more frequent re-evaluation of the FDD.

**Limitations**

Cloudy specimens (e.g., lipemic specimens) may yield artifactually low values. In some cases, such specimens cannot yield interpretable results.

The presence of rheumatoid factor at a level greater than 50 IU/mL may lead to an over-estimation of the FDD.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**References**

1. UCSF in-house studies, 2004 and 2009.
2. Clinical Laboratory Standard Institute (CLSI). Document H59-A: Quantitative D-Dimer for the Exclusion of Venous Thromboembolic Disease. Approved Guideline
3. An Age-Adjusted D-dimer Threshold for Emergency Department Patients With Suspected Pulmonary Embolus: Accuracy and Clinical Implications. Ann Emerg Med. 2016 Feb;67(2):249-57. PMID: 26320520.
4. Diagnostic accuracy of conventional or age adjusted D-dimer cut-off values in older patients with suspected venous thromboembolism: systematic review and meta-analysis. BMJ. 2013 May 3;346:f2492. PMID: 23645857.

**Synonyms:**

- FDD
- Fibrin D-Dimers

**COLLECTION****Sample Type:**

Citrated plasma

**Collect:**

Blue top tube filled to full extent of vacuum

**Amount to Collect:**

2.7 mL

**Preferred Volume:**

1.0 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

Blue top filled to full extent of vacuum

**Stability (from collection to initiation):**

Room temperature 4 hours

**Unacceptable Conditions:**

Hemolyzed, Icteric, Lipemic or Turbid samples

## PROCESSING

**Test Code:**

FDD

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Hematology

**Specimen Preparation:**

Deliver specimen immediately to Hematology

**Preferred Volume:**

1.0 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Hemolyzed, Icteric, Lipemic or Turbid samples

**Stability (from collection to initiation):**

Room temperature 4 hours

## RESULT INTERPRETATION

**Units:**

ng/mL FEU

**Reference Interval:**

<500 ng/mL

**Additional Information:****Reference Interval**

The fibrin D-dimer (FDD) levels in 113 normal blood donors were used to calculate a reference interval using a transformed parametric method. This analysis yielded an upper limit of normal of 664 ng/mL with approximately 8% of FDD values >500 ng/mL (1). In APeX, the upper limit of normal has been set at 500 ng/mL in order to alert clinicians to the cutoff value for exclusion of venous thromboembolism (VTE; see below) (2)

**Evaluation for VTE, including pulmonary embolism (PE) and deep venous thrombosis (DVT)**

In December 2016, Stago received approval from the US FDA for the reagent STA-Liatest D-Di to be used in the exclusion of pulmonary embolism (PE) and deep venous thrombosis (DVT) in patients with low or moderate risk, presenting at an emergency unit. In patients at a low-to-intermediate clinical probability for PE and for whom imaging studies are under consideration, an FDD <500 ng/mL may permit diagnostic imaging (e.g., helical contrast computed tomography or ventilation/perfusion scan) to be avoided. Clinical correlation is advised in these settings. The FDD should only be ordered when there is reasonably substantive clinical suspicion for VTE/PE, as an elevated FDD is a nonspecific finding and can be elevated in the setting of recent fibrinolytic therapy, recent trauma or surgery, large hematoma, malignancy, sepsis or severe infection, cirrhosis, pregnancy, atherosclerosis, hemoglobinopathy, and age >60 years.

**Age-adjusted Fibrin D-dimer**

For adults >50 years old, clinically assessed as non-high risk for VTE, current practice guidelines suggest that an age adjusted fibrin D-dimer value may be useful as a clinical decision point for avoiding imaging studies. (Ref 3, 4).

Some settings in which the FDD may not be appropriate to exclude VTE/PE include (2):

1. Children
2. High probability for VTE/PE by clinical criteria
3. Current anticoagulation therapy
4. Suspected upper extremity thrombosis or thrombosis distal to knee
5. Substantial time elapsed between onset of thrombosis and laboratory testing (FDD has a half-life of approximately 7 hours and may be cleared from circulation following thrombosis)
6. Deficiency of fibrinolytic enzymes

**Evaluation for disseminated intravascular coagulation (DIC)**

Obtain a current prothrombin time (PT), activated partial thromboplastin time (aPTT), platelet count, and fibrinogen prior to ordering FDD. In an appropriate clinical context, an FDD >8200 ng/mL is suggestive of DIC. Serial studies following the demonstration of a positive result are not generally useful.

**Ordering interval**

An acceptable ordering interval for the FDD is (1) 48 hours after last FDD or (2) 24-48 hours after last FDD with the most recent result <6000 ng/mL. If neither of these criteria are met, the FDD will be automatically canceled. Please contact the Hematology Lab Medicine Resident at 353-1747 if the clinical situation warrants more frequent re-evaluation of the FDD.

**Limitations**

Cloudy specimens (e.g., lipemic specimens) may yield artifactually low values. In some cases, such specimens cannot yield interpretable results.

The presence of rheumatoid factor at a level greater than 50 IU/mL may lead to an over-estimation of the FDD.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**References**

1. UCSF in-house studies, 2004 and 2009.
2. Clinical Laboratory Standard Institute (CLSI). Document H59-A: Quantitative D-Dimer for the Exclusion of Venous Thromboembolic Disease. Approved Guideline
3. An Age-Adjusted D-dimer Threshold for Emergency Department Patients With Suspected Pulmonary Embolus: Accuracy and Clinical Implications. Ann Emerg Med. 2016 Feb;67(2):249-57. PMID: 26320520.
4. Diagnostic accuracy of conventional or age adjusted D-dimer cut-off values in older patients with suspected venous thromboembolism: systematic review and meta-analysis. BMJ. 2013 May 3;346:f2492. PMID: 23645857.

**ADMINISTRATIVE****CPT Codes:**

85379

**LOINC Codes:**

48065-7

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

FDD

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Hematology

**Performed:**

24 hours, 7 days per week

**Methodology:**

Immunoturbidimetric (Liatest)

**Remarks:**

Blue top filled to full extent of vacuum

**Collect:**

Blue top tube filled to full extent of vacuum

**Amount to Collect:**

2.7 mL

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1.0 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Hemolyzed, Icteric, Lipemic or Turbid samples

**Specimen Preparation:**

Deliver specimen immediately to Hematology

**Units:**

ng/mL FEU

**Reference Interval:**

<500 ng/mL

**Synonyms:**

- FDD
- Fibrin D-Dimers

**Stability (from collection to initiation):**

Room temperature 4 hours

**Reported:**

1 hour

**Additional Information:****Reference Interval**

The fibrin D-dimer (FDD) levels in 113 normal blood donors were used to calculate a reference interval using a transformed parametric method. This analysis yielded an upper limit of normal of 664 ng/mL with approximately 8% of FDD values >500 ng/mL (1). In APeX, the upper limit of normal has been set at 500 ng/mL in order to alert clinicians to the cutoff value for exclusion of venous thromboembolism (VTE; see below) (2)

**Evaluation for VTE, including pulmonary embolism (PE) and deep venous thrombosis (DVT)**

In December 2016, Stago received approval from the US FDA for the reagent STA-Liatest D-Di to be used in the exclusion of pulmonary embolism (PE) and deep venous thrombosis (DVT) in patients with low or moderate risk, presenting at an emergency unit. In patients at a low-to-intermediate clinical probability for PE and for whom imaging studies are under consideration, an FDD <500 ng/mL may permit diagnostic imaging (e.g., helical contrast computed tomography or ventilation/perfusion scan) to be avoided. Clinical correlation is advised in these settings. The FDD should only be ordered when there is reasonably substantive clinical suspicion for VTE/PE, as an elevated FDD is a nonspecific finding and can be elevated in the setting of recent fibrinolytic therapy, recent trauma or surgery, large hematoma, malignancy, sepsis or severe infection, cirrhosis, pregnancy, atherosclerosis, hemoglobinopathy, and age >60 years.

**Age-adjusted Fibrin D-dimer**

For adults >50 years old, clinically assessed as non-high risk for VTE, current practice guidelines suggest that an age adjusted fibrin D-dimer value may be useful as a clinical decision point for avoiding imaging studies. (Ref 3, 4).

Some settings in which the FDD may not be appropriate to exclude VTE/PE include (2):

1. Children
2. High probability for VTE/PE by clinical criteria
3. Current anticoagulation therapy
4. Suspected upper extremity thrombosis or thrombosis distal to knee
5. Substantial time elapsed between onset of thrombosis and laboratory testing (FDD has a half-life of approximately 7 hours and may be cleared from circulation following thrombosis)
6. Deficiency of fibrinolytic enzymes

**Evaluation for disseminated intravascular coagulation (DIC)**

Obtain a current prothrombin time (PT), activated partial thromboplastin time (aPTT), platelet count, and fibrinogen prior to ordering FDD. In an appropriate clinical context, an FDD >8200 ng/mL is suggestive of DIC. Serial studies following the demonstration of a positive result are not generally useful.

**Ordering interval**

An acceptable ordering interval for the FDD is (1) 48 hours after last FDD or (2) 24-48 hours after last FDD with the most recent result <6000 ng/mL. If neither of these criteria are met, the FDD will be automatically canceled. Please contact the Hematology Lab Medicine Resident at 353-1747 if the clinical situation warrants more frequent re-evaluation of the FDD.

**Limitations**

Cloudy specimens (e.g., lipemic specimens) may yield artifactually low values. In some cases, such specimens cannot yield interpretable results.

The presence of rheumatoid factor at a level greater than 50 IU/mL may lead to an over-estimation of the FDD.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**References**

1. UCSF in-house studies, 2004 and 2009.
2. Clinical Laboratory Standard Institute (CLSI). Document H59-A: Quantitative D-Dimer for the Exclusion of Venous Thromboembolic Disease. Approved Guideline
3. An Age-Adjusted D-dimer Threshold for Emergency Department Patients With Suspected Pulmonary Embolus: Accuracy and Clinical Implications. Ann Emerg Med. 2016 Feb;67(2):249-57. PMID: 26320520.
4. Diagnostic accuracy of conventional or age adjusted D-dimer cut-off values in older patients with suspected venous thromboembolism: systematic review and meta-analysis. BMJ. 2013 May 3;346:f2492. PMID: 23645857.

**CPT Codes:**

85379

**LOINC Codes:**

48065-7

# Dehydroepiandrosterone Sulfate, Pediatric

LAB3395

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Esoterix

**Methodology:**

LC-MS/MS

**Additional Information:**

To convert µg/dL to µmol/L (SI units) multiply by 0.026.

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Dehydroepiandrosterone Sulfate" (test code DHES). It requires approval if ordered in patients over the age of 20.

**Synonyms:**

- DHEAS ultrasensitive

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Remarks:**

Bring sample immediately to laboratory for processing.

**Unacceptable Conditions:**

Delivered to lab &gt; 30 min after collection

## PROCESSING

**Test Code:**

PDHES

**Test Group:**

DHEAS

**Sendout:**

Yes

**Performing Lab:**

Esoterix

**Specimen Preparation:**

Separate serum within 1 hour of collection and freeze at -20C. Ship frozen.

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Delivered to lab &gt; 30 min after collection

## RESULT INTERPRETATION

**Units:**

µg/dL

**Reference Interval:**

## Premature Infants

|                    |         |
|--------------------|---------|
| 26-28 weeks, day 4 | 123-882 |
| 31-35 weeks, day 4 | 122-710 |

## Full Term Infants

|             |                      |
|-------------|----------------------|
| 3 days      | 88-356               |
| 1-12 months | 5-111 by first month |
|             | 5-48 by six months   |

## Prepubertal

|            |        |
|------------|--------|
| 1-5 years  | < 5-57 |
| 6-7 years  | 9-72   |
| 8-10 years | 13-115 |

| Tanner Stage | Males   | Females |
|--------------|---------|---------|
| I            | 13-83   | 19-144  |
| II           | 42-109  | 32-129  |
| III          | 48-200  | 32-226  |
| IV           | 102-385 | 58-260  |
| V            | 120-370 | 44-248  |

**Additional Information:**

To convert µg/dL to µmol/L (SI units) multiply by 0.026.

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Dehydroepiandrosterone Sulfate" (test code DHES). It requires approval if ordered in patients over the age of 20.

**ADMINISTRATIVE****CPT Codes:**

82627-90

**LOINC Codes:**

2191-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PDHES

**Test Group:**

DHEAS

**Performing Lab:**

Esoterix

**Sendout:**

Yes

**Methodology:**

LC-MS/MS

**Remarks:**

Bring sample immediately to laboratory for processing.

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Delivered to lab &gt; 30 min after collection

**Specimen Preparation:**

Separate serum within 1 hour of collection and freeze at -20C. Ship frozen.

**Units:**

µg/dL

**Reference Interval:**

Premature Infants

|                    |         |
|--------------------|---------|
| 26-28 weeks, day 4 | 123-882 |
| 31-35 weeks, day 4 | 122-710 |

Full Term Infants

|             |                      |
|-------------|----------------------|
| 3 days      | 88-356               |
| 1-12 months | 5-111 by first month |
|             | 5-48 by six months   |

Prepubertal

|            |        |
|------------|--------|
| 1-5 years  | < 5-57 |
| 6-7 years  | 9-72   |
| 8-10 years | 13-115 |

| Tanner Stage | Males   | Females |
|--------------|---------|---------|
| I            | 13-83   | 19-144  |
| II           | 42-109  | 32-129  |
| III          | 48-200  | 32-226  |
| IV           | 102-385 | 58-260  |
| V            | 120-370 | 44-248  |

**Synonyms:**

- DHEAS ultrasensitive

**Additional Information:**

To convert µg/dL to µmol/L (SI units) multiply by 0.026.

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Dehydroepiandrosterone Sulfate" (test code DHES). It requires approval if ordered in patients over the age of 20.

**CPT Codes:**

82627-90

**LOINC Codes:**

2191-5



# Dehydroepiandrosterone Sulfate, Serum

LAB524

## ORDERING

**Ordering Recommendations:**

Indicator of adrenal androgen production. Aids in the investigation of virilizing endocrinopathies in conjunction with other sex steroids. Not recommended for initial evaluation of polycystic ovarian syndrome.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Electrochemiluminescent Immunoassay

**Reported:**

Within 24 hours

**Synonyms:**

- Dehydroepiandrosterone Sulfate, Serum
- DHEA S04
- DHEA Sulfate
- DHEA-S
- DHEA-SO4
- DHEAS, Serum
- DHEAS2

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

DHEAS2

**Collect:**

Serum separator tube or plasma separator tube. Also acceptable: Green (lithium heparin), lavender (K<sub>2</sub> or K<sub>3</sub> EDTA), or pink (K<sub>2</sub>EDTA).

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.4 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 5 days; Refrigerated: 14 days; Frozen: 12 months

**Storage/Transport Temperature:**

Frozen.

**Unacceptable Conditions:**

Hemolyzed specimens.

## PROCESSING

**Test Code:**

DHEAS2

**ARUP Test Code:**

0070040

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.4 mL serum

**Unacceptable Conditions:**

Hemolyzed specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 5 days; Refrigerated: 14 days; Frozen: 12 months

**Storage/Transport Temperature:**

Frozen.

**RESULT INTERPRETATION****Reference Interval:**

| Age                 | Male          | Female        |
|---------------------|---------------|---------------|
| 0-6 days            | 108-607 µg/dL | 108-607 µg/dL |
| 7-30 days           | 32-431 µg/dL  | 32-431 µg/dL  |
| 1-5 months          | 3-124 µg/dL   | 3-124 µg/dL   |
| 6-35 months         | 0-33 µg/dL    | 0-29 µg/dL    |
| 3-6 years           | 0-44 µg/dL    | 0-47 µg/dL    |
| 7-9 years           | 5-115 µg/dL   | 5-94 µg/dL    |
| 10-14 years         | 22-332 µg/dL  | 22-255 µg/dL  |
| 15-19 years         | 88-483 µg/dL  | 63-373 µg/dL  |
| 20-24 years         | 211-492 µg/dL | 148-407 µg/dL |
| 25-34 years         | 160-449 µg/dL | 99-340 µg/dL  |
| 35-44 years         | 89-427 µg/dL  | 61-337 µg/dL  |
| 45-54 years         | 44-331 µg/dL  | 35-256 µg/dL  |
| 55-64 years         | 52-295 µg/dL  | 19-205 µg/dL  |
| 65-74 years         | 34-249 µg/dL  | 9-246 µg/dL   |
| 75 years and older  | 16-123 µg/dL  | 12-154 µg/dL  |
| Tanner Stage I      | 7-209 µg/dL   | 7-126 µg/dL   |
| Tanner Stage II     | 28-260 µg/dL  | 13-241 µg/dL  |
| Tanner Stage III    | 39-390 µg/dL  | 32-446 µg/dL  |
| Tanner Stage IV & V | 81-488 µg/dL  | 65-371 µg/dL  |

**ADMINISTRATIVE****CPT Codes:**

82627

**LOINC:**

- 2191-5

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Indicator of adrenal androgen production. Aids in the investigation of virilizing endocrinopathies in conjunction with other sex steroids. Not recommended for initial evaluation of polycystic ovarian syndrome.

**Test Code:**

DHEAS2

**ARUP Test Code:**

0070040

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Electrochemiluminescent Immunoassay

**Collect:**

Serum separator tube or plasma separator tube. Also acceptable: Green (lithium heparin), lavender (K<sub>2</sub> or K<sub>3</sub> EDTA), or pink (K<sub>2</sub>EDTA).

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.4 mL serum

**Unacceptable Conditions:**

Hemolyzed specimens.

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

**Reference Interval:**

| Age                 | Male          | Female        |
|---------------------|---------------|---------------|
| 0-6 days            | 108-607 µg/dL | 108-607 µg/dL |
| 7-30 days           | 32-431 µg/dL  | 32-431 µg/dL  |
| 1-5 months          | 3-124µg/dL    | 3-124 µg/dL   |
| 6-35 months         | 0-33 µg/dL    | 0-29 µg/dL    |
| 3-6 years           | 0-44 µg/dL    | 0-47 µg/dL    |
| 7-9 years           | 5-115 µg/dL   | 5-94 µg/dL    |
| 10-14 years         | 22-332 µg/dL  | 22-255 µg/dL  |
| 15-19 years         | 88-483 µg/dL  | 63-373 µg/dL  |
| 20-24 years         | 211-492 µg/dL | 148-407 µg/dL |
| 25-34 years         | 160-449 µg/dL | 99-340µg/dL   |
| 35-44 years         | 89-427 µg/dL  | 61-337 µg/dL  |
| 45-54 years         | 44-331µg/dL   | 35-256 µg/dL  |
| 55-64 years         | 52-295 µg/dL  | 19-205 µg/dL  |
| 65-74 years         | 34-249 µg/dL  | 9-246 µg/dL   |
| 75 years and older  | 16-123 µg/dL  | 12-154 µg/dL  |
| Tanner Stage I      | 7-209 µg/dL   | 7-126 µg/dL   |
| Tanner Stage II     | 28-260 µg/dL  | 13-241 µg/dL  |
| Tanner Stage III    | 39-390 µg/dL  | 32-446 µg/dL  |
| Tanner Stage IV & V | 81-488 µg/dL  | 65-371 µg/dL  |

**Synonyms:**

- Dehydroepiandrosterone Sulfate, Serum
- DHEA S04
- DHEA Sulfate
- DHEA-S
- DHEA-SO4
- DHEAS, Serum
- DHEAS2

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 5 days; Refrigerated: 14 days; Frozen: 12 months

**Reported:**

Within 24 hours

**CPT Codes:**

82627

**LOINC:**

- 2191-5

# Dehydroepiandrosterone, Serum or Plasma

LAB522

## ORDERING

**Ordering Recommendations:**

Adjunct test for the investigation of hyperandrogenic and adrenal disorders. Not recommended for initial evaluation of polycystic ovarian syndrome.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-5 days

**Synonyms:**

- DHEA
- DHEA (Dehydroepiandrosterone, Serum or Plasma)
- Unconjugated DHEA (Dehydroepiandrosterone, Serum or Plasma)

## COLLECTION

**Patient Preparation:**

Collect between 6-10 a.m.

**Sample Type:**

Serum

**Label Abbreviation:**

DHEA

**Collect:**

Serum separator tube or green (sodium or lithium heparin). Also acceptable: Lavender (EDTA).

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

## PROCESSING

**Test Code:**

DHEA

**ARUP Test Code:**

2001640

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

Effective August 19, 2013

| Age                | Female                | Male                 |
|--------------------|-----------------------|----------------------|
| Premature          | Less than 40 ng/mL    | Less than 40 ng/mL   |
| 0-1 day            | Less than 11 ng/mL    | Less than 11 ng/mL   |
| 2-6 days           | Less than 8.7 ng/mL   | Less than 8.7 ng/mL  |
| 7 days-1 month     | Less than 5.8 ng/mL   | Less than 5.8 ng/mL  |
| 1-5 months         | Less than 2.9 ng/mL   | Less than 2.9 ng/mL  |
| 6-24 months        | Less than 1.9 9 ng/mL | Less than 2.5 ng/mL  |
| 2-3 years          | Less than 0.85 ng/mL  | Less than 0.63 ng/mL |
| 4-5 years          | Less than 1.03 ng/mL  | Less than 0.95 ng/mL |
| 6-7 years          | Less than 1.79 ng/mL  | 0.06-1.93 ng/mL      |
| 8-9 years          | 0.14-2.35 ng/mL       | 0.10-2.08 ng/mL      |
| 10-11 years        | 0.43-3.78 ng/mL       | 0.32-3.08 ng/mL      |
| 12-13 years        | 0.89-6.21 ng/mL       | 0.57-4.10 ng/mL      |
| 14-15 years        | 1.22-7.01 ng/mL       | 0.93-6.04 ng/mL      |
| 16-17 years        | 1.42-9.00 ng/mL       | 1.17-6.52 ng/mL      |
| 18-39 years        | 1.33-7.78 ng/mL       | 1.33-7.78 ng/mL      |
| 40 years and older | 0.63-4.70 ng/mL       | 0.63-4.70 ng/mL      |
| Postmenopausal     | 0.60-5.73 ng/mL       | Does Not Apply       |
| Tanner Stage I     | 0.14-2.76 ng/mL       | 0.11-2.37 ng/mL      |
| Tanner Stage II    | 0.83-4.87 ng/mL       | 0.37-3.66 ng/mL      |
| Tanner Stage III   | 1.08-7.56 ng/mL       | 0.75-5.24 ng/mL      |
| Tanner Stage IV-V  | 1.24-7.88 ng/mL       | 1.22-6.73 ng/mL      |

**ADMINISTRATIVE****CPT Codes:**

82626

**LOINC:**

- 2193-1

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Adjunct test for the investigation of hyperandrogenic and adrenal disorders. Not recommended for initial evaluation of polycystic ovarian syndrome.

**Test Code:**

DHEA

**ARUP Test Code:**

2001640

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Patient Preparation:**

Collect between 6-10 a.m.

**Collect:**

Serum separator tube or green (sodium or lithium heparin). Also acceptable: Lavender (EDTA).

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL)

**Units:**

ng/mL

**Reference Interval:**

Effective August 19, 2013

| Age                | Female                | Male                 |
|--------------------|-----------------------|----------------------|
| Premature          | Less than 40 ng/mL    | Less than 40 ng/mL   |
| 0-1 day            | Less than 11 ng/mL    | Less than 11 ng/mL   |
| 2-6 days           | Less than 8.7 ng/mL   | Less than 8.7 ng/mL  |
| 7 days-1 month     | Less than 5.8 ng/mL   | Less than 5.8 ng/mL  |
| 1-5 months         | Less than 2.9 ng/mL   | Less than 2.9 ng/mL  |
| 6-24 months        | Less than 1.9 9 ng/mL | Less than 2.5 ng/mL  |
| 2-3 years          | Less than 0.85 ng/mL  | Less than 0.63 ng/mL |
| 4-5 years          | Less than 1.03 ng/mL  | Less than 0.95 ng/mL |
| 6-7 years          | Less than 1.79 ng/mL  | 0.06-1.93 ng/mL      |
| 8-9 years          | 0.14-2.35 ng/mL       | 0.10-2.08 ng/mL      |
| 10-11 years        | 0.43-3.78 ng/mL       | 0.32-3.08 ng/mL      |
| 12-13 years        | 0.89-6.21 ng/mL       | 0.57-4.10 ng/mL      |
| 14-15 years        | 1.22-7.01 ng/mL       | 0.93-6.04 ng/mL      |
| 16-17 years        | 1.42-9.00 ng/mL       | 1.17-6.52 ng/mL      |
| 18-39 years        | 1.33-7.78 ng/mL       | 1.33-7.78 ng/mL      |
| 40 years and older | 0.63-4.70 ng/mL       | 0.63-4.70 ng/mL      |
| Postmenopausal     | 0.60-5.73 ng/mL       | Does Not Apply       |
| Tanner Stage I     | 0.14-2.76 ng/mL       | 0.11-2.37 ng/mL      |
| Tanner Stage II    | 0.83-4.87 ng/mL       | 0.37-3.66 ng/mL      |
| Tanner Stage III   | 1.08-7.56 ng/mL       | 0.75-5.24 ng/mL      |
| Tanner Stage IV-V  | 1.24-7.88 ng/mL       | 1.22-6.73 ng/mL      |

**Synonyms:**

- DHEA
- DHEA (Dehydroepiandrosterone, Serum or Plasma)
- Unconjugated DHEA (Dehydroepiandrosterone, Serum or Plasma)

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

**Reported:**

1-5 days

**CPT Codes:**

82626

**LOINC:**

- 2193-1

# Deletion 11Q ATM FISH

DEL11Q, BD11Q

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Reported:**

1-2 weeks

**Synonyms:**

- ATM Deletion 11q22.3
- DEL11Q
- BD11Q

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow. Bone marrow biopsy

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 1 cm

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

## PROCESSING

**Test Code:**

BD11Q: Blood

DEL11Q: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples



**Stability (from collection to initiation):**

Room temperature 2 days

**RESULT INTERPRETATION****Reference Interval:**

Absent

**ADMINISTRATIVE****CPT Codes:**

88271,88271,88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BD11Q: Blood

DEL11Q: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Sample Type:**

Heparinized whole blood or bone marrow. Bone marrow biopsy

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Reference Interval:**

Absent

**Synonyms:**

- ATM Deletion 11q22.3
- DEL11Q
- BD11Q

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271,88271,88275

**LDT or Modified FDA:**  
Yes

# Deletion 13Q FISH

DEL13Q, BD13Q

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Reported:**

1-2 weeks

**Synonyms:**

- D13S319/13q34Deletion
- DEL13Q
- BD13Q

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow. Bone marrow biopsy

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 1 cm

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

## PROCESSING

**Test Code:**

BD13Q: Blood

DEL13Q: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Stability (from collection to initiation):**

Room temperature 2 days

**RESULT INTERPRETATION****Reference Interval:**

Absent

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BD13Q: Blood

DEL13Q: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Sample Type:**

Heparinized whole blood or bone marrow. Bone marrow biopsy

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Reference Interval:**

Absent

**Synonyms:**

- D13S319/13q34Deletion
- DEL13Q
- BD13Q

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**  
Yes

# Deletion 17P FISH

DEL17P, BD17P

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Reported:**

1-2 weeks

**Synonyms:**

- TP53 Deletion
- DEL17P

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow. Bone marrow biopsy

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 1 cm

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

## PROCESSING

**Test Code:**

BD17P: Blood

DEL17P: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Stability (from collection to initiation):**

Room temperature 2 days

**RESULT INTERPRETATION****Reference Interval:**

Absent

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BD17P: Blood

DEL17P: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Sample Type:**

Heparinized whole blood or bone marrow. Bone marrow biopsy

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Reference Interval:**

Absent

**Synonyms:**

- TP53 Deletion
- DEL17P

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

# Deletion 20q FISH

DEL20Q, BD20Q

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization (FISH)

**Reported:**

1-2 weeks

**Synonyms:**

- Del20q
- BD20Q

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow aspirate, bone core

**Collect:**

Dark green top (Na-heparin)

**Amount to Collect:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 2 cm

**Remarks:**

Maintain sample at room temperature.

## PROCESSING

**Test Code:**

BD20Q: Blood

DEL20Q: Bone marrow

**Test Group:**

Oncology FISH

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 2 cm

## RESULT INTERPRETATION

**Reference Interval:**

No deletion detected

## ADMINISTRATIVE



**CPT Codes:**

88271, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BD20Q: Blood

DEL20Q: Bone marrow

**Test Group:**

Oncology FISH

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization (FISH)

**Remarks:**

Maintain sample at room temperature.

**Collect:**

Dark green top (Na-heparin)

**Amount to Collect:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Sample Type:**

Heparinized whole blood, bone marrow aspirate, bone core

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 2 cm

**Specimen Preparation:**

Maintain sample at room temperature

**Reference Interval:**

No deletion detected

**Synonyms:**

- Del20q
- BD20Q

**Reported:**

1-2 weeks

**CPT Codes:**

88271, 88275

**LDT or Modified FDA:**

Yes

# Deletion 9p Metaphase FISH

DEL9P, BD9P

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-Situ Hybridization

**Reported:**

1-2 weeks

**Synonyms:**

- Del9p
- Deletion CDKN2A FISH
- BD9P

## COLLECTION

**Sample Type:**

Heparinized blood or bone marrow aspirate  
Bone biopsy

**Collect:**

Blood or marrow aspirate Dark Green top

**Amount to Collect:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow biopsy: 2 cm

**Preferred Volume:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow biopsy: 1 cm

**Remarks:**

Mix blood and marrow aspirates well

**Stability (from collection to initiation):**

2 days at room temperature

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin

## PROCESSING

**Test Code:**

BD9P: Blood  
DEL9P: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature; Do Not Refrigerate or freeze. Do Not centrifuge.

**Preferred Volume:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin

**Stability (from collection to initiation):**  
2 days at room temperature

## ADMINISTRATIVE

**CPT Codes:**  
88271 x2, 88275

**LDT or Modified FDA:**  
Yes

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
BD9P: Blood  
DEL9P: Bone marrow

**Performing Lab:**  
Medical Genomics - Cytogenetics

**Methodology:**  
Fluorescent in-Situ Hybridization

**Remarks:**  
Mix blood and marrow aspirates well

**Collect:**  
Blood or marrow aspirate Dark Green top

**Amount to Collect:**  
Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow biopsy: 2 cm

**Sample Type:**  
Heparinized blood or bone marrow aspirate  
Bone biopsy

**Preferred Volume:**  
Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow biopsy: 2 cm

**Minimum Volume:**  
Whole blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**  
Insufficient sample or not collected in heparin

**Specimen Preparation:**  
Maintain sample at room temperature; Do Not Refrigerate or freeze. Do Not centrifuge.

**Synonyms:**

- Del9p
- Deletion CDKN2A FISH
- BD9P

**Stability (from collection to initiation):**  
2 days at room temperature

**Reported:**  
1-2 weeks

**CPT Codes:**  
88271 x2, 88275

**LDT or Modified FDA:**  
Yes

# Delta-Aminolevulinic Acid Quantitative, 24 Hour Urine

LAB3451

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Colorimetric

**Reported:**

Test performed Tuesday and Thursday. Turnaround time: 2-7 days.

**Additional Information:**To convert mg/d to  $\mu\text{mol/d}$  (SI units) multiply by 7.626.

This test should almost always be ordered in conjunction with Porphobilinogen (PBG) when the diagnosis of Acute Intermittent Porphyria is being considered.

**Synonyms:**

- ALA
- D-ALA
- DALA
- D-aminolevulinic acid
- Porphyrin precursors
- Porphyria
- 219

## COLLECTION

**Sample Type:**

24 hour urine collection

**Label Abbreviation:**

ALAQR

**Collect:**

Amber Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

15 mL urine

**Minimum Volume:**

3 mL urine

**Remarks:**

Obtain a special brown 24 hour urine collection container from Specimen Receiving.

It is critically important that the sample be refrigerated and shielded from light during collection by covering container with aluminum foil.

**Unacceptable Conditions:**

Sample not refrigerated during collection or shielded from light

## PROCESSING

**Test Code:**

ALAQ

**Test Group:**

D-ALA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze aliquot in dark pouroff container [ or wrap container in aluminum foil] at -20C. Record total urine volume on the request slip and on the urine container. Order Quest test # 219.

**Preferred Volume:**

15 mL urine

**Minimum Volume:**

3 mL urine

**Unacceptable Conditions:**

Sample not refrigerated during collection or shielded from light

**RESULT INTERPRETATION****Units:**

mg/24 h

**Reference Interval:**

&lt; 4.5 mg/24 h

**Additional Information:**To convert mg/d to  $\mu\text{mol/d}$  (SI units) multiply by 7.626.

This test should almost always be ordered in conjunction with Porphobilinogen (PBG) when the diagnosis of Acute Intermittent Porphyria is being considered.

**ADMINISTRATIVE****CPT Codes:**

82135-90

**LOINC Codes:**

2200-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ALAQ

**Test Group:**

D-ALA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Colorimetric

**Remarks:**

Obtain a special brown 24 hour urine collection container from Specimen Receiving.

It is critically important that the sample be refrigerated and shielded from light during collection by covering container with aluminum foil.

**Collect:**

Amber Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

15 mL urine

**Minimum Volume:**

3 mL urine

**Unacceptable Conditions:**

Sample not refrigerated during collection or shielded from light

**Specimen Preparation:**

Freeze aliquot in dark pouroff container [ or wrap container in aluminum foil] at -20C. Record total urine volume on the request slip and on the urine container. Order Quest test # 219.

**Units:**

mg/24 h

**Reference Interval:**

&lt; 4.5 mg/24 h

**Synonyms:**

- ALA
- D-ALA
- DALA
- D-aminolevulenic acid
- Porphyrin precursors
- Porphyria
- 219

**Reported:**

Test performed Tuesday and Thursday. Turnaround time: 2-7 days.

**Additional Information:**

To convert mg/d to  $\mu\text{mol/d}$  (SI units) multiply by 7.626.

This test should almost always be ordered in conjunction with Porphobilinogen (PBG) when the diagnosis of Acute Intermittent Porphyria is being considered.

**CPT Codes:**

82135-90

**LOINC Codes:**

2200-4

# Delta-Aminolevulinic Acid Quantitative, Urine, Random

LAB3492

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Colorimetric

**Reported:**

Test run 2x per week. TAT 6-8 days

**Additional Information:**

This test is the usual first step in the diagnosis acute intermittent porphyria. Patients with hereditary forms of porphyria usually will present with profound elevations of this analyte (> 5-fold) during acute episodes. Moderate elevations (< 3-fold) are more often due to medications or environmental factors.

**Synonyms:**

- ALA
- D-ALA
- DALA
- D-aminolevulinic acid
- Porphyrin precursors
- Porphyria
- DARK

## COLLECTION

**Patient Preparation:**

Do not use first morning void, late evening specimen (after 8:00 pm), or specimen after excessive fluid intake. Recommend patient to collect urine specimen and submit to laboratory on-site to maintain specimen stability.

**Sample Type:**

Random urine

**Label Abbreviation:**

ALAQR

**Collect:**

Plain container wrapped in aluminum foil.

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

0.6 mL urine

**Remarks:**

Cover urine cup with foil to protect sample from light and refrigerate.

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 1 week, frozen at -20C 1 month.

## PROCESSING

**Test Code:**

ALAQR

**Test Group:**

D-ALA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot urine into a dark brown tube and refrigerate. Order Quest test # 6301.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

0.6 mL urine

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 1 week, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

mg/g creatinine

**Reference Interval:**

Pediatric:

1 - 8 years: 2.3-6.2 mg/g creat

9 - 17 years: 1.5-5.3 mg/g creat

&gt;= 18 years:

Females: &lt;5.4 mg/g creat

Males: &lt;1.8 mg/g creat

**Additional Information:**

This test is the usual first step in the diagnosis acute intermittent porphyria. Patients with hereditary forms of porphyria usually will present with profound elevations of this analyte (> 5-fold) during acute episodes. Moderate elevations (< 3-fold) are more often due to medications or environmental factors.

**ADMINISTRATIVE****CPT Codes:**

82135-90

**LOINC Codes:**

13728-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ALAGR

**Test Group:**

D-ALA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Colorimetric

**Patient Preparation:**

Do not use first morning void, late evening specimen (after 8:00 pm), or specimen after excessive fluid intake. Recommend patient to collect urine specimen and submit to laboratory on-site to maintain specimen stability.

**Remarks:**

Cover urine cup with foil to protect sample from light and refrigerate.

**Collect:**

Plain container wrapped in aluminum foil.

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

0.6 mL urine

**Specimen Preparation:**

Aliquot urine into a dark brown tube and refrigerate. Order Quest test # 6301.

**Units:**

mg/g creatinine



**Reference Interval:**

Pediatric:

1 - 8 years: 2.3-6.2 mg/g creat

9 - 17 years: 1.5-5.3 mg/g creat

>= 18 years:

Females: <5.4 mg/g creat

Males: <1.8 mg/g creat

**Synonyms:**

- ALA
- D-ALA
- DALA
- D-aminolevulenic acid
- Porphyrin precursors
- Porphyria
- DARK

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 1 week, frozen at -20C 1 month.

**Reported:**

Test run 2x per week. TAT 6-8 days

**Additional Information:**

This test is the usual first step in the diagnosis acute intermittent porphyria. Patients with hereditary forms of porphyria usually will present with profound elevations of this analyte (> 5-fold) during acute episodes. Moderate elevations (< 3-fold) are more often due to medications or environmental factors.

**CPT Codes:**

82135-90

**LOINC Codes:**

13728-1

# Delve Detect Cerebrospinal Fluid

MOLT

## ORDERING

**Approval Required:**

Yes, testing of UCSF patients requires approval by Neurology in consultation with Microbiology. UCSF outpatient testing requires insurance preauthorization. Please follow this link for an [insurance preauthorization template](#).

**Available Stat:**

No

**Performing Lab:**

Delve Bio

**Methodology:**

mNGS

**Reported:**

3-5 days

**Additional Information:**

After collection, bring kit to the Clinical Lab before 2 pm M-F

For inquiries, please contact Dr. Chiu at 415-514-8219 or [charles.chiu@ucsf.edu](mailto:charles.chiu@ucsf.edu).

**Synonyms:**

- metagenomic next-generation sequencing
- mNGS
- agnostic sequencing
- untargeted sequencing

## COLLECTION

**Collect:**

Delve Detect Kit - CSF in Delve Tube

**Preferred Volume:**

1 mL, max volume 1.2 mL

**Minimum Volume:**

0.8 mL

**Stability (from collection to initiation):**

CSF before transfer to Delve Tube: Room temperature for up to 6 hours; 2-8 °C for up to 6 days; stable frozen at <-20 °C (and thawed prior to transfer) for up to 90 days

After transfer to Delve Tube: Room temperature for up to 1 month; 2-8 °C for up to 2 months; frozen at <-20 °C for up to 90 days

**Unacceptable Conditions:**

Samples submitted in incorrect tube, volume <0.8 or >1.2 mL, grossly hemolyzed samples

## PROCESSING

**Performing Lab:**

Delve Bio

**Specimen Preparation:**

Aliquot in Delve Tube only under sterile conditions

**Preferred Volume:**

1 mL, max volume 1.2 mL

**Minimum Volume:**

0.8 mL

**Unacceptable Conditions:**

Samples submitted in incorrect tube, volume <0.8 or >1.2 mL, grossly hemolyzed samples

**Stability (from collection to initiation):**

CSF before transfer to Delve Tube: Room temperature for up to 6 hours; 2-8 °C for up to 6 days; stable frozen at <-20 °C (and thawed prior to transfer) for up to 90 days

After transfer to Delve Tube: Room temperature for up to 1 month; 2-8 °C for up to 2 months; frozen at <-20 °C for up to 90 days

**RESULT INTERPRETATION****Reference Interval:**

No microorganisms detected

**Additional Information:**

After collection, bring kit to the Clinical Lab before 2 pm M-F

For inquiries, please contact Dr. Chiu at 415-514-8219 or [charles.chiu@ucsf.edu](mailto:charles.chiu@ucsf.edu).

**ADMINISTRATIVE****CPT Codes:**

87999

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Approval Required:**

Yes, testing of UCSF patients requires approval by Neurology in consultation with Microbiology. UCSF outpatient testing requires insurance preauthorization. Please follow this link for an [insurance preauthorization template](#).

**Available Stat:**

No

**Performing Lab:**

Delve Bio

**Methodology:**

mNGS

**Collect:**

Delve Detect Kit - CSF in Delve Tube

**Preferred Volume:**

1 mL, max volume 1.2 mL

**Minimum Volume:**

0.8 mL

**Unacceptable Conditions:**

Samples submitted in incorrect tube, volume <0.8 or >1.2 mL, grossly hemolyzed samples

**Specimen Preparation:**

Aliquot in Delve Tube only under sterile conditions

**Reference Interval:**

No microorganisms detected

**Synonyms:**

- metagenomic next-generation sequencing
- mNGS
- agnostic sequencing
- untargeted sequencing

**Stability (from collection to initiation):**

CSF before transfer to Delve Tube: Room temperature for up to 6 hours; 2-8 °C for up to 6 days; stable frozen at <-20 °C (and thawed prior to transfer) for up to 90 days

After transfer to Delve Tube: Room temperature for up to 1 month; 2-8 °C for up to 2 months; frozen at <-20 °C for up to 90 days

**Reported:**

3-5 days

**Additional Information:**

After collection, bring kit to the Clinical Lab before 2 pm M-F

For inquiries, please contact Dr. Chiu at 415-514-8219 or [charles.chiu@ucsf.edu](mailto:charles.chiu@ucsf.edu).

**CPT Codes:**

87999

**LDT or Modified FDA:**

Yes

# Dengue Antibodies, IgG & IgM

LAB3500

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

ELISA

**Reported:**

Set up 4x per week, turnaround 4-6 days

**Additional Information:**

Assay detects both IgG and IgM antibodies. Dengue hemorrhagic fever and Dengue shock syndrome are caused by infection of a RNA flavivirus transmitted by a mosquito vector. Paired acute and convalescent specimens that exhibit a significant change in titer are useful to confirm clinical diagnosis of infection.

**Synonyms:**

- Dengue hemorrhagic fever
- Dengue shock syndrome

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

## PROCESSING

**Test Code:**

DENG F

**Test Group:**

Dengue

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Ship at room temperature. Order Quest test # 34301X

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

## RESULT INTERPRETATION

**Units:**

Index

**Reference Interval:**

IgG: &lt;0.90

IgM: &lt;0.90

**Additional Information:**

Assay detects both IgG and IgM antibodies. Dengue hemorrhagic fever and Dengue shock syndrome are caused by infection of a RNA flavivirus transmitted by a mosquito vector. Paired acute and convalescent specimens that exhibit a significant change in titer are useful to confirm clinical diagnosis of infection.

**ADMINISTRATIVE****CPT Codes:**

86790-90

**LOINC Codes:**

41878-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

DENG F

**Test Group:**

Dengue

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Ship at room temperature. Order Quest test # 34301X

**Units:**

Index

**Reference Interval:**

IgG: &lt;0.90

IgM: &lt;0.90

**Synonyms:**

- Dengue hemorrhagic fever
- Dengue shock syndrome

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

**Reported:**

Set up 4x per week, turnaround 4-6 days

**Additional Information:**

Assay detects both IgG and IgM antibodies. Dengue hemorrhagic fever and Dengue shock syndrome are caused by infection of a RNA flavivirus transmitted by a mosquito vector. Paired acute and convalescent specimens that exhibit a significant change in titer are useful to confirm clinical diagnosis of infection.

**CPT Codes:**

86790-90

**LOINC Codes:**

41878-0

# Des-gamma-carboxy Prothrombin

LAB6202

## ORDERING

**Ordering Recommendations:**

Surveillance and monitoring of hepatocellular carcinoma.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Thu

**Methodology:**

Quantitative Liquid Chromatography/Immunoassay

**Reported:**

1-5 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- DCP, PIVKA-II
- DCP
- PIVKA-II

## COLLECTION

**Sample Type:**

SERUM

**Label Abbreviation:**

DCP

**Collect:**

Plain red or serum separator tube.

**Amount to Collect:**

2 mL (blood)

**Preferred Volume:**

1 mL (serum)

**Minimum Volume:**

0.5 mL (serum)

**Stability (from collection to initiation):**

After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 3 weeks (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Plasma.

## PROCESSING

**Test Code:**

DCP

**ARUP Test Code:**

0081312

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

**Preferred Volume:**

1 mL (serum)

**Minimum Volume:**

0.5 mL (serum)

**Unacceptable Conditions:**

Plasma.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 3 weeks (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

Effective August 20, 2012

0.0 - 7.4 ng/mL

**Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

The  $\mu$ TASWako method is used. Results obtained with different assay methods or kits cannot be used interchangeably. The des-gamma-carboxy prothrombin (DCP) assay is intended as a risk assessment for the development of hepatocellular carcinoma in patients with chronic liver diseases. Elevated DCP values have been shown to be associated with an increased risk for developing hepatocellular carcinoma. Patients with elevated serum DCP should be more intensely evaluated for evidence of hepatocellular carcinoma. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Medication containing vitamin K preparations may cause a negative bias of the DCP values.

Medication containing vitamin K antagonist or antibiotic may cause a positive bias of the DCP values.

**ADMINISTRATIVE****CPT Codes:**

83951

**LOINC:**

- 34444-0

**LOINC Codes:**

34444-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Surveillance and monitoring of hepatocellular carcinoma.

**Test Code:**

DCP

**ARUP Test Code:**

0081312

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Thu

**Methodology:**

Quantitative Liquid Chromatography/Immunoassay

**Collect:**

Plain red or serum separator tube.

**Amount to Collect:**

2 mL (blood)



**Sample Type:**

SERUM

**Preferred Volume:**

1 mL (serum)

**Minimum Volume:**

0.5 mL (serum)

**Unacceptable Conditions:**

Plasma.

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

**Units:**

ng/mL

**Reference Interval:**

Effective August 20, 2012

0.0 - 7.4 ng/mL

**Interpretive Data:**

The  $\mu$ TASWako method is used. Results obtained with different assay methods or kits cannot be used interchangeably. The des-gamma-carboxy prothrombin (DCP) assay is intended as a risk assessment for the development of hepatocellular carcinoma in patients with chronic liver diseases. Elevated DCP values have been shown to be associated with an increased risk for developing hepatocellular carcinoma. Patients with elevated serum DCP should be more intensely evaluated for evidence of hepatocellular carcinoma. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Medication containing vitamin K preparations may cause a negative bias of the DCP values.

Medication containing vitamin K antagonist or antibiotic may cause a positive bias of the DCP values.

**Synonyms:**

- DCP, PIVKA-II
- DCP
- PIVKA-II

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 3 weeks (avoid repeated freeze/thaw cycles)

**Reported:**

1-5 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

83951

**LOINC:**

- 34444-0

**LOINC Codes:**

34444-0

# Desipramine

DESI

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Liquid Chromatography Tandem Mass Spectrometry

**Reported:**

Test performed 4 x per week. Turnaround time 3-5 days.

**Additional Information:**

If both Desipramine and Imipramine are desired, order Imipramine only. Potentially toxic: &gt; 500.

**Synonyms:**

- Norpramin
- Pertofrane

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Remarks:**

Do not use Gold top. If both Desipramine and Imipramine are desired, order Imipramine only.

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

DESI

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate serum promptly. Freeze at -20C.

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top

## RESULT INTERPRETATION

**Units:**

µg/L (mcg/L)

**Reference Interval:**

Therapeutic 50-300 µg/L when given as parent drug

**Critical Values:**

Quest Priority-1: &gt;= 600 µg/L

**Additional Information:**

If both Desipramine and Imipramine are desired, order Imipramine only. Potentially toxic: > 500.

**ADMINISTRATIVE****CPT Codes:**

80335-90

**LOINC Codes:**

3531-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

DESI

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Liquid Chromatography Tandem Mass Spectrometry

**Remarks:**

Do not use Gold top. If both Desipramine and Imipramine are desired, order Imipramine only.

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Separate serum promptly. Freeze at -20C.

**Units:**

µg/L (mcg/L)

**Reference Interval:**

Therapeutic 50-300 µg/L when given as parent drug

**Critical Values:**

Quest Priority-1: >= 600 µg/L

**Synonyms:**

- Norpramin
- Pertofrane

**Reported:**

Test performed 4 x per week. Turnaround time 3-5 days.

**Additional Information:**

If both Desipramine and Imipramine are desired, order Imipramine only. Potentially toxic: > 500.

**CPT Codes:**

80335-90

**LOINC Codes:**

3531-1

# Desmoglein 1 and 3 Antibodies

LAB5436

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

ELISA

**Reported:**

7-9 days

**Additional Information:**

Pemphigus includes a group of often fatal autoimmune, blistering diseases characterized by intraepithelial lesions. Pemphigus vulgaris and its variants may present with oral or mucosal lesions alone or with mucosal plus skin lesions. Pemphigus foliaceus and variants present with skin lesions alone.

Indirect immunofluorescence (IIF) studies reveal that both forms of pemphigus are caused by autoantibodies to cell surface antigens of stratified epithelia or mucous membranes and skin. These antibodies bind to calcium-dependent adhesion molecules in cell surface desmosomes, notably desmoglein 1 (DSG1) in pemphigus foliaceus and desmoglein 3 (DSG3) and/or DSG1 in pemphigus vulgaris. Desmogleins are protein substances located in and on the surface of keratinocytes. These proteins have been shown to be a critical factor in cell-to-cell adhesion. Antibodies to desmogleins can result in loss of cell adhesion, the primary cause of blister formation in pemphigus.

The diagnosis of pemphigus depends on biopsy and serum studies that characterize lesions and detect the autoantibodies that cause them. Originally, the serum studies were performed by IIF using monkey esophagus and other tissue substrates. The identification of the reactive antigens as DSG1 and DSG3 has made it possible to develop highly specific and sensitive enzyme-linked immunosorbent assay (ELISA) methods.

Antibodies to desmoglein 1 (DSG1) and desmoglein 3 (DSG3) have been shown to be present in patients with pemphigus. Many patients with pemphigus foliaceus, a superficial form of pemphigus have antibodies to DSG1. Patients with pemphigus vulgaris, a deeper form of pemphigus, have antibodies to DSG3 and sometimes DSG1 as well.

Antibody titer correlates in a semiquantitative manner with disease activity in many patients. Patients with severe disease can usually be expected to have high titers of antibodies to DSG. Titers are expected to decrease with clinical improvement.

Our experience demonstrates a very good correlation between DSG1 and DSG3 results and the presence of pemphigus. Adequate sensitivities and specificity for disease are documented. However, in those patients strongly suspected to have pemphigus either by clinical findings or by routine biopsy, and in whom the DSG assay is negative, the IIF test (CIFS/8052 Cutaneous Immunofluorescence Antibodies [IgG], Serum) is recommended.

**Synonyms:**

- DSG1 Ab
- DSG1 Antibody
- DSG3 Ab
- DSG3 Antibody
- BULLOUS PEMPHIGUS
- DSG3
- DSG1

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

DSG

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 1.5 days, refrigerated 1 week, frozen 2 weeks

**Rejection Criteria:**

Gross hemolysis, lipemia or icterus

**PROCESSING****Test Code:**

DSG

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Spin and freeze aliquot at -20C. Ship to China Basin.

Mayo order DSGAB

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Gross hemolysis, lipemia or icterus

**Stability (from collection to initiation):**

Room temperature 1.5 days, refrigerated 1 week, frozen 2 weeks

**RESULT INTERPRETATION****Units:**

U

**Reference Interval:**

DESMOGLEIN 1

Negative: &lt;14.0 U

Indeterminate: 14.0-20.0 U

Positive: &gt;20.0 U

DESMOGLEIN 3

Negative: &lt;9.0 U

Indeterminate: 9.0-20.0 U

Positive: &gt;20.0 U

**Additional Information:**

Pemphigus includes a group of often fatal autoimmune, blistering diseases characterized by intraepithelial lesions. Pemphigus vulgaris and its variants may present with oral or mucosal lesions alone or with mucosal plus skin lesions. Pemphigus foliaceus and variants present with skin lesions alone.

Indirect immunofluorescence (IIF) studies reveal that both forms of pemphigus are caused by autoantibodies to cell surface antigens of stratified epithelia or mucous membranes and skin. These antibodies bind to calcium-dependent adhesion molecules in cell surface desmosomes, notably desmoglein 1 (DSG1) in pemphigus foliaceus and desmoglein 3 (DSG3) and/or DSG1 in pemphigus vulgaris. Desmogleins are protein substances located in and on the surface of keratinocytes. These proteins have been shown to be a critical factor in cell-to-cell adhesion. Antibodies to desmogleins can result in loss of cell adhesion, the primary cause of blister formation in pemphigus.

The diagnosis of pemphigus depends on biopsy and serum studies that characterize lesions and detect the autoantibodies that cause them. Originally, the serum studies were performed by IIF using monkey esophagus and other tissue substrates. The identification of the reactive antigens as DSG1 and DSG3 has made it possible to develop highly specific and sensitive enzyme-linked immunosorbent assay (ELISA) methods.

Antibodies to desmoglein 1 (DSG1) and desmoglein 3 (DSG3) have been shown to be present in patients with pemphigus. Many patients with pemphigus foliaceus, a superficial form of pemphigus have antibodies to DSG1. Patients with pemphigus vulgaris, a deeper form of pemphigus, have antibodies to DSG3 and sometimes DSG1 as well.

Antibody titer correlates in a semiquantitative manner with disease activity in many patients. Patients with severe disease can usually be expected to have high titers of antibodies to DSG. Titers are expected to decrease with clinical improvement.

Our experience demonstrates a very good correlation between DSG1 and DSG3 results and the presence of pemphigus. Adequate sensitivities and specificity for disease are documented. However, in those patients strongly suspected to have pemphigus either by clinical findings or by routine biopsy, and in whom the DSG assay is negative, the IIF test (CIFS/8052 Cutaneous Immunofluorescence Antibodies [IgG], Serum) is recommended.

**ADMINISTRATIVE****CPT Codes:**

83516-90 x2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

DSG

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Gross hemolysis, lipemia or icterus

**Specimen Preparation:**

Spin and freeze aliquot at -20C. Ship to China Basin.

Mayo order DSGAB

**Units:**

U

**Reference Interval:**

DESMOGLEIN 1

Negative: &lt;14.0 U

Indeterminate: 14.0-20.0 U

Positive: &gt;20.0 U

DESMOGLEIN 3

Negative: &lt;9.0 U

Indeterminate: 9.0-20.0 U

Positive: &gt;20.0 U

**Synonyms:**

- DSG1 Ab
- DSG1 Antibody
- DSG3 Ab
- DSG3 Antibody
- BULLOUS PEMPFIGUS
- DSG3
- DSG1

**Stability (from collection to initiation):**

Room temperature 1.5 days, refrigerated 1 week, frozen 2 weeks

**Reported:**

7-9 days

**Additional Information:**

Pemphigus includes a group of often fatal autoimmune, blistering diseases characterized by intraepithelial lesions. Pemphigus vulgaris and its variants may present with oral or mucosal lesions alone or with mucosal plus skin lesions. Pemphigus foliaceus and variants present with skin lesions alone.

Indirect immunofluorescence (IIF) studies reveal that both forms of pemphigus are caused by autoantibodies to cell surface antigens of stratified epithelia or mucous membranes and skin. These antibodies bind to calcium-dependent adhesion molecules in cell surface desmosomes, notably desmoglein 1 (DSG1) in pemphigus foliaceus and desmoglein 3 (DSG3) and/or DSG1 in pemphigus vulgaris. Desmogleins are protein substances located in and on the surface of keratinocytes. These proteins have been shown to be a critical factor in cell-to-cell adhesion. Antibodies to desmogleins can result in loss of cell adhesion, the primary cause of blister formation in pemphigus.

The diagnosis of pemphigus depends on biopsy and serum studies that characterize lesions and detect the autoantibodies that cause them. Originally, the serum studies were performed by IIF using monkey esophagus and other tissue substrates. The identification of the reactive antigens as DSG1 and DSG3 has made it possible to develop highly specific and sensitive enzyme-linked immunosorbent assay (ELISA) methods.

Antibodies to desmoglein 1 (DSG1) and desmoglein 3 (DSG3) have been shown to be present in patients with pemphigus. Many patients with pemphigus foliaceus, a superficial form of pemphigus have antibodies to DSG1. Patients with pemphigus vulgaris, a deeper form of pemphigus, have antibodies to DSG3 and sometimes DSG1 as well.

Antibody titer correlates in a semiquantitative manner with disease activity in many patients. Patients with severe disease can usually be expected to have high titers of antibodies to DSG. Titers are expected to decrease with clinical improvement.

Our experience demonstrates a very good correlation between DSG1 and DSG3 results and the presence of pemphigus. Adequate sensitivities and specificity for disease are documented. However, in those patients strongly suspected to have pemphigus either by clinical findings or by routine biopsy, and in whom the DSG assay is negative, the IIF test (CIFS/8052 Cutaneous Immunofluorescence Antibodies [IgG], Serum) is recommended.

**CPT Codes:**

83516-90 x2

# Dexamethasone Suppression Test

## ORDERING

**Available Stat:**

No

**Additional Information:**

For Depressive Illness based on Carrollet al. Arch Gen Psych 1981;38:15.

1 mg dexamethasone is given at 2300 on day 1, and serum cortisol levels are obtained 18 and 24 hours later (1600 and 2300 on day 2). A cortisol level of  $> 4 \mu\text{g/dL}$  ( $> 110 \text{ nmol/L}$ ) in either day 2 specimen is considered abnormal.

Indomethacin and similar drugs may give false-negative results, and the diagnostic value of this test is in any case dubious.

## COLLECTION

**Sample Type:**

see Cortisol

## PROCESSING

**Test Group:**

Dexamethasone Suppression Test

## RESULT INTERPRETATION

**Reference Interval:**

See Additional Information

**Additional Information:**

For Depressive Illness based on Carrollet al. Arch Gen Psych 1981;38:15.

1 mg dexamethasone is given at 2300 on day 1, and serum cortisol levels are obtained 18 and 24 hours later (1600 and 2300 on day 2). A cortisol level of  $> 4 \mu\text{g/dL}$  ( $> 110 \text{ nmol/L}$ ) in either day 2 specimen is considered abnormal.

Indomethacin and similar drugs may give false-negative results, and the diagnostic value of this test is in any case dubious.

## COMPLETE VIEW

**Available Stat:**

No

**Test Group:**

Dexamethasone Suppression Test

**Sample Type:**

see Cortisol

**Reference Interval:**

See Additional Information

**Additional Information:**

For Depressive Illness based on Carrollet al. Arch Gen Psych 1981;38:15.

1 mg dexamethasone is given at 2300 on day 1, and serum cortisol levels are obtained 18 and 24 hours later (1600 and 2300 on day 2). A cortisol level of  $> 4 \mu\text{g/dL}$  ( $> 110 \text{ nmol/L}$ ) in either day 2 specimen is considered abnormal.

Indomethacin and similar drugs may give false-negative results, and the diagnostic value of this test is in any case dubious.



# Dexamethasone Suppression Test, High-Dose

## ORDERING

**Available Stat:**

No

**Additional Information:**

For Differential Diagnosis of Cushing's Syndrome.

Rapid Test (based on Tyrrell JB et al. Ann Intern Med 1986;104:180.: Obtain a baseline serum cortisol at 0700-0800 hours. Administer 8.0 mg po dexamethasone that evening at 2300 hours and obtain another serum cortisol at 0700-0800 hours the following morning. Interpretation: A positive response (suppressibility) is a reduction of the post-dexamethasone serum cortisol to  $\leq 50\%$  of the baseline cortisol level (sensitivity 89%, CI 80-94%; specificity 100%, CI 84-100%).

Standard Test (based on Liddle GW. J Clin Endocrinol Metab 1960;20:1539): Obtain a baseline serum cortisol at 0700-0800 hours and a 24 hour urine collection of urine for 17-OH corticosteroids beginning at the same time. On the following day administer 2.0 mg po dexamethasone q6h for 8 doses. Repeat the 24 hour urine 17-OHS collection during day 2 of dexamethasone administration and repeat the plasma cortisol at 0700-0800 hours on the morning after the last steroid dose. Interpretation: A positive response (suppressibility) is a reduction in both assays to  $\leq 50\%$  of baseline values (sensitivity 92%, CI 82-97%; specificity 94%, CI 85-97%).

Significance: A positive response generally indicates an ACTH-producing pituitary tumor, rather than an ectopic (primarily thoracic) ACTH-producing tumor or an adrenal source.

## COLLECTION

**Sample Type:**

see Cortisol

## PROCESSING

**Test Group:**

Dexamethasone Suppression Test

## RESULT INTERPRETATION

**Reference Interval:**

See Additional Information

**Additional Information:**

For Differential Diagnosis of Cushing's Syndrome.

Rapid Test (based on Tyrrell JB et al. Ann Intern Med 1986;104:180.: Obtain a baseline serum cortisol at 0700-0800 hours. Administer 8.0 mg po dexamethasone that evening at 2300 hours and obtain another serum cortisol at 0700-0800 hours the following morning. Interpretation: A positive response (suppressibility) is a reduction of the post-dexamethasone serum cortisol to  $\leq 50\%$  of the baseline cortisol level (sensitivity 89%, CI 80-94%; specificity 100%, CI 84-100%).

Standard Test (based on Liddle GW. J Clin Endocrinol Metab 1960;20:1539): Obtain a baseline serum cortisol at 0700-0800 hours and a 24 hour urine collection of urine for 17-OH corticosteroids beginning at the same time. On the following day administer 2.0 mg po dexamethasone q6h for 8 doses. Repeat the 24 hour urine 17-OHS collection during day 2 of dexamethasone administration and repeat the plasma cortisol at 0700-0800 hours on the morning after the last steroid dose. Interpretation: A positive response (suppressibility) is a reduction in both assays to  $\leq 50\%$  of baseline values (sensitivity 92%, CI 82-97%; specificity 94%, CI 85-97%).

Significance: A positive response generally indicates an ACTH-producing pituitary tumor, rather than an ectopic (primarily thoracic) ACTH-producing tumor or an adrenal source.

## COMPLETE VIEW

**Available Stat:**

No

**Test Group:**

Dexamethasone Suppression Test

**Sample Type:**

see Cortisol

**Reference Interval:**

See Additional Information

**Additional Information:**

For Differential Diagnosis of Cushing's Syndrome.

**Rapid Test** (based on Tyrrell JB et al. Ann Intern Med 1986;104:180.): Obtain a baseline serum cortisol at 0700-0800 hours. Administer 8.0 mg po dexamethasone that evening at 2300 hours and obtain another serum cortisol at 0700-0800 hours the following morning. Interpretation: A positive response (suppressibility) is a reduction of the post-dexamethasone serum cortisol to  $\leq 50\%$  of the baseline cortisol level (sensitivity 89%, CI 80-94%; specificity 100%, CI 84-100%).

**Standard Test** (based on Liddle GW. J Clin Endocrinol Metab 1960;20:1539): Obtain a baseline serum cortisol at 0700-0800 hours and a 24 hour urine collection of urine for 17-OH corticosteroids beginning at the same time. On the following day administer 2.0 mg po dexamethasone q6h for 8 doses. Repeat the 24 hour urine 17-OHS collection during day 2 of dexamethasone administration and repeat the plasma cortisol at 0700-0800 hours on the morning after the last steroid dose. Interpretation: A positive response (suppressibility) is a reduction in both assays to  $\leq 50\%$  of baseline values (sensitivity 92%, CI 82-97%; specificity 94%, CI 85-97%).

**Significance:** A positive response generally indicates an ACTH-producing pituitary tumor, rather than an ectopic (primarily thoracic) ACTH-producing tumor or an adrenal source.

# Dexamethasone Suppression Test, Low-Dose

## ORDERING

**Available Stat:**

No

**Additional Information:**

For Diagnosis of Cushing's Syndrome.

Rapid Test (based on Pavlatos FC et al. JAMA 1965;193:720): Obtain a baseline serum cortisol at 0700-0800 hours. Administer 1.0 mg po dexamethasone that evening at 2300 hours and obtain another serum cortisol at 0700-0800 hours the following morning. Interpretation: A normal response (suppressibility) is a reduction of the post-dexamethasone serum cortisol to  $< 5 \mu\text{g/dL}$  ( $< 140 \text{ nmol/L}$ ).

Standard Test (based on Liddle GW. J Clin Endocrinol Metab 1960;20:1539): Obtain a baseline serum cortisol at 0700-0800 hours and a 24 hour urine collection of urine for 17-OH corticosteroids beginning at the same time. On the following day administer 0.5 mg po dexamethasone q6h for 8 doses. Repeat the 24 hour urine 17-OHC collection during day 2 of dexamethasone administration and repeat the plasma cortisol at 0700-0800 hours on the morning after the last steroid dose.

Interpretation: A normal response (suppressibility) is a reduction in cortisol to  $< 5 \mu\text{g/dL}$  ( $< 140 \text{ nmol/L}$ ) and of 17-OHC to  $< 4 \text{ mg/d}$  ( $< 11 \mu\text{mol/d}$ ).

Significance: An (abnormal) lack of suppression typifies Cushing's Syndrome.

## COLLECTION

**Sample Type:**

see Cortisol

## PROCESSING

**Test Group:**

Dexamethasone Suppression Test

## RESULT INTERPRETATION

**Reference Interval:**

See Additional Information

**Additional Information:**

For Diagnosis of Cushing's Syndrome.

Rapid Test (based on Pavlatos FC et al. JAMA 1965;193:720): Obtain a baseline serum cortisol at 0700-0800 hours. Administer 1.0 mg po dexamethasone that evening at 2300 hours and obtain another serum cortisol at 0700-0800 hours the following morning. Interpretation: A normal response (suppressibility) is a reduction of the post-dexamethasone serum cortisol to  $< 5 \mu\text{g/dL}$  ( $< 140 \text{ nmol/L}$ ).

Standard Test (based on Liddle GW. J Clin Endocrinol Metab 1960;20:1539): Obtain a baseline serum cortisol at 0700-0800 hours and a 24 hour urine collection of urine for 17-OH corticosteroids beginning at the same time. On the following day administer 0.5 mg po dexamethasone q6h for 8 doses. Repeat the 24 hour urine 17-OHC collection during day 2 of dexamethasone administration and repeat the plasma cortisol at 0700-0800 hours on the morning after the last steroid dose.

Interpretation: A normal response (suppressibility) is a reduction in cortisol to  $< 5 \mu\text{g/dL}$  ( $< 140 \text{ nmol/L}$ ) and of 17-OHC to  $< 4 \text{ mg/d}$  ( $< 11 \mu\text{mol/d}$ ).

Significance: An (abnormal) lack of suppression typifies Cushing's Syndrome.

## COMPLETE VIEW

**Available Stat:**

No

**Test Group:**

Dexamethasone Suppression Test

**Sample Type:**

see Cortisol

**Reference Interval:**

See Additional Information

**Additional Information:**

For Diagnosis of Cushing's Syndrome.

**Rapid Test** (based on Pavlatos FC et al. JAMA 1965;193:720): Obtain a baseline serum cortisol at 0700-0800 hours. Administer 1.0 mg po dexamethasone that evening at 2300 hours and obtain another serum cortisol at 0700-0800 hours the following morning. Interpretation: A normal response (suppressibility) is a reduction of the post-dexamethasone serum cortisol to  $< 5 \mu\text{g/dL}$  ( $< 140 \text{ nmol/L}$ ).

**Standard Test** (based on Liddle GW. J Clin Endocrinol Metab 1960;20:1539): Obtain a baseline serum cortisol at 0700-0800 hours and a 24 hour urine collection of urine for 17-OH corticosteroids beginning at the same time. On the following day administer 0.5 mg po dexamethasone q6h for 8 doses. Repeat the 24 hour urine 17-OHC collection during day 2 of dexamethasone administration and repeat the plasma cortisol at 0700-0800 hours on the morning after the last steroid dose.

Interpretation: A normal response (suppressibility) is a reduction in cortisol to  $< 5 \mu\text{g/dL}$  ( $< 140 \text{ nmol/L}$ ) and of 17-OHC to  $< 4 \text{ mg/d}$  ( $< 11 \mu\text{mol/d}$ ).

Significance: An (abnormal) lack of suppression typifies Cushing's Syndrome.

# Dexamethasone, Serum or Plasma by LC-MS/MS

LAB264

## ORDERING

**Ordering Recommendations:**

Compliance assessment of dexamethasone suppression testing.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Wed, Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

2-5 days

**Synonyms:**

- DEXA

## COLLECTION

**Patient Preparation:**

Specimen should be collected between 8-10 a.m.

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

DEXA

**Collect:**Serum separator tube, serum from plain red, lavender (EDTA), pink (K<sub>2</sub>EDTA), or green (sodium or lithium heparin).**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

## PROCESSING

**Test Code:**

DEXA

**ARUP Test Code:**

2003248

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

**Storage/Transport Temperature:**  
Refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**

Adults baseline: Less than 50 ng/dL

8:00 AM draw following 1 mg dexamethasone between 11:00 pm and 12:00 am the previous evening: 140 - 295 ng/dL

8:00 AM draw following 8 mg dexamethasone (4 x 2 mg doses) between 11:00 pm and 12:00 am the previous evening:  
1600 - 2850 ng/dL

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

## ADMINISTRATIVE

**CPT Codes:**

80299

**LOINC:**

- 14062-4

## COMPLETE VIEW

**Available Stat:**

No

**Ordering Recommendations:**

Compliance assessment of dexamethasone suppression testing.

**Test Code:**

DEXA

**ARUP Test Code:**

2003248

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Wed, Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Patient Preparation:**

Specimen should be collected between 8-10 a.m.

**Collect:**

Serum separator tube, serum from plain red, lavender (EDTA), pink (K<sub>2</sub>EDTA), or green (sodium or lithium heparin).

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Specimen Preparation:**

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

**Reference Interval:**

Adults baseline: Less than 50 ng/dL

8:00 AM draw following 1 mg dexamethasone between 11:00 pm and 12:00 am the previous evening: 140 - 295 ng/dL

8:00 AM draw following 8 mg dexamethasone (4 x 2 mg doses) between 11:00 pm and 12:00 am the previous evening:  
1600 - 2850 ng/dL

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- DEXA

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

**Reported:**

2-5 days

**CPT Codes:**

80299

**LOINC:**

- 14062-4

# Diazepam

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC

**Reported:**

Test performed Monday, Wednesday, Friday. Turnaround time: 2-4 days.

**Additional Information:**

Includes nordiazepam and oxazepam. Potentially toxic: &gt; 2.5.

**Synonyms:**

- Valium
- nordiazepam
- oxazepam
- Desmethyldiazepam

## COLLECTION

**Sample Type:**

Serum

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Remarks:**

Do NOT use a serum separator tube.

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 94130

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 0.1-2.5 mg/L for the SUM of the parent drug and its metabolite



**Critical Values:**Quest Priority-1: Diazepam + Norazepam  $\geq 3.0$  mg/L**Additional Information:**Includes nordiazepam and oxazepam. Potentially toxic:  $> 2.5$ .**ADMINISTRATIVE****CPT Codes:**

80154-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC

**Remarks:**

Do NOT use a serum separator tube.

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Refrigerate. Order Quest # 94130

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 0.1-2.5 mg/L for the SUM of the parent drug and its metabolite

**Critical Values:**Quest Priority-1: Diazepam + Norazepam  $\geq 3.0$  mg/L**Synonyms:**

- Valium
- nordiazepam
- oxazepam
- Desmethyldiazepam

**Reported:**

Test performed Monday, Wednesday, Friday. Turnaround time: 2-4 days.

**Additional Information:**Includes nordiazepam and oxazepam. Potentially toxic:  $> 2.5$ .**CPT Codes:**

80154-90

# Differential Time to Positivity

P060 &amp; P061

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily, all shifts

**Methodology:**

Culture

**Reported:**

6 days

**Additional Information:**

If organisms grow in the sample drawn through the line at least two hours earlier than from the peripheral blood, then the line is considered to be the source of infection.

**Synonyms:**

- catheter tip
- catheter infection
- blood culture

## COLLECTION

**Sample Type:**

Whole blood

**Collect:**

Two sets of paired blood culture bottles (BD BACTEC Plus Aerobic and Lytic Anaerobic)

**Amount to Collect:**

Adults: 40 mL total (20 mL for each set / 10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight for EACH set:

&lt; 1 kg = 1 mL for aerobic only (0.5 ml for neonates &lt; 72h old)

1 - 5 kg = 2 mL total (1 mL for each bottle)

5 - 15 kg = 3 mL total (1.5 mL for each bottle)

15 - 40 kg = 6 mL total (3 mL for each bottle)

&gt;40 kg = 10 mL total (5 mL for each bottle)

**Preferred Volume:**

Adults: 40 mL total (20 mL for each set / 10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight for EACH set (see "Amount to Collect" above)

**Minimum Volume:**

Adults: 20 mL total (10 mL for each set / 5 mL for each bottle)

Pediatrics: Draw 1.0 mL minimum for culture (0.5 ml for neonates < 72h old) when collecting aerobic only (standard). If both aerobic and anaerobic needed, instill minimum of 1 mL in each bottle when collecting.

**Remarks:**

For detailed instructions, see nursing manual.

Peripheral vein and CVC line samples must be obtained within 15 minutes of each other.

The volumes of blood obtained from the peripheral vein & from the CVC must match. (e.g. if only 12 mLs is obtained from peripheral stick, obtain only 12 mLs from CVC).

Draw peripheral blood sample first since the amount of blood obtained will determine how much is obtained from the CVC.

Inoculate one set of aerobic & anaerobic bottles with the peripheral sample, dividing the volume in half for each bottle. Label bottles as "peripheral" and submit with a microbiology requisition (if applicable) for a DTTP Peripheral Blood Culture.

Inoculate a second set of aerobic & anaerobic bottles with the line sample, dividing the volume in half for each bottle. Label bottles as "line" and submit with a microbiology requisition (if applicable) for a DTTP Central Blood Culture.

Put all 4 bottles and requisitions (if applicable) in the same specimen bag and send to the lab.

**Stability (from collection to initiation):**

36 hours at room temperature

**Unacceptable Conditions:**

Samples that are not collected per "Collection Instructions"

**PROCESSING****Test Code:**

P060 &amp; P061

**Test Group:**

Bacterial culture

**Performing Lab:**

Microbiology

**Specimen Preparation:**

1. Maintain samples at room temperature.
2. Both peripheral and central blood cultures, collected within 15 minutes of each other are submitted. More than one type of central blood culture may be submitted. Each set should be labeled as peripheral or central. Physician will order DTTP Peripheral Blood Culture and DTTP Central Blood Culture.
3. If unsuitable collection, complete a credit form and indicate reason NOTTP (DTTP culture not performed due to improper collection. Test requires peripheral and central line blood draws, collected within 15 minutes of each other.)
4. Accession one set and then the other(s).
5. Send all bottles to China Basin in one bag.
6. If the time from collection to loading bottles on the instrument is more than 12 hours, give the bottles to a CLS to subculture before loading.
7. Load all bottles into the instrument at the same time.

See Peripheral and Central Blood Culture processing notes for more information.

**Preferred Volume:**

Adults: 40 mL total (20 mL for each set / 10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight for EACH set (see "Amount to Collect" above)

**Minimum Volume:**

Adults: 20 mL total (10 mL for each set / 5 mL for each bottle)

Pediatrics: Draw 1.0 mL minimum for culture (0.5 mL for neonates &lt; 72h old) when collecting aerobic only (standard). If both aerobic and anaerobic needed, instill minimum of 1 mL in each bottle when collecting.

**Unacceptable Conditions:**

Samples that are not collected per "Collection Instructions"

**Stability (from collection to initiation):**

36 hours at room temperature

**RESULT INTERPRETATION****Reference Interval:**

No growth

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning. Gram stain results from the first positive blood culture on a patient will be phoned.

Additional calls only made if &gt; 7 days have elapsed since first call or a different organism is identified.

**Additional Information:**

If organisms grow in the sample drawn through the line at least two hours earlier than from the peripheral blood, then the line is considered to be the source of infection.

**ADMINISTRATIVE****CPT Codes:**

87040

**LOINC Codes:**

600-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P060 &amp; P061

**Test Group:**

Bacterial culture

**Performing Lab:**

Microbiology

**Performed:**

Daily, all shifts

**Methodology:**

Culture

**Remarks:**

For detailed instructions, see nursing manual.

Peripheral vein and CVC line samples must be obtained within 15 minutes of each other.

The volumes of blood obtained from the peripheral vein & from the CVC must match. (e.g. if only 12 mLs is obtained from peripheral stick, obtain only 12 mLs from CVC).

Draw peripheral blood sample first since the amount of blood obtained will determine how much is obtained from the CVC.

Inoculate one set of aerobic & anaerobic bottles with the peripheral sample, dividing the volume in half for each bottle. Label bottles as "peripheral" and submit with a microbiology requisition (if applicable) for a DTTP Peripheral Blood Culture.

Inoculate a second set of aerobic & anaerobic bottles with the line sample, dividing the volume in half for each bottle. Label bottles as "line" and submit with a microbiology requisition (if applicable) for a DTTP Central Blood Culture.

Put all 4 bottles and requisitions (if applicable) in the same specimen bag and send to the lab.

**Collect:**

Two sets of paired blood culture bottles (BD BACTEC Plus Aerobic and Lytic Anaerobic)

**Amount to Collect:**

Adults: 40 mL total (20 mL for each set / 10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight for EACH set:

< 1 kg = 1 mL for aerobic only (0.5 mL for neonates < 72h old)

1 - 5 kg = 2 mL total (1 mL for each bottle)

5 - 15 kg = 3 mL total (1.5 mL for each bottle)

15 - 40 kg = 6 mL total (3 mL for each bottle)

>40 kg = 10 mL total (5 mL for each bottle)

**Sample Type:**

Whole blood

**Preferred Volume:**

Adults: 40 mL total (20 mL for each set / 10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight for EACH set (see "Amount to Collect" above)

**Minimum Volume:**

Adults: 20 mL total (10 mL for each set / 5 mL for each bottle)

Pediatrics: Draw 1.0 mL minimum for culture (0.5 mL for neonates < 72h old) when collecting aerobic only (standard). If both aerobic and anaerobic needed, instill minimum of 1 mL in each bottle when collecting.

**Unacceptable Conditions:**

Samples that are not collected per "Collection Instructions"

**Specimen Preparation:**

1. Maintain samples at room temperature.
2. Both peripheral and central blood cultures, collected within 15 minutes of each other are submitted. More than one type of central blood culture may be submitted. Each set should be labeled as peripheral or central. Physician will order DTTP Peripheral Blood Culture and DTTP Central Blood Culture.
3. If unsuitable collection, complete a credit form and indicate reason NOTTP (DTTP culture not performed due to improper collection. Test requires peripheral and central line blood draws, collected within 15 minutes of each other.)
4. Accession one set and then the other(s).
5. Send all bottles to China Basin in one bag.
6. If the time from collection to loading bottles on the instrument is more than 12 hours, give the bottles to a CLS to subculture before loading.
7. Load all bottles into the instrument at the same time.

See Peripheral and Central Blood Culture processing notes for more information.

**Reference Interval:**

No growth

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning. Gram stain results from the first positive blood culture on a patient will be phoned.

Additional calls only made if > 7 days have elapsed since first call or a different organism is identified.

**Synonyms:**

- catheter tip
- catheter infection
- blood culture

**Stability (from collection to initiation):**

36 hours at room temperature

**Reported:**

6 days

**Additional Information:**

If organisms grow in the sample drawn through the line at least two hours earlier than from the peripheral blood, then the line is considered to be the source of infection.

**CPT Codes:**

87040

**LOINC Codes:**

600-7

# Digitoxin

DIGT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay

**Reported:**

Test run daily. Turnaround time: 2-3 days.

**Additional Information:**

Potentially toxic: &gt; 30 µg/L.

## COLLECTION

**Sample Type:**

Serum or EDTA plasma

**Collect:**Red top, Lavender top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Remarks:**

Draw at least 6-12 hours after administration.

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

DIGT

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Order Quest #417Z.

**Preferred Volume:**

1 mL serum or plasma

**Unacceptable Conditions:**

Collected in Gold top

## RESULT INTERPRETATION

**Units:**

ng/mL

**Reference Interval:**

Therapeutic: 10-30 ng/mL

Potentially toxic: &gt; 30 ng/mL

**Critical Values:**

Quest Priority-1: &gt;= 45 ng/mL

**Additional Information:**

Potentially toxic: &gt; 30 µg/L.

## ADMINISTRATIVE

**CPT Codes:**

80299-90

**LOINC Codes:**  
3559-2

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
DIGT

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Immunoassay

**Remarks:**  
Draw at least 6-12 hours after administration.

**Collect:**  
Red top, Lavender top (Gold top **NOT** acceptable)

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum or EDTA plasma

**Preferred Volume:**  
1 mL serum or plasma

**Unacceptable Conditions:**  
Collected in Gold top

**Specimen Preparation:**  
Order Quest #417Z.

**Units:**  
ng/mL

**Reference Interval:**  
Therapeutic: 10-30 ng/mL  
Potentially toxic: > 30 ng/mL

**Critical Values:**  
Quest Priority-1: >= 45 ng/mL

**Reported:**  
Test run daily. Turnaround time: 2-3 days.

**Additional Information:**  
Potentially toxic: > 30 µg/L.

**CPT Codes:**  
80299-90

**LOINC Codes:**  
3559-2

# Digoxin Level

LAB23

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Particle-enhanced turbidimetric inhibition immunoassay (PETINIA)

**Reported:**

STAT 1 hour, Routine 4 hours

Note: TAT for STAT samples drawn at Mt Zion, Saint Francis, and Saint Marys can be up to 3 hours.

**Additional Information:**

Non-specific immunologic CROSS-REACTIVITY can occur in patients with renal failure, pregnant women and neonates.

**Note:** In patients receiving Digibind therapy for treatment of digoxin overdose, the measured levels of digoxin are unreliable and may accurately reflect neither the total level of digoxin (bound and free) nor the level of free digoxin.

Although offered Stat, therapeutic decisions are typically not altered by stat results except in cases of accidental massive overdose when Digibind therapy is contemplated. Due to the long T1/2 for Digoxin it is generally acceptable to merely hold the next dose and obtain a routine Digoxin level.

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**Synonyms:**

- Lanoxin
- DIG

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Remarks:**

Time to steady state: 3-5 days

Collect samples 30 minutes before next dose or at least 6-8 hours post dose.

## PROCESSING

**Test Code:**

DIG

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Specimen Preparation:**

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry. Request special STAT courier for STAT samples.

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

## RESULT INTERPRETATION



**Units:**

µg/L

**Reference Interval:**

Therapeutic: 0.5-2.0 µg/L

**Critical Values:**

&gt; 2.0 ug/L

**Additional Information:**

Non-specific immunologic CROSS-REACTIVITY can occur in patients with renal failure, pregnant women and neonates.

**Note:** In patients receiving Digibind therapy for treatment of digoxin overdose, the measured levels of digoxin are unreliable and may accurately reflect neither the total level of digoxin (bound and free) nor the level of free digoxin.

Although offered Stat, therapeutic decisions are typically not altered by stat results except in cases of accidental massive overdose when Digibind therapy is contemplated. Due to the long T1/2 for Digoxin it is generally acceptable to merely hold the next dose and obtain a routine Digoxin level.

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**ADMINISTRATIVE****CPT Codes:**

80162

**LOINC Codes:**

10535-3

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

DIG

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Particle-enhanced turbidimetric inhibition immunoassay (PETINIA)

**Remarks:**

Time to steady state: 3-5 days

Collect samples 30 minutes before next dose or at least 6-8 hours post dose.

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Specimen Preparation:**

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry. Request special STAT courier for STAT samples.

**Units:**

µg/L

**Reference Interval:**

Therapeutic: 0.5-2.0 µg/L

**Critical Values:**

&gt; 2.0 ug/L

**Synonyms:**

- Lanoxin
- DIG

**Reported:**

STAT 1 hour, Routine 4 hours

Note: TAT for STAT samples drawn at Mt Zion, Saint Francis, and Saint Marys can be up to 3 hours.

**Additional Information:**

Non-specific immunologic CROSS-REACTIVITY can occur in patients with renal failure, pregnant women and neonates.

**Note:** In patients receiving Digibind therapy for treatment of digoxin overdose, the measured levels of digoxin are unreliable and may accurately reflect neither the total level of digoxin (bound and free) nor the level of free digoxin.

Although offered Stat, therapeutic decisions are typically not altered by stat results except in cases of accidental massive overdose when Digibind therapy is contemplated. Due to the long T1/2 for Digoxin it is generally acceptable to merely hold the next dose and obtain a routine Digoxin level.

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**CPT Codes:**

80162

**LOINC Codes:**

10535-3

# Diphtheria Antitoxin

LAB3404

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enzyme Immunoassay

**Reported:**

Set up 3x per week. Turnaround time 1-5 days

**Additional Information:**

Following immunization, levels usually increase &gt; 4-fold.

**Synonyms:**

- Diphtheria antitoxoid Ab

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

DIPH

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Remarks:**

Label samples as "PRE" or "POST".

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month.

## PROCESSING

**Test Code:**

DIPH

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Label samples as "PRE" or "POST". Freeze serum at -20C. Order Quest # 4865

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month.

## RESULT INTERPRETATION

**Units:**

IU/mL

**Reference Interval:**Protective:  $\geq 0.01$  IU/mL**Additional Information:**

Following immunization, levels usually increase &gt; 4-fold.

**ADMINISTRATIVE****CPT Codes:**

86648-90

**LOINC Codes:**

13227-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

DIPH

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Enzyme Immunoassay

**Remarks:**

Label samples as "PRE" or "POST".

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Label samples as "PRE" or "POST". Freeze serum at -20C. Order Quest # 4865

**Units:**

IU/mL

**Reference Interval:**Protective:  $\geq 0.01$  IU/mL**Synonyms:**

- Diphtheria antitoxoid Ab

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month.

**Reported:**

Set up 3x per week. Turnaround time 1-5 days

**Additional Information:**Following immunization, levels usually increase  $> 4$ -fold.**CPT Codes:**

86648-90

**LOINC Codes:**

13227-4

# Diphtheria Culture

LAB5031

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts.

**Methodology:**

Selective media

**Additional Information:**

Diphtheria species culture is NOT part of routine throat or wound cultures, it must be specifically requested. For non-NP or throat specimens an aerobic wound culture is routinely added to the Diphtheria specific culture.

Because of overlapping symptoms, a Group A Streptococcus culture will also be performed.

**Synonyms:**

- Bacterial culture
- DiphtheriaCx

## COLLECTION

**Sample Type:**

Throat, skin or wound swab

**Collect:**

Swab in transport media

**Remarks:**

Please alert Microbiology, x3-1268.

**Stability (from collection to initiation):**

Room temperature 12 hours

**Unacceptable Conditions:**

Swabs not received in transport media.

## PROCESSING

**Test Code:**

P126

**Performing Lab:**

Microbiology

**Unacceptable Conditions:**

Swabs not received in transport media.

**Stability (from collection to initiation):**

Room temperature 12 hours

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Diphtheria species culture is NOT part of routine throat or wound cultures, it must be specifically requested. For non-NP or throat specimens an aerobic wound culture is routinely added to the Diphtheria specific culture.

Because of overlapping symptoms, a Group A Streptococcus culture will also be performed.

## ADMINISTRATIVE

**CPT Codes:**

87081 x 2

**LOINC Codes:**

567-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P126

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts.

**Methodology:**

Selective media

**Remarks:**

Please alert Microbiology, x3-1268.

**Collect:**

Swab in transport media

**Sample Type:**

Throat, skin or wound swab

**Unacceptable Conditions:**

Swabs not received in transport media.

**Reference Interval:**

Negative

**Synonyms:**

- Bacterial culture
- DiphtheriaCx

**Stability (from collection to initiation):**

Room temperature 12 hours

**Additional Information:**

Diphtheria species culture is NOT part of routine throat or wound cultures, it must be specifically requested. For non-NP or throat specimens an aerobic wound culture is routinely added to the Diphtheria specific culture.

Because of overlapping symptoms, a Group A Streptococcus culture will also be performed.

**CPT Codes:**

87081 x 2

**LOINC Codes:**

567-8

# Direct Antiglobulin Test

LAB3650

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus &amp; Mission Bay Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Reported:**

4 hours

**Additional Information:**

If the polyspecific test is positive, a monospecific assay will automatically be initiated at an additional charge to further evaluate the problem, except in neonates, in whom it may be assumed a positive test represents IgG coating of RBCs.

**Reflex Testing:**

If positive, specific testing to determine if the reactivity is due to Complement or IgG is automatically performed.

**Synonyms:**

- DAT
- Direct antiglobulin test
- direct coombs
- cord blood tests

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

## PROCESSING

**Test Code:**

DCT

**Test Group:**

Coombs

**Performing Lab:**

Parnassus &amp; Mission Bay Blood Banks

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

If the polyspecific test is positive, a monospecific assay will automatically be initiated at an additional charge to further evaluate the problem, except in neonates, in whom it may be assumed a positive test represents IgG coating of RBCs.

## ADMINISTRATIVE

**CPT Codes:**

86880

**LOINC Codes:**

51871-2

**COMPLETE VIEW**

**Available Stat:**

No

**Test Code:**

DCT

**Test Group:**

Coombs

**Performing Lab:**

Parnassus & Mission Bay Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

**Reference Interval:**

Negative

**Synonyms:**

- DAT
- Direct antiglobulin test
- direct coombs
- cord blood tests

**Reported:**

4 hours

**Reflex Testing:**

If positive, specific testing to determine if the reactivity is due to Complement or IgG is automatically performed.

**Additional Information:**

If the polyspecific test is positive, a monospecific assay will automatically be initiated at an additional charge to further evaluate the problem, except in neonates, in whom it may be assumed a positive test represents IgG coating of RBCs.

**CPT Codes:**

86880

**LOINC Codes:**

51871-2



# Disaccharidases

LAB5478

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Spectrometry

**Additional Information:**

Lactase, maltase, palatinase and sucrase are mucosal disaccharidases that are present in normal small intestine and fetal colon. A decrease in the enzyme activity of these disaccharidases has been noted in colonic adenomas, adenocarcinomas and malabsorption. Decreased disaccharidase activity is a good indication of mucosal injury with the exception of lactase.

**Synonyms:**

- Lactase deficiency
- palatinase deficiency
- sucrase deficiency
- maltase deficiency

## COLLECTION

**Sample Type:**

Small bowel biopsy

**Label Abbreviation:**

DSCS

**Collect:**

Small bowel biopsy

**Amount to Collect:**

5 mg

**Preferred Volume:**

5 mg

**Minimum Volume:**

2 mg

**Remarks:**

Do not place tissue on gauze or filter paper; do not add saline or allow contact with support, preservatives or embedding material. Transport immediately to laboratory.

**Unacceptable Conditions:**

Sample submitted improperly. Delivered to laboratory > 30 minutes after collection

## PROCESSING

**Test Code:**

DSCS

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Specimen must be kept frozen and stored at -70C. Do not thaw. Deliver to China Basin on dry ice.

**Preferred Volume:**

5 mg

**Minimum Volume:**

2 mg

**Unacceptable Conditions:**

Sample submitted improperly. Delivered to laboratory > 30 minutes after collection

## RESULT INTERPRETATION

**Units:**

μM glucose generated/min/ g protein

**Reference Interval:**

Lactase: 15.0-45.5  $\mu\text{M gluc/min/g prot}$   
 Maltase: 25-69.9  $\mu\text{M gluc/min/g prot}$   
 Palatinase: 100-224.4  $\mu\text{M gluc/min/g prot}$   
 Sucrase: 5-26.3  $\mu\text{M gluc/min/g prot}$

**Additional Information:**

Lactase, maltase, palatinase and sucrase are mucosal disaccharidases that are present in normal small intestine and fetal colon. A decrease in the enzyme activity of these disaccharidases has been noted in colonic adenomas, adenocarcinomas and malabsorption. Decreased disaccharidase activity is a good indication of mucosal injury with the exception of lactase.

**ADMINISTRATIVE****CPT Codes:**

84311-90 x4

**LOINC Codes:**

1942-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

DSCS

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Spectrometry

**Remarks:**

Do not place tissue on gauze or filter paper; do not add saline or allow contact with support, preservatives or embedding material. Transport immediately to laboratory.

**Collect:**

Small bowel biopsy

**Amount to Collect:**

5 mg

**Sample Type:**

Small bowel biopsy

**Preferred Volume:**

5 mg

**Minimum Volume:**

2 mg

**Unacceptable Conditions:**

Sample submitted improperly. Delivered to laboratory > 30 minutes after collection

**Specimen Preparation:**

Specimen must be kept frozen and stored at -70C. Do not thaw. Deliver to China Basin on dry ice.

**Units:**

$\mu\text{M glucose generated/min/ g protein}$

**Reference Interval:**

Lactase: 15.0-45.5  $\mu\text{M gluc/min/g prot}$   
 Maltase: 25-69.9  $\mu\text{M gluc/min/g prot}$   
 Palatinase: 100-224.4  $\mu\text{M gluc/min/g prot}$   
 Sucrase: 5-26.3  $\mu\text{M gluc/min/g prot}$

**Synonyms:**

- Lactase deficiency
- palatinase deficiency
- sucrase deficiency
- maltase deficiency

**Additional Information:**

Lactase, maltase, palatinase and sucrase are mucosal disaccharidases that are present in normal small intestine and fetal colon. A decrease in the enzyme activity of these disaccharidases has been noted in colonic adenomas, adenocarcinomas and malabsorption. Decreased disaccharidase activity is a good indication of mucosal injury with the exception of lactase.

**CPT Codes:**

84311-90 x4

**LOINC Codes:**

1942-2

# Disopyramide

DISO

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

FPIA

**Reported:**

Test performed Monday-Saturday. Turnaround time: 1-3 days.

**Additional Information:**

Potentially toxic: &gt; 8 mg/L.

**Synonyms:**

- Norpace

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

## PROCESSING

**Test Code:**

DISO

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate serum. Order Quest # 35766P.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 2-5 mg/L

**Critical Values:**Quest Priority-1:  $\geq 7.0$  mg/L**Additional Information:**

Potentially toxic: &gt; 8 mg/L.

## ADMINISTRATIVE

**CPT Codes:**

80299-90

**LOINC Codes:**  
3576-6

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
DISO

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
FPIA

**Collect:**  
Red top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.2 mL serum

**Specimen Preparation:**  
Refrigerate serum. Order Quest # 35766P.

**Units:**  
mg/L

**Reference Interval:**  
Therapeutic: 2-5 mg/L

**Critical Values:**  
Quest Priority-1:  $\geq 7.0$  mg/L

**Synonyms:**

- Norpace

**Reported:**  
Test performed Monday-Saturday. Turnaround time: 1-3 days.

**Additional Information:**  
Potentially toxic:  $> 8$  mg/L.

**CPT Codes:**  
80299-90

**LOINC Codes:**  
3576-6

# Diuretic Screen and Identification

DIUS

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

HPLC

**Additional Information:**

Qualitative test for thiazides, furosemide, and ethacrynic acid; an attempt will be made to identify the individual thiazide.

## COLLECTION

**Sample Type:**

Random Urine

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

20 mL urine

**Minimum Volume:**

10 mL urine

## PROCESSING

**Test Code:**

DIUS

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Refrigerate. Order MAYO# 8246 Call MCS for pickup.

**Preferred Volume:**

20 mL urine

**Minimum Volume:**

10 mL urine

## RESULT INTERPRETATION

**Additional Information:**

Qualitative test for thiazides, furosemide, and ethacrynic acid; an attempt will be made to identify the individual thiazide.

## ADMINISTRATIVE

**CPT Codes:**

80307

**LOINC Codes:**

12286-1

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

DIUS

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

HPLC

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random Urine

**Preferred Volume:**

20 mL urine

**Minimum Volume:**

10 mL urine

**Specimen Preparation:**

Refrigerate. Order MAYO# 8246 Call MCS for pickup.

**Additional Information:**

Qualitative test for thiazides, furosemide, and ethacrynic acid; an attempt will be made to identify the individual thiazide.

**CPT Codes:**

80307

**LOINC Codes:**

12286-1

# DNA Extraction and Hold for MDx Laboratory

LAB5337

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run daily, Monday through Friday, day shift only

**Methodology:**

DNA Extraction

**Additional Information:**

All extracted DNA samples will be held for 90 days. Extracted DNA samples of fetal origin (e.g. Chorionic villi, cultured amniocytes, etc.) and their corresponding maternal DNA samples, will be held for 1 year. If no testing is ordered within this time frame, the sample will be discarded.

For questions, contact the molecular diagnostics laboratory at (415)514-8488.

## COLLECTION

**Sample Type:**

EDTA whole blood and bone marrow  
Amniotic fluid  
Cultured amniocytes  
Chorionic villi  
Cultured chorionic villi  
Miscellaneous fresh tissue

**Collect:**

Lavender top preferred, Yellow top (ACD) or Blue top (citrate) acceptable

**Preferred Volume:**

|                            |              |
|----------------------------|--------------|
| Blood                      | 5 mL         |
| Bone marrow                | 3 mL         |
| Amniotic fluid             | 20 mL        |
| Cultured amniocytes        | 2 T25 flasks |
| Chorionic villi            | 20 mg        |
| Cultured chorionic villi   | 2 T25 flasks |
| Miscellaneous fresh tissue | 20 mg        |

**Minimum Volume:**

|                            |              |
|----------------------------|--------------|
| Blood                      | 2 mL         |
| Bone marrow                | 1 mL         |
| Amniotic fluid             | 10 mL        |
| Cultured amniocytes        | 1 T25 flasks |
| Chorionic villi            | 10 mg        |
| Cultured chorionic villi   | 1 T25 flasks |
| Miscellaneous fresh tissue | 10 mg        |

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Unacceptable Conditions:**

Unabeled  
Less than minimal sample types (see Table)  
Clotted samples  
Samples collected in heparin

## PROCESSING

**Test Code:**

DNAX



**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Preferred Volume:**

|                            |              |
|----------------------------|--------------|
| Blood                      | 5 mL         |
| Bone marrow                | 3 mL         |
| Amniotic fluid             | 20 mL        |
| Cultured amniocytes        | 2 T25 flasks |
| Chorionic villi            | 20 mg        |
| Cultured chorionic villi   | 2 T25 flasks |
| Miscellaneous fresh tissue | 20 mg        |

**Minimum Volume:**

|                            |              |
|----------------------------|--------------|
| Blood                      | 2 mL         |
| Bone marrow                | 1 mL         |
| Amniotic fluid             | 10 mL        |
| Cultured amniocytes        | 1 T25 flasks |
| Chorionic villi            | 10 mg        |
| Cultured chorionic villi   | 1 T25 flasks |
| Miscellaneous fresh tissue | 10 mg        |

**Unacceptable Conditions:**

Unabeled  
 Less than minimal sample types (see Table)  
 Clotted samples  
 Samples collected in heparin

**RESULT INTERPRETATION****Additional Information:**

All extracted DNA samples will be held for 90 days. Extracted DNA samples of fetal origin (e.g. Chorionic villi, cultured amniocytes, etc.) and their corresponding maternal DNA samples, will be held for 1 year. If no testing is ordered within this time frame, the sample will be discarded.

For questions, contact the molecular diagnostics laboratory at (415)514-8488.

**ADMINISTRATIVE****CPT Codes:**

81479

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

DNAX

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run daily, Monday through Friday, day shift only

**Methodology:**

DNA Extraction

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top preferred, Yellow top (ACD) or Blue top (citrate) acceptable

**Sample Type:**

EDTA whole blood and bone marrow  
 Amniotic fluid  
 Cultured amniocytes  
 Chorionic villi  
 Cultured chorionic villi  
 Miscellaneous fresh tissue

**Preferred Volume:**

|                            |              |
|----------------------------|--------------|
| Blood                      | 5 mL         |
| Bone marrow                | 3 mL         |
| Amniotic fluid             | 20 mL        |
| Cultured amniocytes        | 2 T25 flasks |
| Chorionic villi            | 20 mg        |
| Cultured chorionic villi   | 2 T25 flasks |
| Miscellaneous fresh tissue | 20 mg        |

**Minimum Volume:**

|                            |              |
|----------------------------|--------------|
| Blood                      | 2 mL         |
| Bone marrow                | 1 mL         |
| Amniotic fluid             | 10 mL        |
| Cultured amniocytes        | 1 T25 flasks |
| Chorionic villi            | 10 mg        |
| Cultured chorionic villi   | 1 T25 flasks |
| Miscellaneous fresh tissue | 10 mg        |

**Unacceptable Conditions:**

Unabeled  
 Less than minimal sample types (see Table)  
 Clotted samples  
 Samples collected in heparin

**Additional Information:**

All extracted DNA samples will be held for 90 days. Extracted DNA samples of fetal origin (e.g. Chorionic villi, cultured amniocytes, etc.) and their corresponding maternal DNA samples, will be held for 1 year. If no testing is ordered within this time frame, the sample will be discarded.

For questions, contact the molecular diagnostics laboratory at (415)514-8488.

**CPT Codes:**

81479

# DNA Preparation & Storage

HTCPP (Sunquest: ILCPP)

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Qiagen, EZ-1, Promega

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood

Contact ITL at 415-476-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood

For other specimens, contact ITL at 415-476-3887

**Minimum Volume:**

1 mL blood

For other specimens, contact ITL at 415-476-3887

**Remarks:**

Fill ACD tube completely. Obtain ACD tube from Specimen Receiving. If being collected with other HLA intermediate resolution typing such as HLA-B, HLA-C, HLA-DR, HLA-DQ, etc., 1 tube is sufficient for all tests. Collect additional samples if white blood cell (WBC) count is low (<1,000).

For other specimens, contact ITL at 415-476-3887

**Stability (from collection to initiation):**

Room temperature 5 days.

For other specimens, contact ITL at 415-476-3887

**Unacceptable Conditions:**

WBC count too low (<1,000).

For other specimens, contact ITL at 415-476-3387.

## PROCESSING

**Test Code:**

HTCPP (Sunquest: ILCPP)

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge

For other specimens, contact ITL at 415-476-3887

**Preferred Volume:**

8.5 mL blood

For other specimens, contact ITL at 415-476-3887

**Minimum Volume:**

1 mL blood

For other specimens, contact ITL at 415-476-3887

**Unacceptable Conditions:**

WBC count too low (<1,000).

For other specimens, contact ITL at 415-476-3387.

**Stability (from collection to initiation):**

Room temperature 5 days.

For other specimens, contact ITL at 415-476-3887

**ADMINISTRATIVE****CPT Codes:**

N/A

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HTCPP (Sunquest: ILCPP)

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Qiagen, EZ-1, Promega

**Remarks:**

Fill ACD tube completely. Obtain ACD tube from Specimen Receiving. If being collected with other HLA intermediate resolution typing such as HLA-B, HLA-C, HLA-DR, HLA-DQ, etc., 1 tube is sufficient for all tests. Collect additional samples if white blood cell (WBC) count is low (<1,000).

For other specimens, contact ITL at 415-476-3887

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood

Contact ITL at 415-476-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood

For other specimens, contact ITL at 415-476-3887

**Minimum Volume:**

1 mL blood

For other specimens, contact ITL at 415-476-3887

**Unacceptable Conditions:**

WBC count too low (<1,000).

For other specimens, contact ITL at 415-476-3387.

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge

For other specimens, contact ITL at 415-476-3887

**Stability (from collection to initiation):**

Room temperature 5 days.

For other specimens, contact ITL at 415-476-3887

**CPT Codes:**

N/A

# DNAase B Antibody

LAB3437

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest at Specialty laboratories

**Methodology:**

Nephelometry

**Reported:**

Performed Monday-Friday. Turnaround time 4-7 days.

**Additional Information:**

Clinical Significance: Dnase-B Antibody is useful in patients with group A streptococcal infection. DNase-B Antibody may persist for as long as three months.

**Synonyms:**

- Anti-streptococcal DNAase B
- anti-DNAase B
- Deoxyribonuclease antibody
- Streptodornase antibody

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated: 2 weeks, frozen at -20C 2 months.

## PROCESSING

**Test Code:**

ADAB

**Sendout:**

Yes

**Performing Lab:**

Quest at Specialty laboratories

**Specimen Preparation:**

Separate serum and freeze at -20C. Order Quest # 256.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated: 2 weeks, frozen at -20C 2 months.

## RESULT INTERPRETATION

**Units:**

U/mL

**Reference Interval:**

&lt;187 U/mL

**Additional Information:**

Clinical Significance: Dnase-B Antibody is useful in patients with group A streptococcal infection. DNase-B Antibody may persist for as long as three months.

**ADMINISTRATIVE****CPT Codes:**

86215-90

**LOINC Codes:**

14207-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ADAB

**Performing Lab:**

Quest at Specialty laboratories

**Sendout:**

Yes

**Methodology:**

Nephelometry

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Separate serum and freeze at -20C. Order Quest # 256.

**Units:**

U/mL

**Reference Interval:**

&lt;187 U/mL

**Synonyms:**

- Anti-streptococcal DNAase B
- anti-DNAase B
- Deoxyribonuclease antibody
- Streptococcal DNAase antibody

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated: 2 weeks, frozen at -20C 2 months.

**Reported:**

Performed Monday-Friday. Turnaround time 4-7 days.

**Additional Information:**

Clinical Significance: DNase-B Antibody is useful in patients with group A streptococcal infection. DNase-B Antibody may persist for as long as three months.

**CPT Codes:**

86215-90

**LOINC Codes:**

14207-5

# Donath Landsteiner

MOLT

## ORDERING

**Ordering Recommendations:**

Use to diagnose paroxysmal cold hemoglobinuria. The presence of other red blood cell antibodies may interfere with testing, leading to inconclusive results.

**Available Stat:**

No

**Performed:**

Mon-Fri

**Methodology:**

Hemolysis

**Reported:**

1-3 days

**Synonyms:**

- Donath Landsteiner Antibody test

## COLLECTION

**Collect:**

Plain Red.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Separator or gel tubes.

## PROCESSING

**Test Code:**

MOLT

**ARUP Test Code:**

0013039

**Specimen Preparation:**

Maintain specimen at 37 degrees C until serum is separated from cells. Transport 3 mL serum. (Min: 2 mL)

**Unacceptable Conditions:**

Separator or gel tubes.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**

Refer to report

## ADMINISTRATIVE

**CPT Codes:**

86940; 86941

**LOINC:**

- 18287-3

## COMPLETE VIEW

**Available Stat:**

No

**Ordering Recommendations:**

Use to diagnose paroxysmal cold hemoglobinuria. The presence of other red blood cell antibodies may interfere with testing, leading to inconclusive results.

**Test Code:**

MOLT

**ARUP Test Code:**

0013039

**Performed:**

Mon-Fri

**Methodology:**

Hemolysis

**Collect:**

Plain Red.

**Unacceptable Conditions:**

Separator or gel tubes.

**Specimen Preparation:**

Maintain specimen at 37 degrees C until serum is separated from cells. Transport 3 mL serum. (Min: 2 mL)

**Reference Interval:**

Refer to report

**Synonyms:**

- Donath Landsteiner Antibody test

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Unacceptable

**Reported:**

1-3 days

**CPT Codes:**

86940; 86941

**LOINC:**

- 18287-3



# Double Hit Lymphoma FISH Panel

CYDHL, BCYDHL

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday 9:00 am-5:00 pm

**Methodology:**

FISH

**Reported:**

7-14 days

**Additional Information:**

Panel includes the following:

BCL6 3q27 break apart rearrangement FISH  
BCL2 18q21.3 break apart rearrangement FISH  
MYC break apart FISH

**Synonyms:**

- BCYDHL
- CYDHL

## COLLECTION

**Sample Type:**

Blood or Bone marrow  
FFPE Tissue slides

**Collect:**

Blood: Dark green top (sodium Heparin)  
Bone marrow aspirate: Dark green top (sodium heparin)  
Bone marrow core: Sterile container with medium  
Non-decalcified formalin fixed and paraffin-embedded (FFPE) tumor specimen.

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm  
Unstained 6 slides, (3-4 micron thick sections), with a circled H&E slide

**Minimum Volume:**

Blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow core: 1 cm  
Unstained 3 slides, (3-4 micron thick sections), with a circled H&E slide

**Remarks:**

Mix blood and marrow samples well to prevent clotting

**Stability (from collection to initiation):**

2 days at room temperature

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen  
For Paraffin embed slides-No tumor in tissue. Decalcified specimens.

## PROCESSING

**Test Code:**

BCYDHL: Blood  
CYDHL: Non-blood

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL  
 Bone marrow aspirate: 2 mL  
 Bone marrow core: 2 cm  
 Unstained 6 slides, (3-4 micron thick sections), with a circled H&E slide

**Minimum Volume:**

Blood: 1 mL  
 Bone marrow aspirate: 1 mL  
 Bone marrow core: 1 cm  
 Unstained 3 slides, (3-4 micron thick sections), with a circled H&E slide

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen  
 For Paraffin embed slides-No tumor in tissue. Decalcified specimens.

**Stability (from collection to initiation):**

2 days at room temperature

**Storage/Transport Temperature:**

Room temperature

**RESULT INTERPRETATION****Additional Information:**

Panel includes the following:

BCL6 3q27 break apart rearrangement FISH  
 BCL2 18q21.3 break apart rearrangement FISH  
 MYC break apart FISH

**ADMINISTRATIVE****CPT Codes:**

88271x6, 88275x3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BCYDHL: Blood  
 CYDHL: Non-blood

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday 9:00 am-5:00 pm

**Methodology:**

FISH

**Remarks:**

Mix blood and marrow samples well to prevent clotting

**Collect:**

Blood: Dark green top (sodium Heparin)  
 Bone marrow aspirate: Dark green top (sodium heparin)  
 Bone marrow core: Sterile container with medium  
 Non-decalcified formalin fixed and paraffin-embedded (FFPE) tumor specimen.

**Amount to Collect:**

See preferred volume

**Sample Type:**

Blood or Bone marrow  
 FFPE Tissue slides

**Preferred Volume:**

Blood: 2 mL  
 Bone marrow aspirate: 2 mL  
 Bone marrow core: 2 cm  
 Unstained 6 slides, (3-4 micron thick sections), with a circled H&E slide

**Minimum Volume:**

Blood: 1 mL  
 Bone marrow aspirate: 1 mL  
 Bone marrow core: 1 cm  
 Unstained 3 slides, (3-4 micron thick sections), with a circled H&E slide

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen  
For Paraffin embed slides-No tumor in tissue. Decalcified specimens.

**Synonyms:**

- BCYDHL
- CYDHL

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

2 days at room temperature

**Reported:**

7-14 days

**Additional Information:**

Panel includes the following:

BCL6 3q27 break apart rearrangement FISH  
BCL2 18q21.3 break apart rearrangement FISH  
MYC break apart FISH

**CPT Codes:**

88271x6, 88275x3

# Double-Stranded DNA Antibody

LAB3188

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday and Thursday (day shift)

**Methodology:**

Chemiluminescent immunoassay

**Reported:**

1-4 days

**Synonyms:**

- dsDNA Ab
- anti-DNA
- Deoxyribonucleic acid antibody
- DNA antibody
- dsDNA antibody
- ds-DNA antibody
- anti-ds-DNA
- anti-dsDNA

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

## PROCESSING

**Test Code:**

ADNA

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze at -20C

**Preferred Volume:**

0.5 mL serum

## RESULT INTERPRETATION

**Units:**

IU/mL

**Reference Interval:**

Negative: < 27.0 IU/mL

Equivocal: 27.0 - 35.0 IU/mL

Positive: > 35.0 IU/mL

## ADMINISTRATIVE

**CPT Codes:**

86225

**LOINC Codes:**

5130-0

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

ADNA

**Performing Lab:**

Immunology

**Performed:**

Monday and Thursday (day shift)

**Methodology:**

Chemiluminescent immunoassay

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Specimen Preparation:**

Freeze at -20C

**Units:**

IU/mL

**Reference Interval:**

Negative: < 27.0 IU/mL

Equivocal: 27.0 - 35.0 IU/mL

Positive: > 35.0 IU/mL

**Synonyms:**

- dsDNA Ab
- anti-DNA
- Deoxyribonucleic acid antibody
- DNA antibody
- dsDNA antibody
- ds-DNA antibody
- anti-ds-DNA
- anti-dsDNA

**Reported:**

1-4 days

**CPT Codes:**

86225

**LOINC Codes:**

5130-0

# Doxepin

DOX

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Liquid Chromatography Tandem Mass Spectrometry

**Reported:**

Test run 3x per week. Turnaround time 3-5 days

**Additional Information:**

Assay measures both parent and nordoxepin metabolite. Potentially toxic: > 500 for the SUM of the two compounds. See also Drug Screening.

**Synonyms:**

- Adapin
- Sinequan

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Remarks:**

Do not use Gold top. Optimum time to collect is 10-14 hours after oral dose.

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 1 week, frozen at -20C 1 month

**Unacceptable Conditions:**

Collected in Gold top, hemolysis.

## PROCESSING

**Test Code:**

DOX

**Test Group:**

Doxepin

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate.

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top, hemolysis.

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 1 week, frozen at -20C 1 month

## RESULT INTERPRETATION

**Units:** $\mu\text{g/L}$  (mcg/L)**Reference Interval:**Therapeutic: 150-250  $\mu\text{g/L}$  for SUM of Doxepin and Nordeoxepin**Critical Values:**Quest Priority-1: Doxepin + Nordoxepin  $\geq 600 \mu\text{g/L}$ **Additional Information:**Assay measures both parent and nordoxepin metabolite. Potentially toxic:  $> 500$  for the SUM of the two compounds. See also Drug Screening.**ADMINISTRATIVE****CPT Codes:**

80335

**LOINC Codes:**

3579-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

DOX

**Test Group:**

Doxepin

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Liquid Chromatography Tandem Mass Spectrometry

**Remarks:**

Do not use Gold top. Optimum time to collect is 10-14 hours after oral dose.

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top, hemolysis.

**Specimen Preparation:**

Refrigerate.

**Units:** $\mu\text{g/L}$  (mcg/L)**Reference Interval:**Therapeutic: 150-250  $\mu\text{g/L}$  for SUM of Doxepin and Nordeoxepin**Critical Values:**Quest Priority-1: Doxepin + Nordoxepin  $\geq 600 \mu\text{g/L}$ **Synonyms:**

- Adapin
- Sinequan

**Stability (from collection to initiation):**Room temperature 5 days, refrigerated 1 week, frozen at  $-20^{\circ}\text{C}$  1 month**Reported:**

Test run 3x per week. Turnaround time 3-5 days

**Additional Information:**

Assay measures both parent and nordoxepin metabolite. Potentially toxic: > 500 for the SUM of the two compounds. See also Drug Screening.

**CPT Codes:**

80335

**LOINC Codes:**

3579-0



# Drug Detection Panel, Umbilical Cord Tissue, Qualitative

DOAUC

## ORDERING

**Ordering Recommendations:**

Use to detect and document fetal drug exposure during approximately the last trimester of a full-term pregnancy. For panel testing that includes THC metabolite, refer to Drug Detection Panel and THC Metabolite, Umbilical Cord Tissue, Qualitative (3006371).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Qualitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-3 days

**Additional Technical Information:**

- Time Sensitive
- [Additional Technical Information](#)

**Synonyms:**

- Drug Screen, Targeted, Serum or Plasma
- Drugs of Abuse Panel, Meconium - Screen with Reflex to Confirmation/Quantitation

## COLLECTION

**Collect:**

Umbilical cord (At least 8 inches, approximately the width of a sheet of paper.)

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 3 weeks; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Cords soaking in blood or other fluid. Formalin fixed. Tissue that is obviously decomposed.

## PROCESSING

**Test Code:**

DOAUC

**ARUP Test Code:**

2006621

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or water. Pat the cord dry and transport at least 8 inches of umbilical cord in a routine urine collection cup or Security Kit for Meconium/Umbilical Drug Detection (ARUP supply #51548) available online through eSupply using ARUP Connect(TM) or by contacting ARUP Client Services at 800-522-2787.

**Unacceptable Conditions:**

Cords soaking in blood or other fluid. Formalin fixed. Tissue that is obviously decomposed.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 3 weeks; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**

Effective February 20, 2018

| Drugs covered and range of cutoff concentrations. |                              |                       |                              |
|---------------------------------------------------|------------------------------|-----------------------|------------------------------|
| Drugs/Drug Classes                                | Cutoff Concentrations (ng/g) | Drugs/Drug Classes    | Cutoff Concentrations (ng/g) |
| Buprenorphine                                     | 1                            | Amphetamine           | 5                            |
| Norbuprenorphine                                  | 0.5                          | Benzoyllecgonine      | 1                            |
|                                                   |                              | m-OH-Benzoyllecgonine | 1                            |
| Codeine                                           | 0.5                          | Cocaethylene          | 1                            |
| Dihydrocodeine                                    | 1                            | Cocaine               | 1                            |
| Fentanyl                                          | 0.5                          | MDMA (Ecstasy)        | 5                            |
| Hydrocodone                                       | 0.5                          | Methamphetamine       | 5                            |
| Norhydrocodone                                    | 1                            | Phentermine           | 8                            |
| Hydromorphone                                     | 0.5                          | Alprazolam            | 0.5                          |
| Meperidine                                        | 2                            | Alpha-OH-Alprazolam   | 0.5                          |
| Methadone                                         | 2                            | Butalbital            | 25                           |
| Methadone metabolite                              | 1                            | Clonazepam            | 1                            |
| 6-Acetylmorphine                                  | 1                            | 7-Aminoclonazepam     | 1                            |
| Morphine                                          | 0.5                          | Diazepam              | 1                            |
| Naloxone                                          | 1                            | Lorazepam             | 5                            |
| Oxycodone                                         | 0.5                          | Midazolam             | 1                            |
| Noroxycodone                                      | 1                            | Alpha-OH-Midazolam    | 2                            |
| Oxymorphone                                       | 0.5                          | Nordiazepam           | 1                            |
| Noroxymorphone                                    | 0.5                          | Oxazepam              | 2                            |
| Propoxyphene                                      | 1                            | Phenobarbital         | 75                           |
| Tapentadol                                        | 2                            | Temazepam             | 1                            |
| Tramadol                                          | 2                            | Zolpidem              | 0.5                          |
| N-desmethyltramadol                               | 2                            | Phencyclidine (PCP)   | 1                            |
| O-desmethyltramadol                               | 2                            | Gabapentin            | 10                           |

**Additional Technical Information:**

- Time Sensitive
- [Additional Technical Information](#)

**Interpretive Data:**

Methodology: Qualitative Liquid Chromatography/Tandem Mass Spectrometry

Detection of drugs in umbilical cord tissue is intended to reflect maternal drug use during approximately the last trimester of a full-term pregnancy. The pattern and frequency of drug(s) used by the mother cannot be determined by this test. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drugs in umbilical cord tissue depends on extent of maternal drug use, as well as drug stability, unique characteristics of drug deposition in umbilical cord tissue, and the performance of the analytical method. Drugs administered during labor and delivery may be detected. Detection of drugs in umbilical cord tissue does not insinuate impairment and may not affect outcomes for the infant. Interpretive questions should be directed to the laboratory.

For medical purposes only; not valid for forensic use.

**ADMINISTRATIVE****CPT Codes:**

80346; 80348; 80353; 80361; 80356; 80365; 80373; 80354; 80362; 80355; 80359; 80325; 80345; 80372; 80358; 83992; 80368; 80367 (Alt code: G0482)

**LOINC:**

- 32057-2
- 32093-7
- 61038-6
- 32108-3
- 61074-1
- 29530-3
- 43230-2
- 40481-4
- 61037-8
- 97310-7
- 32101-8
- 61031-1
- 32080-4
- 40625-6
- 32081-2
- 61061-8
- 32088-7
- 93121-2
- 97296-8
- 40626-4
- 61039-4
- 40609-0
- 100358-1
- 11526-1
- 59712-0
- 62364-5
- 32100-0
- 61042-8
- 61044-4
- 59355-8
- 40381-6
- 97278-6
- 32107-5
- 82373-2
- 100357-3
- 97286-9
- 97306-5
- 41859-0
- 48946-8
- 32099-4
- 97290-1
- 61051-9
- 43811-9
- 97242-2
- 61055-0
- 82375-7
- 97292-7
- 91053-9

**COMPLETE VIEW**

**Available Stat:**

No

**Ordering Recommendations:**

Use to detect and document fetal drug exposure during approximately the last trimester of a full-term pregnancy. For panel testing that includes THC metabolite, refer to Drug Detection Panel and THC Metabolite, Umbilical Cord Tissue, Qualitative (3006371).

**Test Code:**

DOAUC

**ARUP Test Code:**

2006621

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Qualitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Umbilical cord (At least 8 inches, approximately the width of a sheet of paper.)

**Unacceptable Conditions:**

Cords soaking in blood or other fluid. Formalin fixed. Tissue that is obviously decomposed.

**Specimen Preparation:**

Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or water. Pat the cord dry and transport at least 8 inches of umbilical cord in a routine urine collection cup or Security Kit for Meconium/Umbilical Drug Detection (ARUP supply #51548) available online through eSupply using ARUP Connect(TM) or by contacting ARUP Client Services at 800-522-2787.

**Reference Interval:**

Effective February 20, 2018

| Drugs covered and range of cutoff concentrations. |                              |                       |                              |
|---------------------------------------------------|------------------------------|-----------------------|------------------------------|
| Drugs/Drug Classes                                | Cutoff Concentrations (ng/g) | Drugs/Drug Classes    | Cutoff Concentrations (ng/g) |
| Buprenorphine                                     | 1                            | Amphetamine           | 5                            |
| Norbuprenorphine                                  | 0.5                          | Benzoyllecgonine      | 1                            |
|                                                   |                              | m-OH-Benzoyllecgonine | 1                            |
| Codeine                                           | 0.5                          | Cocaethylene          | 1                            |
| Dihydrocodeine                                    | 1                            | Cocaine               | 1                            |
| Fentanyl                                          | 0.5                          | MDMA (Ecstasy)        | 5                            |
| Hydrocodone                                       | 0.5                          | Methamphetamine       | 5                            |
| Norhydrocodone                                    | 1                            | Phentermine           | 8                            |
| Hydromorphone                                     | 0.5                          | Alprazolam            | 0.5                          |
| Meperidine                                        | 2                            | Alpha-OH-Alprazolam   | 0.5                          |
| Methadone                                         | 2                            | Butalbital            | 25                           |
| Methadone metabolite                              | 1                            | Clonazepam            | 1                            |
| 6-Acetylmorphine                                  | 1                            | 7-Aminoclonazepam     | 1                            |
| Morphine                                          | 0.5                          | Diazepam              | 1                            |
| Naloxone                                          | 1                            | Lorazepam             | 5                            |
| Oxycodone                                         | 0.5                          | Midazolam             | 1                            |
| Noroxycodone                                      | 1                            | Alpha-OH-Midazolam    | 2                            |
| Oxymorphone                                       | 0.5                          | Nordiazepam           | 1                            |
| Noroxymorphone                                    | 0.5                          | Oxazepam              | 2                            |
| Propoxyphene                                      | 1                            | Phenobarbital         | 75                           |
| Tapentadol                                        | 2                            | Temazepam             | 1                            |
| Tramadol                                          | 2                            | Zolpidem              | 0.5                          |
| N-desmethyltramadol                               | 2                            | Phencyclidine (PCP)   | 1                            |
| O-desmethyltramadol                               | 2                            | Gabapentin            | 10                           |

**Interpretive Data:**

Methodology: Qualitative Liquid Chromatography/Tandem Mass Spectrometry

Detection of drugs in umbilical cord tissue is intended to reflect maternal drug use during approximately the last trimester of a full-term pregnancy. The pattern and frequency of drug(s) used by the mother cannot be determined by this test. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drugs in umbilical cord tissue depends on extent of maternal drug use, as well as drug stability, unique characteristics of drug deposition in umbilical cord tissue, and the performance of the analytical method. Drugs administered during labor and delivery may be detected. Detection of drugs in umbilical cord tissue does not insinuate impairment and may not affect outcomes for the infant. Interpretive questions should be directed to the laboratory.

For medical purposes only; not valid for forensic use.

**Synonyms:**

- Drug Screen, Targeted, Serum or Plasma
- Drugs of Abuse Panel, Meconium - Screen with Reflex to Confirmation/Quantitation

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 3 weeks; Frozen: 1 year

**Reported:**

1-3 days

**Additional Technical Information:**

- Time Sensitive
- [Additional Technical Information](#)

**CPT Codes:**

80346; 80348; 80353; 80361; 80356; 80365; 80373; 80354; 80362; 80355; 80359; 80325; 80345; 80372; 80358; 83992;  
80368; 80367 (Alt code: G0482)

**LOINC:**

- 32057-2
- 32093-7
- 61038-6
- 32108-3
- 61074-1
- 29530-3
- 43230-2
- 40481-4
- 61037-8
- 97310-7
- 32101-8
- 61031-1
- 32080-4
- 40625-6
- 32081-2
- 61061-8
- 32088-7
- 93121-2
- 97296-8
- 40626-4
- 61039-4
- 40609-0
- 100358-1
- 11526-1
- 59712-0
- 62364-5
- 32100-0
- 61042-8
- 61044-4
- 59355-8
- 40381-6
- 97278-6
- 32107-5
- 82373-2
- 100357-3
- 97286-9
- 97306-5
- 41859-0
- 48946-8
- 32099-4
- 97290-1
- 61051-9
- 43811-9
- 97242-2
- 61055-0
- 82375-7
- 97292-7
- 91053-9

**Notes:**

Absolute Minimum: 6 inches. For marijuana metabolite, order Marijuana Metabolite, Umbilical Cord Tissue, Qualitative (ARUP test code 3000256). For alcohol metabolite, order Ethyl Glucuronide, Umbilical Cord Tissue, Qualitative (ARUP test code 3000443).

For kratom analyte, order Kratom, Umbilical Cord, Qualitative (ARUP test code 3005874).

When ordering multiple umbilical cord tests, unless ARUP is otherwise notified, testing will be performed in the following order of priority:

Drug Detection Panel (1.0g)

Marijuana Metabolite (1.0g)

Ethyl Glucuronide (1.0g)

Kratom(1.0 g)

# Drug Screen, Meconium

LAB5673

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay, GC/MS

**Reported:**

4 - 5 days

**Additional Information:**

Strategies to improve the detection and treatment of substance abuse during pregnancy are the focus of growing interest to those involved in perinatal care. Meconium is an effective biological marker of in-utero illicit drug exposure, and can provide insights leading to improved neonatal outcomes, as well as provide evidence to ensure appropriate rehabilitation of mothers suffering from addiction.

**Synonyms:**

- Drugs of abuse

## COLLECTION

**Sample Type:**

Meconium

**Label Abbreviation:**

ABUSM

**Collect:**

Leak proof container

**Amount to Collect:**

5 gm meconium

**Preferred Volume:**

5 gm

**Minimum Volume:**

1 gm

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 week, frozen 1 month.

## PROCESSING

**Test Code:**

ABUSM

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

DO not aliquot. Freeze sample and transport to China Basin frozen. Order Quest test code 30427X

**Preferred Volume:**

5 gm

**Minimum Volume:**

1 gm

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 week, frozen 1 month.

## RESULT INTERPRETATION

**Additional Information:**

Strategies to improve the detection and treatment of substance abuse during pregnancy are the focus of growing interest to those involved in perinatal care. Meconium is an effective biological marker of in-utero illicit drug exposure, and can provide insights leading to improved neonatal outcomes, as well as provide evidence to ensure appropriate rehabilitation of mothers suffering from addiction.

**ADMINISTRATIVE**

**CPT Codes:**  
80307

**COMPLETE VIEW**

**Available Stat:**  
No

**Test Code:**  
ABUSM

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Immunoassay, GC/MS

**Collect:**  
Leak proof container

**Amount to Collect:**  
5 gm meconium

**Sample Type:**  
Meconium

**Preferred Volume:**  
5 gm

**Minimum Volume:**  
1 gm

**Specimen Preparation:**  
DO not aliquot. Freeze sample and transport to China Basin frozen. Order Quest test code 30427X

**Synonyms:**  

- Drugs of abuse

**Stability (from collection to initiation):**  
Room temperature 2 days, refrigerated 1 week, frozen 1 month.

**Reported:**  
4 - 5 days

**Additional Information:**  
Strategies to improve the detection and treatment of substance abuse during pregnancy are the focus of growing interest to those involved in perinatal care. Meconium is an effective biological marker of in-utero illicit drug exposure, and can provide insights leading to improved neonatal outcomes, as well as provide evidence to ensure appropriate rehabilitation of mothers suffering from addiction.

**CPT Codes:**  
80307



# Drug Screen, Urine

LAB676

## ORDERING

### Ordering Recommendations:

The primary use of this immunoassay is to screen for use of common drugs when there is a suspicion that drug use may be contributing to the clinical picture (e.g. altered mental status, coma).

Due to extensive cross reactivity and the inability of this assay to detect commonly prescribed medications (e.g. hydrocodone) it is not useful for determine patient adherence to therapeutic regimens or potential drug diversion. For this purpose order specific drug tests (e.g. Opiates, urine, quantitative).

### Available Stat:

Yes

### Performing Lab:

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

### Performed:

Test available 24 hours per day 7 days per week

### Methodology:

Enzyme immunoassay method

### Reported:

Stat 2 hours, Routine 4 hours

### Additional Information:

This test is NOT useful for the detection or monitoring of prescribed opiates such as codeine or therapeutic level of hydromorphone, or hydrocodone. See cross reactivity information below.

This test is not recommended for neonates where there is a question of maternal drug abuse as it is not as sensitive as the Quest drug screen panel in meconium (Quest #30427X: Neonatal Drug Screen, Meconium; required specimen: 5g of meconium).

This test panel screens for the presence of: Amphetamines, Barbiturates, Benzodiazepine, Cocaine (as benzoylecgonine), Cannabinoids, Fentanyl, Methadone, Oxycodone, and Opiates.

Each of the above panel components can be ordered separately.

This testing is performed using immunologic methods therefore these assays may cross-react with similar compounds. For a listing of the cross-reactivities see the test menu entry for the individual drug/metabolite.

### Detection Cutoff Limits:

| Drug/metabolite    | Cutoff     | Reported as |
|--------------------|------------|-------------|
| Amphetamines       | <1000 µg/L | NEG         |
| Barbiturates       | <200 µg/L  | NEG         |
| Benzodiazepines    | <200 µg/L  | NEG         |
| Cocaine metabolite | <300 µg/L  | NEG         |
| Opiates            | <300 µg/L  | NEG         |
| Cannabinoids       | <50 µg/L   | NEG         |
| Fentanyl           | <1 µg/L    | NEG         |
| Methadone          | <300 µg/L  | NEG         |
| Oxycodone          | <100 µg/L  | NEG         |

**CAUTION!:** Presumptive screening test only. Cross reactions and false-positive results may occur within each drug class. However, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug(s) identified. False negative results can also occur in presence of low drug concentrations or drugs/metabolites that do not react in the assay [Click on the name of the drug(s) of interest from the list above for more information].

This test is NOT useful for the detection or monitoring of prescribed opiates such as codeine, or for therapeutic concentrations of hydromorphone or hydrocodone. (See cross reactivity information above). If hydrocodone or hydromorphone use is suspected, an opiate confirmation should be ordered from ARUP (test code: OPIQNT). False negative results may also occur as use of synthetic and some semi-synthetic opiates cannot be ruled out by this assay. Specifically, this assay will not detect use of meperidine or tramadol. If use of opiates not detected by this screen is

suspected, immunoassay screens can be ordered from ARUP [e.g. meperidine (ARUP#2102288) or tramadol (ARUP#2012297)].

Typical Urine Detection Window after use:

| Drug            | Detection Time (hrs) | Max. Detection Time (days)    |
|-----------------|----------------------|-------------------------------|
| Amphetamine     | 24                   | 9                             |
| Methamphetamine | 87+/-51              | 6                             |
| Cannabis        | 34                   | 95                            |
| Cocaine         | 48-72                | 22                            |
| Morphine        | 11-54                | 11                            |
| Barbiturates    | 24                   | 1-4 (Phenobarbital)           |
| Benzodiazepines | 6                    | 14 or longer in chronic users |
| Fentanyl        | 24-72                | 7                             |
| Methadone       | 24-72                | 14                            |
| Oxydodone       | 30-40                | 3                             |

From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205; Kale N. Urine drug tests: ordering and interpreting results. Am Fam Physician, 2019 99(1): 33-39.

Results cannot be used for Medico-legal purposes.

Confirmatory testing can be ordered for the specific class of agent found using the test order codes found under the 'Processing' tab of this test menu entry.

Confirmatory testing performed Monday-Friday with a 3-6 day turn around time after receipt by reference laboratory.

See also Drug Screening and individual drug entries.

#### Synonyms:

- amphetamines
- barbiturates
- cocaine
- opiates
- benzodiazepines
- THC
- cannabinoids
- cannabis
- cocaine metabolites
- benzoylecgonine
- drug screen
- drug test
- cannabis
- methadone
- oxycodone
- fentanyl
- norfentanyl
- fentanyl analogues
- DAU

#### COLLECTION

##### Sample Type:

Random urine

##### Collect:

Urine cup

##### Amount to Collect:

See preferred volume

##### Preferred Volume:

10 mL urine

##### Minimum Volume:

1.5 mL urine (insufficient for confirmation)

##### Stability (from collection to initiation):

Refrigerated 1 week, frozen 2 weeks

**PROCESSING****Test Code:**

DAU

**Test Group:**

Drug screening

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Specimen Preparation:**

Refrigerate. If requested freeze excess sample not used for this test for possible confirmatory testing at -20C

Confirmatory testing can be ordered for the specific class of agent found using the following test order codes:

|                    |        |               |
|--------------------|--------|---------------|
| Amphetamines       | AMPQNT | ARUP #2010075 |
| Barbiturates       | BARQNT | ARUP #2012213 |
| Benzodiazepines    | BNZQNT | ARUP #2008291 |
| Cocaine metabolite | COCQNT | ARUP# 0090359 |
| Opiates            | OPIQNT | ARUP #0090364 |
| THC (Cannabinoids) | THCQNT | ARUP #0090369 |
| Fentanyl           | FENQNT | Quest #39393  |
| Oxycodone          | OPIQNT | ARUP #0090364 |
| Methadone          | MEDQNT | ARUP #0090362 |

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

1.5 mL urine (insufficient for confirmation)

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 2 weeks

**RESULT INTERPRETATION****Reference Interval:**

Negative (Note: a negative result indicates that the specific class of drugs is not present, or is present at a concentration below that of the cut off concentration. See each drug class for specific concentration cut-offs).

**Additional Information:**

This test is NOT useful for the detection or monitoring of prescribed opiates such as codeine or therapeutic level of hydromorphone, or hydrocodone. See cross reactivity information below.

This test is not recommended for neonates where there is a question of maternal drug abuse as it is not as sensitive as the Quest drug screen panel in meconium (Quest #30427X: Neonatal Drug Screen, Meconium; required specimen: 5g of meconium).

This test panel screens for the presence of: Amphetamines, Barbiturates, Benzodiazepine, Cocaine (as benzoylecgonine), Cannabinoids, Fentanyl, Methadone, Oxycodone, and Opiates.

Each of the above panel components can be ordered separately.

This testing is performed using immunologic methods therefore these assays may cross-react with similar compounds. For a listing of the cross-reactivities see the test menu entry for the individual drug/metabolite.

**Detection Cutoff Limits:**

| Drug/metabolite    | Cutoff     | Reported as |
|--------------------|------------|-------------|
| Amphetamines       | <1000 µg/L | NEG         |
| Barbiturates       | <200 µg/L  | NEG         |
| Benzodiazepines    | <200 µg/L  | NEG         |
| Cocaine metabolite | <300 µg/L  | NEG         |
| Opiates            | <300 µg/L  | NEG         |
| Cannabinoids       | <50 µg/L   | NEG         |
| Fentanyl           | <1 µg/L    | NEG         |
| Methadone          | <300 µg/L  | NEG         |

|           |           |     |
|-----------|-----------|-----|
| Oxycodone | <100 µg/L | NEG |
|-----------|-----------|-----|

**CAUTION!** Presumptive screening test only. Cross reactions and false-positive results may occur within each drug class. However, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug(s) identified. False negative results can also occur in presence of low drug concentrations or drugs/metabolites that do not react in the assay [Click on the name of the drug(s) of interest from the list above for more information].

This test is NOT useful for the detection or monitoring of prescribed opiates such as codeine, or for therapeutic concentrations of hydromorphone or hydrocodone. (See cross reactivity information above). If hydrocodone or hydromorphone use is suspected, an opiate confirmation should be ordered from ARUP (test code: OPIQNT). False negative results may also occur as use of synthetic and some semi-synthetic opiates cannot be ruled out by this assay. Specifically, this assay will not detect use of meperidine or tramadol. If use of opiates not detected by this screen is suspected, immunoassay screens can be ordered from ARUP [e.g. meperidine (ARUP#2102288) or tramadol (ARUP#2012297)].

Typical Urine Detection Window after use:

| Drug            | Detection Time (hrs) | Max. Detection Time (days)    |
|-----------------|----------------------|-------------------------------|
| Amphetamine     | 24                   | 9                             |
| Methamphetamine | 87+/-51              | 6                             |
| Cannabis        | 34                   | 95                            |
| Cocaine         | 48-72                | 22                            |
| Morphine        | 11-54                | 11                            |
| Barbiturates    | 24                   | 1-4 (Phenobarbital)           |
| Benzodiazepines | 6                    | 14 or longer in chronic users |
| Fentanyl        | 24-72                | 7                             |
| Methadone       | 24-72                | 14                            |
| Oxycodone       | 30-40                | 3                             |

From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205; Kale N. Urine drug tests: ordering and interpreting results. Am Fam Physician, 2019 99(1): 33-39.

Results cannot be used for Medico-legal purposes.

Confirmatory testing can be ordered for the specific class of agent found using the test order codes found under the 'Processing' tab of this test menu entry.

Confirmatory testing performed Monday-Friday with a 3-6 day turn around time after receipt by reference laboratory.

See also Drug Screening and individual drug entries.

## ADMINISTRATIVE

**CPT Codes:**  
80307

## COMPLETE VIEW

**Available Stat:**  
Yes

### Ordering Recommendations:

The primary use of this immunoassay is to screen for use of common drugs when there is a suspicion that drug use may be contributing to the clinical picture (e.g. altered mental status, coma).

Due to extensive cross reactivity and the inability of this assay to detect commonly prescribed medications (e.g. hydrocodone) it is not useful for determine patient adherence to therapeutic regimens or potential drug diversion. For this purpose order specific drug tests (e.g. Opiates, urine, quantitative).

**Test Code:**  
DAU

**Test Group:**

Drug screening

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzyme immunoassay method

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

1.5 mL urine (insufficient for confirmation)

**Specimen Preparation:**

Refrigerate. If requested freeze excess sample not used for this test for possible confirmatory testing at -20C

Confirmatory testing can be ordered for the specific class of agent found using the following test order codes:

|                    |        |               |
|--------------------|--------|---------------|
| Amphetamines       | AMPQNT | ARUP #2010075 |
| Barbiturates       | BARQNT | ARUP #2012213 |
| Benzodiazepines    | BNZQNT | ARUP #2008291 |
| Cocaine metabolite | COCQNT | ARUP# 0090359 |
| Opiates            | OPIQNT | ARUP #0090364 |
| THC (Cannabinoids) | THCQNT | ARUP #0090369 |
| Fentanyl           | FENQNT | Quest #39393  |
| Oxycodone          | OPIQNT | ARUP #0090364 |
| Methadone          | MEDQNT | ARUP #0090362 |

**Reference Interval:**

Negative (Note: a negative result indicates that the specific class of drugs is not present, or is present at a concentration below that of the cut off concentration. See each drug class for specific concentration cut-offs).

**Synonyms:**

- amphetamines
- barbiturates
- cocaine
- opiates
- benzodiazepines
- THC
- cannabinoids
- cannabis
- cocaine metabolites
- benzoylecgonine
- drug screen
- drug test
- cannabis
- methadone
- oxycodone
- fentanyl
- norfentanyl
- fentanyl analogues
- DAU

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 2 weeks

**Reported:**

Stat 2 hours, Routine 4 hours

**Additional Information:**

This test is NOT useful for the detection or monitoring of prescribed opiates such as codeine or therapeutic level of

hydromorphone, or hydrocodone. See cross reactivity information below.

This test is not recommended for neonates where there is a question of maternal drug abuse as it is not as sensitive as the Quest drug screen panel in meconium (Quest #30427X: Neonatal Drug Screen, Meconium; required specimen: 5g of meconium).

This test panel screens for the presence of: Amphetamines, Barbiturates, Benzodiazepine, Cocaine (as benzoylecgonine), Cannabinoids, Fentanyl, Methadone, Oxycodone, and Opiates.

Each of the above panel components can be ordered separately.

This testing is performed using immunologic methods therefore these assays may cross-react with similar compounds. For a listing of the cross-reactivities see the test menu entry for the individual drug/metabolite.

Detection Cutoff Limits:

| Drug/metabolite    | Cutoff     | Reported as |
|--------------------|------------|-------------|
| Amphetamines       | <1000 µg/L | NEG         |
| Barbiturates       | <200 µg/L  | NEG         |
| Benzodiazepines    | <200 µg/L  | NEG         |
| Cocaine metabolite | <300 µg/L  | NEG         |
| Opiates            | <300 µg/L  | NEG         |
| Cannabinoids       | <50 µg/L   | NEG         |
| Fentanyl           | <1 µg/L    | NEG         |
| Methadone          | <300 µg/L  | NEG         |
| Oxycodone          | <100 µg/L  | NEG         |

**CAUTION!** Presumptive screening test only. Cross reactions and false-positive results may occur within each drug class. However, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug(s) identified. False negative results can also occur in presence of low drug concentrations or drugs/metabolites that do not react in the assay [Click on the name of the drug(s) of interest from the list above for more information].

This test is NOT useful for the detection or monitoring of prescribed opiates such as codeine, or for therapeutic concentrations of hydromorphone or hydrocodone. (See cross reactivity information above). If hydrocodone or hydromorphone use is suspected, an opiate confirmation should be ordered from ARUP (test code: OPIQNT). False negative results may also occur as use of synthetic and some semi-synthetic opiates cannot be ruled out by this assay. Specifically, this assay will not detect use of meperidine or tramadol. If use of opiates not detected by this screen is suspected, immunoassay screens can be ordered from ARUP [e.g. meperidine (ARUP#2102288) or tramadol (ARUP#2012297)].

Typical Urine Detection Window after use:

| Drug            | Detection Time (hrs) | Max. Detection Time (days)    |
|-----------------|----------------------|-------------------------------|
| Amphetamine     | 24                   | 9                             |
| Methamphetamine | 87+/-51              | 6                             |
| Cannabis        | 34                   | 95                            |
| Cocaine         | 48-72                | 22                            |
| Morphine        | 11-54                | 11                            |
| Barbiturates    | 24                   | 1-4 (Phenobarbital)           |
| Benzodiazepines | 6                    | 14 or longer in chronic users |
| Fentanyl        | 24-72                | 7                             |
| Methadone       | 24-72                | 14                            |
| Oxydodone       | 30-40                | 3                             |

From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205; Kale N. Urine drug tests: ordering and interpreting results. Am Fam Physician, 2019 99(1): 33-39.

Results cannot be used for Medico-legal purposes.

Confirmatory testing can be ordered for the specific class of agent found using the test order codes found under the 'Processing' tab of this test menu entry.

Confirmatory testing performed Monday-Friday with a 3-6 day turn around time after receipt by reference laboratory.

See also Drug Screening and individual drug entries.

**CPT Codes:**  
80307

# Drug-Dependent Platelet Antibody

MOLT

## ORDERING

**Approval Required:**

Yes; Approval from the Clinical Hematology Consult Service is required before order is placed.

**Available Stat:**

No

**Performing Lab:**

Versiti

**Methodology:**

Flow Cytometry

**Reported:**

3-4 days

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Serum

**Collect:**

2 red tops

**Amount to Collect:**

10 mL blood

**Preferred Volume:**

5 mL serum

**Minimum Volume:**

5 mL serum

**Remarks:**

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimen to Central Processing.

## PROCESSING

**Test Code:**

MOLT

**Sendout:**

Yes

**Performing Lab:**

Versiti

**Specimen Preparation:**

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimen to Central Processing

Sample should be spun down and taken off the clot. Store refrigerated. Send sample refrigerated. Sample must be received within 7 days of draw date.

**Preferred Volume:**

5 mL serum

**Minimum Volume:**

5 mL serum

## ADMINISTRATIVE

**CPT Codes:**

86022 per drug



**COMPLETE VIEW****Approval Required:**

Yes; Approval from the Clinical Hematology Consult Service is required before order is placed.

**Available Stat:**

No

**Test Code:**

MOLT

**Performing Lab:**

Versiti

**Sendout:**

Yes

**Methodology:**

Flow Cytometry

**Remarks:**

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimen to Central Processing.

**Collect:**

2 red tops

**Amount to Collect:**

10 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

5 mL serum

**Minimum Volume:**

5 mL serum

**Specimen Preparation:**

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimen to Central Processing

Sample should be spun down and taken off the clot. Store refrigerated. Send sample refrigerated. Sample must be received within 7 days of draw date.

**Reported:**

3-4 days

**CPT Codes:**

86022 per drug

**Supplemental Test Request Form Required:**

Yes

# Duplication 1Q FISH

DUP1Q, BDUP1Q

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Reported:**

1-2 weeks

**Synonyms:**

- CKS1B Amplification
- Dup 1Q
- DUP1Q
- BDUP1Q

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow. Bone marrow biopsy

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

## PROCESSING

**Test Code:**

BDUP1Q: Blood

DUP1Q: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Stability (from collection to initiation):**

Room temperature 2 days

**RESULT INTERPRETATION****Reference Interval:**

Absent

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BDUP1Q: Blood

DUP1Q: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Sample Type:**

Heparinized whole blood or bone marrow. Bone marrow biopsy

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Reference Interval:**

Absent

**Synonyms:**

- CKS1B Amplification
- Dup 1Q
- DUP1Q
- BDUP1Q

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**  
88271 x2, 88275

**LDT or Modified FDA:**  
Yes

# D-Xylose Absorption, blood

XYL1

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Colorimetry

**Reported:**

Blood test set up as needed; urine test performed Monday-Friday. Turnaround time: 1-4 days.

**Synonyms:**

- xylose

## COLLECTION

**Patient Preparation:**

Adults must have fasted for 8 hours prior to sample collection. Children must fast for 4 hours before sample collection. Outpatients should be given a prescription for the proper dose of (D+)-xylose powder to be obtained at an outside pharmacy.

**Sample Type:**

Blood

**Collect:**

Gray top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:**

Note the dose on the requisition and in the patient's chart. Dose: 1.0 g/kg-maximum 25 g. Draw sample 1 hour after D-xylose administration.

## PROCESSING

**Test Code:**

XYL1

**Test Group:**

D-Xylose

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Mix the sample well and refrigerate it-do not freeze. Enter the xylose dose in the computer at the time of accession. Order Quest # 1199X.

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

1 mL blood

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

< 6 years: >14.9 mg/dL  
>= 6 years: >19.9 mg/dL

## ADMINISTRATIVE

**CPT Codes:**  
84620-90

**LOINC Codes:**  
30575-5

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
XYL1

**Test Group:**  
D-Xylose

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Colorimetry

**Patient Preparation:**  
Adults must have fasted for 8 hours prior to sample collection. Children must fast for 4 hours before sample collection. Outpatients should be given a prescription for the proper dose of (D+)-xylose powder to be obtained at an outside pharmacy.

**Remarks:**  
Note the dose on the requisition and in the patient's chart. Dose: 1.0 g/kg-maximum 25 g. Draw sample 1 hour after D-xylose administration.

**Collect:**  
Gray top

**Amount to Collect:**  
4 mL blood

**Sample Type:**  
Blood

**Preferred Volume:**  
4 mL blood

**Minimum Volume:**  
1 mL blood

**Specimen Preparation:**  
Mix the sample well and refrigerate it-do not freeze. Enter the xylose dose in the computer at the time of accession. Order Quest # 1199X.

**Units:**  
mg/dL

**Reference Interval:**  
< 6 years: >14.9 mg/dL  
>= 6 years: >19.9 mg/dL

**Synonyms:**  

- xylose

**Reported:**  
Blood test set up as needed; urine test performed Monday-Friday. Turnaround time: 1-4 days.

**CPT Codes:**  
84620-90

**LOINC Codes:**  
30575-5

# D-Xylose Absorption, urine

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Colorimetry

**Reported:**

Urine test performed Monday-Friday. Turnaround time: 1-4 days.

## COLLECTION

**Sample Type:**

5-hour urine

**Collect:**

Plain Container Required

**Amount to Collect:**

Entire urine output over 5 hour period

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Remarks:**

Refrigerate container during collection.

**Unacceptable Conditions:**

Container not refrigerated during collection.

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

D-Xylose

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Transfer urine sample promptly to a gray top vacutainer tube containing fluoride and oxalate to inhibit metabolism of the xylose. Mix well and refrigerate, do not freeze. Enter the xylose dose in the computer at the time of accession and record the total urine volume on the request slip and the gray top tube. Order Quest # 941

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection.

## RESULT INTERPRETATION

**Units:**

g

**Reference Interval:**

&gt;= 18 year old: &gt; 4.0 g excreted in 5 hours after a 25 g dose

&gt;= 18 year old: &gt; 1.2 g after a 5g dose

Child: 16-33% of the ingested dose

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

D-Xylose

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Colorimetry

**Remarks:**

Refrigerate container during collection.

**Collect:**

Plain Container Required

**Amount to Collect:**

Entire urine output over 5 hour period

**Sample Type:**

5-hour urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection.

**Specimen Preparation:**

Transfer urine sample promptly to a gray top vacutainer tube containing fluoride and oxalate to inhibit metabolism of the xylose. Mix well and refrigerate, do not freeze. Enter the xylose dose in the computer at the time of accession and record the total urine volume on the request slip and the gray top tube. Order Quest # 941

**Units:**

g

**Reference Interval:**

>= 18 year old: > 4.0 g excreted in 5 hours after a 25 g dose

>= 18 year old: > 1.2 g after a 5g dose

Child: 16-33% of the ingested dose

**Reported:**

Urine test performed Monday-Friday. Turnaround time: 1-4 days.



# Echinococcus granulosa Antibody, IgG

LAB1234

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

Immunoassay +/- Western Blot

**Reported:**

Set up once per week. Turnaround 5-7 days

**Additional Information:**

Detection of serum antibodies to Echinococcus plays an important role in the diagnosis of hydatid disease, since infected individuals do not exhibit fecal shedding of Echinococcus eggs. The frequency of a positive result for serum antibodies may persist for years after cyst removal. Serologic crossreactivity between Echinococcus and Cysticercus may occur.

Increasing antibody values between acute and convalescent specimens is considered evidence of recent or current infection. The frequency of a positive result for serum antibodies to Echinococcus is higher in patients with active cysts in the liver than in patients with hydatid cysts in the lung or calcified cysts. Serologic crossreactivity between Echinococcus and Cysticercus may occur.

See also Parasites-Duodenal,-Sputum and-Stool

**Reflex Testing:**

Positive/equivocal samples will automatically have a Western Blot performed with a separate charge.

**Synonyms:**

- hydatid disease

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

## PROCESSING

**Test Code:**

ECHINO

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Freeze sample. Order Quest #91307

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Detection of serum antibodies to Echinococcus plays an important role in the diagnosis of hydatid disease, since infected individuals do not exhibit fecal shedding of Echinococcus eggs. The frequency of a positive result for serum antibodies may persist for years after cyst removal. Serologic crossreactivity between Echinococcus and Cysticercus may occur.

Increasing antibody values between acute and convalescent specimens is considered evidence of recent or current infection. The frequency of a positive result for serum antibodies to Echinococcus is higher in patients with active cysts in the liver than in patients with hydatid cysts in the lung or calcified cysts. Serologic crossreactivity between Echinococcus and Cysticercus may occur.

See also Parasites-Duodenal,-Sputum and-Stool

**ADMINISTRATIVE****CPT Codes:**

86682-90

**LOINC Codes:**

47431-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ECHINO

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

Immunoassay +/- Western Blot

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Freeze sample. Order Quest #91307

**Reference Interval:**

Negative

**Synonyms:**

- hydatid disease

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

**Reported:**

Set up once per week. Turnaround 5-7 days

**Reflex Testing:**

Positive/equivocal samples will automatically have a Western Blot performed with a separate charge.

**Additional Information:**

Detection of serum antibodies to Echinococcus plays an important role in the diagnosis of hydatid disease, since infected individuals do not exhibit fecal shedding of Echinococcus eggs. The frequency of a positive result for serum antibodies may persist for years after cyst removal. Serologic crossreactivity between Echinococcus and Cysticercus may occur.

Increasing antibody values between acute and convalescent specimens is considered evidence of recent or current infection. The frequency of a positive result for serum antibodies to Echinococcus is higher in patients with active cysts in the liver than in patients with hydatid cysts in the lung or calcified cysts. Serologic crossreactivity between Echinococcus and Cysticercus may occur.

See also Parasites-Duodenal,-Sputum and-Stool

**CPT Codes:**

86682-90

**LOINC Codes:**

47431-2

# Ectoparasite Identification

LAB5005

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Reflex Testing:**

If Lyme disease IFA testing is requested, Ixodes species ticks will be forwarded to County of Sonoma Department of Health Services Public Health Laboratory, 3313 Chanate Road, Rm. 214, Santa Rosa, CA 95404 707-565-4711. An additional charge will be billed to patient. Test is performed on Thursday morning, and positive results are reported the following day.

**Synonyms:**

- flea
- insect
- mite
- tick
- arthropod
- scabies
- bedbug
- louse
- Para Ecto

## COLLECTION

**Sample Type:**

Arthropod; skin scrapings

**Collect:**

Urine cup or clean container

**Remarks:**

Place insect in gauze or tissue moistened with water and submit in a clean container. Refrigerate until submitted to laboratory.

Skin scrapings for scabies: Scrapings are best performed at the end of the burrows in non-excoriated and non-inflamed areas using a sterile scalpel blade containing a drop of mineral oil. The mineral oil enhances the adherence of the mites to the blade and can then be transferred to a glass slide. Glass slides can be sandwiched together and placed in a sterile container for transport to the lab.

**Stability (from collection to initiation):**

Moist ticks are stable for 1 month at room temperature. Skin scrapings should be submitted to the lab as soon as possible.

**Unacceptable Conditions:**

Improperly collected or stored sample

## PROCESSING

**Test Code:**

P416

**Performing Lab:**

Microbiology

**Unacceptable Conditions:**

Improperly collected or stored sample

**Stability (from collection to initiation):**

Moist ticks are stable for 1 month at room temperature. Skin scrapings should be submitted to the lab as soon as possible.

## RESULT INTERPRETATION

**Reference Interval:**

No parasites seen

## ADMINISTRATIVE

**CPT Codes:**

87168

**LOINC Codes:**  
673-4

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
P416

**Performing Lab:**  
Microbiology

**Performed:**  
Monday-Friday, day shift

**Remarks:**  
Place insect in gauze or tissue moistened with water and submit in a clean container. Refrigerate until submitted to laboratory.

Skin scrapings for scabies: Scrapings are best performed at the end of the burrows in non-excoriated and non-inflamed areas using a sterile scalpel blade containing a drop of mineral oil. The mineral oil enhances the adherence of the mites to the blade and can then be transferred to a glass slide. Glass slides can be sandwiched" together and placed in a sterile container for transport to the lab.

**Collect:**  
Urine cup or clean container

**Sample Type:**  
Arthropod; skin scrapings

**Unacceptable Conditions:**  
Improperly collected or stored sample

**Reference Interval:**  
No parasites seen

**Synonyms:**

- flea
- insect
- mite
- tick
- arthropod
- scabies
- bedbug
- louse
- Para Ecto

**Stability (from collection to initiation):**  
Moist ticks are stable for 1 month at room temperature. Skin scrapings should be submitted to the lab as soon as possible.

**Reflex Testing:**  
If Lyme disease IFA testing is requested, Ixodes species ticks will be forwarded to County of Sonoma Department of Health Services Public Health Laboratory, 3313 Chanate Road, Rm. 214, Santa Rosa, CA 95404 707-565-4711. An additional charge will be billed to patient. Test is performed on Thursday morning, and positive results are reported the following day.

**CPT Codes:**  
87168

**LOINC Codes:**  
673-4

# Eculizumab

MOLT

## ORDERING

### Ordering Recommendations:

Assessing the response to eculizumab therapy

Assessing the need for dose escalation

Evaluating the potential for dose de-escalation or discontinuation of therapy in remission states

Monitoring patients who need to be above a certain eculizumab concentration in order to improve the odds of a clinical response for therapy optimization

### Available Stat:

No

### Performing Lab:

Mayo

### Performed:

Wednesday

### Methodology:

Liquid chromatography (high-resolution accurate-mass, HRAM) mass spectrometry

### Reported:

3-7 days

### Additional Information:

Eculizumab (Soliris, Alexion Pharmaceuticals), a humanized monoclonal IgG2/4 kappa antibody therapeutic directed against complement component C5, has been heralded as a breakthrough treatment for paroxysmal nocturnal hemoglobinuria (PNH) and atypical hemolytic uremic syndrome (aHUS). By association with C5, eculizumab inhibits the terminal complement pathway through simultaneous blockade of the generation of the potent prothrombotic and proinflammatory molecule, C5a, and the formation of membrane attack complex initiator, C5b. Since all 3 arms of the complement cascade converge at the point of C5 activation, targeted by eculizumab, this drug may have broad potential application and is being clinically evaluated in other disorders with complement overactivation. In PNH, eculizumab has become the standard of care, proving to be a safe and effective therapy with long-lasting effects, potentially enabling patients to become transfusion-independent and extending their survival.

## COLLECTION

### Patient Preparation:

Pembrolizumab/Keytruda must be discontinued at least 4 weeks prior to testing for eculizumab quantitation in serum.

### Sample Type:

Serum

### Collect:

SST/Red-top tube

### Amount to Collect:

2 mL blood

### Preferred Volume:

1 mL serum

### Minimum Volume:

0.5 mL serum

### Remarks:

Draw blood immediately before next scheduled dose.

### Stability (from collection to initiation):

Refrigerated (preferred) 28 days

Frozen 30 days

Ambient 4 days

### Storage/Transport Temperature:

Refrigerated

### Unacceptable Conditions:

Gross hemolysis

Gross lipemia

## PROCESSING

### Test Code:

MOLT

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Spin down within 2 hours of draw. Aliquot and send refrigerated to CB. Order Mayo test code ECULI.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Gross hemolysis

Gross lipemia

**Stability (from collection to initiation):**

Refrigerated (preferred) 28 days

Frozen 30 days

Ambient 4 days

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Units:**

mcg/mL

**Reference Interval:**

Lower limit of quantitation =5.0 mcg/mL

&gt;35 Therapeutic concentration for paroxysmal nocturnal hemoglobinuria (PNH)

&gt;50 Therapeutic concentration for atypical hemolytic uremic syndrome (aHUS)

**Additional Information:**

Eculizumab (Soliris, Alexion Pharmaceuticals), a humanized monoclonal IgG2/4 kappa antibody therapeutic directed against complement component C5, has been heralded as a breakthrough treatment for paroxysmal nocturnal hemoglobinuria (PNH) and atypical hemolytic uremic syndrome (aHUS). By association with C5, eculizumab inhibits the terminal complement pathway through simultaneous blockade of the generation of the potent prothrombotic and proinflammatory molecule, C5a, and the formation of membrane attack complex initiator, C5b. Since all 3 arms of the complement cascade converge at the point of C5 activation, targeted by eculizumab, this drug may have broad potential application and is being clinically evaluated in other disorders with complement overactivation. In PNH, eculizumab has become the standard of care, proving to be a safe and effective therapy with long-lasting effects, potentially enabling patients to become transfusion-independent and extending their survival.

**Interpretive Data:**

Minimum trough therapeutic concentrations (immediately before next infusion) of eculizumab are expected to be above 35 mcg/mL for paroxysmal nocturnal hemoglobinuria (PNH) and above 50 mcg/mL for aHUS.

**ADMINISTRATIVE****CPT Codes:**

80299

**LOINC Codes:**

90240-3

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Assessing the response to eculizumab therapy

Assessing the need for dose escalation

Evaluating the potential for dose de-escalation or discontinuation of therapy in remission states

Monitoring patients who need to be above a certain eculizumab concentration in order to improve the odds of a clinical response for therapy optimization

**Test Code:**

MOLT

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Performed:**

Wednesday

**Methodology:**

Liquid chromatography (high-resolution accurate-mass, HRAM) mass spectrometry

**Patient Preparation:**

Pembrolizumab/Keytruda must be discontinued at least 4 weeks prior to testing for eculizumab quantitation in serum.

**Remarks:**

Draw blood immediately before next scheduled dose.

**Collect:**

SST/Red-top tube

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Gross hemolysis

Gross lipemia

**Specimen Preparation:**

Spin down within 2 hours of draw. Aliquot and send refrigerated to CB. Order Mayo test code ECULI.

**Units:**

mcg/mL

**Reference Interval:**

Lower limit of quantitation =5.0 mcg/mL

&gt;35 Therapeutic concentration for paroxysmal nocturnal hemoglobinuria (PNH)

&gt;50 Therapeutic concentration for atypical hemolytic uremic syndrome (aHUS)

**Interpretive Data:**

Minimum trough therapeutic concentrations (immediately before next infusion) of eculizumab are expected to be above 35 mcg/mL for paroxysmal nocturnal hemoglobinuria (PNH) and above 50 mcg/mL for aHUS.

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated (preferred) 28 days

Frozen 30 days

Ambient 4 days

**Reported:**

3-7 days

**Additional Information:**

Eculizumab (Soliris, Alexion Pharmaceuticals), a humanized monoclonal IgG2/4 kappa antibody therapeutic directed against complement component C5, has been heralded as a breakthrough treatment for paroxysmal nocturnal hemoglobinuria (PNH) and atypical hemolytic uremic syndrome (aHUS). By association with C5, eculizumab inhibits the terminal complement pathway through simultaneous blockade of the generation of the potent prothrombotic and proinflammatory molecule, C5a, and the formation of membrane attack complex initiator, C5b. Since all 3 arms of the complement cascade converge at the point of C5 activation, targeted by eculizumab, this drug may have broad potential application and is being clinically evaluated in other disorders with complement overactivation. In PNH, eculizumab has become the standard of care, proving to be a safe and effective therapy with long-lasting effects, potentially enabling patients to become transfusion-independent and extending their survival.

**CPT Codes:**

80299

**LOINC Codes:**

90240-3



# Ehrlichia chaffeensis Antibodies, IgG & IgM

LAB3546

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

Immunofluorescence assay

**Reported:**

Set up 6x per week, turnaround 4-5 days

**Additional Information:**

Human monocytic ehrlichiosis (HME), a tick-transmitted disease caused by Ehrlichia chaffeensis bacteria and is often described as 'spotless' rocky mountain spotted fever has been reported in various regions of the United States. Infected individuals produce specific antibody to E. chaffeensis which can be detected by the IFA test. A single IgG titer of 1:64 or greater indicates exposure to E. chaffeensis. A four fold or greater rise in IgG titer between acute and convalescent sera and/or an IgM titer of 1:20 or more is suggestive of recent or current infection.

This test was developed and its performance characteristics determined by Quest Diagnostics Nichols Institute. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

**Synonyms:**

- Human Monocytic ehrlichiosis
- HME

## COLLECTION

**Sample Type:**

Serum

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month.

**Unacceptable Conditions:**

Sample collected in Gold top

## PROCESSING

**Test Code:**

EHRL

**Test Group:**

Ehrlichia

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Refrigerate sample. Order Quest # 8524N

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

titer

**Reference Interval:**

IgG: < 1:64 titer

IgM: < 1:20 titer

**Additional Information:**

Human monocytic ehrlichiosis (HME), a tick-transmitted disease caused by Ehrlichia chaffeensis bacteria and is often described as 'spotless' rocky mountain spotted fever has been reported in various regions of the United States. Infected individuals produce specific antibody to E. chaffeensis which can be detected by the IFA test. A single IgG titer of 1:64 or greater indicates exposure to E. chaffeensis. A four fold or greater rise in IgG titer between acute and convalescent sera and/or an IgM titer of 1:20 or more is suggestive of recent or current infection.

This test was developed and its performance characteristics determined by Quest Diagnostics Nichols Institute. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

**ADMINISTRATIVE****CPT Codes:**

86666-90 x2

**LOINC Codes:**

45059-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

EHRL

**Test Group:**

Ehrlichia

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

Immunofluorescence assay

**Collect:**

Red top (Gold top **NOT** acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top

**Specimen Preparation:**

Refrigerate sample. Order Quest # 8524N

**Units:**

titer

**Reference Interval:**

IgG: < 1:64 titer

IgM: < 1:20 titer

**Synonyms:**

- Human Monocytic ehrlichiosis
- HME

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month.

**Reported:**

Set up 6x per week, turnaround 4-5 days

**Additional Information:**

Human monocytic ehrlichiosis (HME), a tick-transmitted disease caused by Ehrlichia chaffeensis bacteria and is often described as 'spotless' rocky mountain spotted fever has been reported in various regions of the United States. Infected individuals produce specific antibody to E. chaffeensis which can be detected by the IFA test. A single IgG titer of 1:64 or greater indicates exposure to E. chaffeensis. A four fold or greater rise in IgG titer between acute and convalescent sera and/or an IgM titer of 1:20 or more is suggestive of recent or current infection.

This test was developed and its performance characteristics determined by Quest Diagnostics Nichols Institute. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

**CPT Codes:**

86666-90 x2

**LOINC Codes:**

45059-3

# Electrolytes

LAB3000

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Includes sodium, potassium, chloride and carbon dioxide, total. Individual tests may be ordered separately.

**Synonyms:**

- Sodium
- Potassium
- Chloride
- CO2
- Carbon dioxide
- K
- Na
- CL
- K+
- Na+
- Cl-

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.25 mL plasma or serum

## PROCESSING

**Test Code:**

LYTE

**Test Group:**

Electrolytes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.25 mL plasma or serum

## RESULT INTERPRETATION

**Units:**

mmol/L

**Reference Interval:**

See individual test entries for normal ranges.

**Critical Values:**

Sodium: < 125 or > 155 mmol/L  
Potassium: < 3.0 or > 6.0 mmol/L  
CO<sub>2</sub>, Total: < 15 or > 40 mmol/L

**Additional Information:**

Includes sodium, potassium, chloride and carbon dioxide, total. Individual tests may be ordered separately.

**ADMINISTRATIVE****CPT Codes:**

80051

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LYTE

**Test Group:**

Electrolytes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.25 mL plasma or serum

**Units:**

mmol/L

**Reference Interval:**

See individual test entries for normal ranges.

**Critical Values:**

Sodium: < 125 or > 155 mmol/L  
Potassium: < 3.0 or > 6.0 mmol/L  
CO<sub>2</sub>, Total: < 15 or > 40 mmol/L

**Synonyms:**

- Sodium
- Potassium
- Chloride
- CO<sub>2</sub>
- Carbon dioxide
- K
- Na
- CL
- K<sup>+</sup>
- Na<sup>+</sup>
- Cl<sup>-</sup>

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Includes sodium, potassium, chloride and carbon dioxide, total. Individual tests may be ordered separately.

**CPT Codes:**

80051

# Endothelial Cell Crossmatch (for Donor)

HTENDOXM (Sunquest: ILENDDB)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

HTENDOXM (Sunquest: ILENDDB)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

3 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

## RESULT INTERPRETATION

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86833

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTENDOXM (Sunquest: ILEND0)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

3 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86833

# Endothelial Cell Crossmatch (for Recipient)

HTENDOXM (Sunquest: ILENDX)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

HTENDOXM (Sunquest: ILENDX)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

3 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

## RESULT INTERPRETATION



**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86833

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTENDOXM (Sunquest: ILENDX)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

3 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86833

# Entamoeba histolytica antibody, IgG

LAB3518

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus

**Methodology:**

ELISA

**Reported:**

Test performed once per week. Turnaround 5-7 days.

**Additional Information:**

For patients who are unable to make antibodies, PCR of abscess fluid is available through the CDC. Contact the Microbiology Lab at x3-1268 for more information.

**Synonyms:**

- Amebiasis
- Entamoeba
- Protozoa

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 2 weeks, frozen at -20C 1 month

## PROCESSING

**Test Code:**

AMOEBA

**Test Group:**

E. histolytica

**Sendout:**

Yes

**Performing Lab:**

Focus

**Specimen Preparation:**

Freeze serum at -20C. Order Quest test # 34728N

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 2 weeks, frozen at -20C 1 month

## RESULT INTERPRETATION

**Reference Interval:**

Negative

Not detected: &lt; 1.00

Detected: &gt;= 1.00

**Additional Information:**

For patients who are unable to make antibodies, PCR of abscess fluid is available through the CDC. Contact the Microbiology Lab at x3-1268 for more information.

**ADMINISTRATIVE****CPT Codes:**

86753-90

**LOINC Codes:**

9522-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AMOEBA

**Test Group:**

E. histolytica

**Performing Lab:**

Focus

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Specimen Preparation:**

Freeze serum at -20C. Order Quest test # 34728N

**Reference Interval:**

Negative

Not detected: < 1.00

Detected: >= 1.00

**Synonyms:**

- Amebiasis
- Entamoeba
- Protozoa

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 2 weeks, frozen at -20C 1 month

**Reported:**

Test performed once per week. Turnaround 5-7 days.

**Additional Information:**

For patients who are unable to make antibodies, PCR of abscess fluid is available through the CDC. Contact the Microbiology Lab at x3-1268 for more information.

**CPT Codes:**

86753-90

**LOINC Codes:**

9522-4

# Enterovirus Quantitative RT-PCR, Plasma

LAB6163

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Viracor IBT

**Methodology:**

Real-time PCR

**Reported:**

2-5 days

**Additional Information:**

The enteroviruses are well-known etiologic agents of viral meningitis, viral encephalitis, myocarditis, and respiratory tract disease as well as a wide variety of other clinical conditions. Quantitative PCR can be used to detect the presence of the virus as well as track the course of infection. Detects the entire spectrum of human enteroviruses, including coxsackie A viruses, coxsackie B viruses, echoviruses, polioviruses, and enteroviruses 68 - 71. The assay does not differentiate between serotypes.

**Synonyms:**

- P365

## COLLECTION

**Sample Type:**

EDTA plasma, CSF, stool, tissue, nasopharyngeal swab

**Collect:**

Blood: Lavendar top tube, CSF: CSF tube; Stool, tissue: Sterile container; Nasopharyngeal swab: Flocked swab in Universal Transport Medium

**Amount to Collect:**

Blood: 2 mL, CSF: 1 mL; Stool: size of pea or 2 mL liquid stool; Tissue: 5 cu.mm

**Preferred Volume:**

Plasma, CSF: 1 mL; Stool: size of pea or 2 mL liquid stool; Tissue: 5 cu.mm

**Minimum Volume:**

Plasma, CSF: 0.5 mL; Stool: size of pea or 0.5 mL liquid; Tissue: 2 cu.mm

**Stability (from collection to initiation):**

CSF, stool, tissue: Frozen -70 C 1 month

Plasma, nasopharyngeal swab: Room temperature 4 days, frozen -70 C 1 month

## PROCESSING

**Test Code:**

ENTVPLAS

**Sendout:**

Yes

**Performing Lab:**

Viracor IBT

**Specimen Preparation:**

Centrifuge blood at 1300 g for 10 minutes, and aliquot plasma. Freeze samples at -70°C. Viracor test code 1400; For sample types reported as Detected/Not detected (e.g. stool, tissue, nasopharyngeal swab), credit with retain results and bill manually.

**Preferred Volume:**

Plasma, CSF: 1 mL; Stool: size of pea or 2 mL liquid stool; Tissue: 5 cu.mm

**Minimum Volume:**

Plasma, CSF: 0.5 mL; Stool: size of pea or 0.5 mL liquid; Tissue: 2 cu.mm

**Stability (from collection to initiation):**

CSF, stool, tissue: Frozen -70 C 1 month

Plasma, nasopharyngeal swab: Room temperature 4 days, frozen -70 C 1 month

## RESULT INTERPRETATION

**Units:**

copies/mL for quantitative results

**Reference Interval:**

Not Detected

**Critical Values:**

Positive result for CSF

**Additional Information:**

The enteroviruses are well-known etiologic agents of viral meningitis, viral encephalitis, myocarditis, and respiratory tract disease as well as a wide variety of other clinical conditions. Quantitative PCR can be used to detect the presence of the virus as well as track the course of infection. Detects the entire spectrum of human enteroviruses, including coxsackie A viruses, coxsackie B viruses, echoviruses, polioviruses, and enteroviruses 68 - 71. The assay does not differentiate between serotypes.

**ADMINISTRATIVE****CPT Codes:**

CSF, plasma: 87799-90, Stool, tissue, nasopharyngeal swab: 87498-90

**LOINC Codes:**

53256-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ENTVPLAS

**Performing Lab:**

Viracor IBT

**Sendout:**

Yes

**Methodology:**

Real-time PCR

**Collect:**

Blood: Lavendar top tube, CSF: CSF tube; Stool, tissue: Sterile container; Nasopharyngeal swab: Flocked swab in Universal Transport Medium

**Amount to Collect:**

Blood: 2 mL, CSF: 1 mL; Stool: size of pea or 2 mL liquid stool; Tissue: 5 cu.mm

**Sample Type:**

EDTA plasma, CSF, stool, tissue, nasopharyngeal swab

**Preferred Volume:**

Plasma, CSF: 1 mL; Stool: size of pea or 2 mL liquid stool; Tissue: 5 cu.mm

**Minimum Volume:**

Plasma, CSF: 0.5 mL; Stool: size of pea or 0.5 mL liquid; Tissue: 2 cu.mm

**Specimen Preparation:**

Centrifuge blood at 1300 g for 10 minutes, and aliquot plasma. Freeze samples at -70°C. Viracor test code 1400; For sample types reported as Detected/Not detected (e.g. stool, tissue, nasopharyngeal swab), credit with retain results and bill manually.

**Units:**

copies/mL for quantitative results

**Reference Interval:**

Not Detected

**Critical Values:**

Positive result for CSF

**Synonyms:**

- P365

**Stability (from collection to initiation):**

CSF, stool, tissue: Frozen -70 C 1 month

Plasma, nasopharyngeal swab: Room temperature 4 days, frozen -70 C 1 month

**Reported:**

2-5 days

**Additional Information:**

The enteroviruses are well-known etiologic agents of viral meningitis, viral encephalitis, myocarditis, and respiratory tract disease as well as a wide variety of other clinical conditions. Quantitative PCR can be used to detect the presence of the virus as well as track the course of infection. Detects the entire spectrum of human enteroviruses, including coxsackie A viruses, coxsackie B viruses, echoviruses, polioviruses, and enteroviruses 68 - 71. The assay does not differentiate between serotypes.

**CPT Codes:**

CSF, plasma: 87799-90, Stool, tissue, nasopharyngeal swab: 87498-90

**LOINC Codes:**

53256-4

# Eosinophilia FISH panel

BCYESO, CYESO

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7-14 days

**Additional Information:**

This panel contains the following tests:

PDGFRA 4q12 Rearrangement FISH  
PDGFRB 5q33.1 Rearrangement FISH  
Translocation 8/9 FISH  
FGFR1 8p11 Break apart FISH

**Synonyms:**

- PDGFR-alpha
- PDGFR-beta
- FGFR1 FISH panel
- Eosinophilic leukemia
- Hypereosinophilia
- BCYESO
- CYESO

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow aspirate, bone marrow core biopsy

**Collect:**

Blood or Bone marrow aspirate: Dark green top

Bone marrow core: Sterile container with transport media

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow core biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

Bone marrow core biopsy: 1 cm

**Stability (from collection to initiation):**

Room temperature: 2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

BCYESO: Blood

CYESO: Bone marrow

**Performing Lab:**

Cytogenetics

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples. Transport to China Basin Cytogenetics asap.

**Preferred Volume:**

Blood: 2 mL  
 Bone marrow: 2 mL  
 Bone marrow core biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL  
 Bone marrow: 1 mL  
 Bone marrow core biopsy: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Stability (from collection to initiation):**

Room temperature: 2 days

**Storage/Transport Temperature:**

Room temperature

**RESULT INTERPRETATION****Additional Information:**

This panel contains the following tests:

PDGFRA 4q12 Rearrangement FISH  
 PDGFRB 5q33.1 Rearrangement FISH  
 Translocation 8/9 FISH  
 FGFR1 8p11 Break apart FISH

**ADMINISTRATIVE****CPT Codes:**

88271 x8, 88275 x4

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BCYESO: Blood  
 CYESO: Bone marrow

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9 am to 5 pm

**Methodology:**

FISH

**Collect:**

Blood or Bone marrow aspirate: Dark green top  
 Bone marrow core: Sterile container with transport media

**Amount to Collect:**

See Preferred Volume

**Sample Type:**

Heparinized whole blood or bone marrow aspirate, bone marrow core biopsy

**Preferred Volume:**

Blood: 2 mL  
 Bone marrow: 2 mL  
 Bone marrow core biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL  
 Bone marrow: 1 mL  
 Bone marrow core biopsy: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples. Transport to China Basin Cytogenetics asap.



**Synonyms:**

- PDGFR-alpha
- PDGFR-beta
- FGFR1 FISH panel
- Eosinophilic leukemia
- Hypereosinophilia
- BCYESO
- CYESO

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

Room temperature: 2 days

**Reported:**

7-14 days

**Additional Information:**

This panel contains the following tests:

PDGFRA 4q12 Rearrangement FISH  
PDGFRB 5q33.1 Rearrangement FISH  
Translocation 8/9 FISH  
FGFR1 8p11 Break apart FISH

**CPT Codes:**

88271 x8, 88275 x4

**LDT or Modified FDA:**

Yes

# Epidemiology Culture, Air Sample

P039

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily

**Methodology:**

Culture

**Reported:**

5-8 days

**Synonyms:**

- Bacterial culture
- environmental culture

## COLLECTION

**Collect:**

Rose-Bengal Agar Strips

**Remarks:**

Collection of air samples is performed by EH&amp;S

## PROCESSING

**Test Code:**

P039

**Performing Lab:**

Microbiology

**Specimen Preparation:**

1. Accession test code P039 using appropriate account number, based upon which department submitted samples:  
Infection Control air samples: MOP-1641/ Physician Code O135 Infection Control Adult Bone Marrow Transplant air samples: MOP-4 / Physician Code 43782 Leavitt, Andrew Clinical Labs Pedi Immunology air samples: MOP-4351/ Physician Code O137 Air Samples from other departments will need to have a new MOP account number auto generated, when accessioning.
2. Enter AIR in SDES and location of sampling in SREQ.
3. Place strips on mycology bench, at room temperature.

## ADMINISTRATIVE

**LOINC Codes:**

45335-7

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P039

**Performing Lab:**

Microbiology

**Performed:**

Daily

**Methodology:**

Culture

**Remarks:**

Collection of air samples is performed by EH&amp;S

**Collect:**

Rose-Bengal Agar Strips

**Specimen Preparation:**

1. Accession test code P039 using appropriate account number, based upon which department submitted samples:  
Infection Control air samples: MOP-1641/ Physician Code O135 Infection Control Adult Bone Marrow Transplant air samples: MOP-4 / Physician Code 43782 Leavitt, Andrew Clinical Labs Pedi Immunology air samples: MOP-4351/ Physician Code O137 Air Samples from other departments will need to have a new MOP account number auto generated, when accessioning.
2. Enter AIR in SDES and location of sampling in SREQ.
3. Place strips on mycology bench, at room temperature.

**Synonyms:**

- Bacterial culture
- environmental culture

**Reported:**

5-8 days

**LOINC Codes:**

45335-7

# EPOR BREAK-APART REARRANGEMENT FISH

EPOR, BEPOR

## ORDERING

**Performing Lab:**

Cytogenetics

**Performed:**

Monday -Friday 9am-5pm

**Methodology:**

FISH

**Reported:**

7-14 days

**Synonyms:**

- EPOR
- BPOR
- 19q13 BA FISH

## COLLECTION

**Sample Type:**

Bone marrow aspirate, Bone marrow core, Blood

**Collect:**

Bone marrow: Dark Green Top Sodium Heparin tube

Bone Core: Sterile container with medium

Blood: Dark Green Top Sodium Heparin tube

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood: 2mL

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1mL

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

## PROCESSING

**Test Code:**

EPOR: Non-blood/bone marrow

BEPOR: Blood

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood: 2mL

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1mL

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

## ADMINISTRATIVE

**CPT Codes:**

88271x2, 88275x1

**COMPLETE VIEW**

**Test Code:**

EPOR: Non-blood/bone marrow

BEPOR: Blood

**Performing Lab:**

Cytogenetics

**Performed:**

Monday -Friday 9am-5pm

**Methodology:**

FISH

**Collect:**

Bone marrow: Dark Green Top Sodium Heparin tube

Bone Core: Sterile container with medium

Blood: Dark Green Top Sodium Heparin tube

**Sample Type:**

Bone marrow aspirate, Bone marrow core, Blood

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood: 2mL

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1mL

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Synonyms:**

- EPOR
- BPOR
- 19q13 BA FISH

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

2 days

**Reported:**

7-14 days

**CPT Codes:**

88271x2, 88275x1

# Epstein-Barr Virus Antibodies, IgG and IgM

LAB3183

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

1-4 days

**Additional Information:**

The components of this battery test are IgM anti-VCA (Viral Capsid Antigen), IgG anti-VCA and IgG anti-EBNA-1 (Epstein-Barr Nuclear Antigen-1). Each test component can also be ordered separately using test code VCAM (Viral Capsid Antigen IgM), VCAG (Viral Capsid Antigen IgG) or EBNA (Epstein-Barr Nuclear Antigen-1 IgG).

The following table shows the typical antibody response following EBV infection:

|                                 | IgM anti-VCA | IgG anti-VCA | IgG anti-EBNA |
|---------------------------------|--------------|--------------|---------------|
| Acute infection                 | +            | +            | -             |
| Early convalescence (3-6 weeks) | -            | +            | -             |
| Recovery (>6-8 weeks)           | -            | +            | +             |

The heterophile agglutination test has been discontinued since it is no longer recommended by the CDC.

Equivocal results may represent low-titer antibody in early infection; testing may be repeated, if clinically indicated. The so-called 'early' antibodies to EA/D and EA/R may or may not be present in acute or prior infection and are not useful in assessing acute infection.

EBV antibodies CANNOT be used to diagnose "chronic" or recurrent mononucleosis.

**Synonyms:**

- EBV
- anti-EA
- anti-EA/D
- Anti-EA/R
- Anti-early antigen
- anti-ebna
- anti-vca
- ea antibody
- ea/d antibody
- ea/r antibody
- early antigen
- ebna antibody
- IgM anti-VCA
- VCA antibody
- IgG anti-VCA
- Heterophile antibody
- Infectious mononucleosis
- Monospot

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**PROCESSING****Test Code:**

EBV (VCAM, VCAG and EBNA) - battery test  
Please use VCAM, VCAG or EBNA for individual test order

**Test Group:**

EBV

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze serum at -20C.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**RESULT INTERPRETATION****Reference Interval:**

IgM anti-VCA: Neg

IgG anti-VCA: Neg

Anti-EBNA: Neg

**Additional Information:**

The components of this battery test are IgM anti-VCA (Viral Capsid Antigen), IgG anti-VCA and IgG anti-EBNA-1 (Epstein-Barr Nuclear Antigen-1). Each test component can also be ordered separately using test code VCAM (Viral Capsid Antigen IgM), VCAG (Viral Capsid Antigen IgG) or EBNA (Epstein-Barr Nuclear Antigen-1 IgG).

The following table shows the typical antibody response following EBV infection:

|                                 | IgM anti-VCA | IgG anti-VCA | IgG anti-EBNA |
|---------------------------------|--------------|--------------|---------------|
| Acute infection                 | +            | +            | -             |
| Early convalescence (3-6 weeks) | -            | +            | -             |
| Recovery (>6-8 weeks)           | -            | +            | +             |

The heterophile agglutination test has been discontinued since it is no longer recommended by the CDC.

Equivocal results may represent low-titer antibody in early infection; testing may be repeated, if clinically indicated. The so-called 'early' antibodies to EA/D and EA/R may or may not be present in acute or prior infection and are not useful in assessing acute infection.

EBV antibodies CANNOT be used to diagnose "chronic" or recurrent mononucleosis.

**ADMINISTRATIVE****CPT Codes:**

86665 x2; 86664

**LOINC Codes:**

5156-5; 24115-8; 24114-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

EBV (VCAM, VCAG and EBNA) - battery test  
Please use VCAM, VCAG or EBNA for individual test order

**Test Group:**

EBV

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Freeze serum at -20C.

**Reference Interval:**

IgM anti-VCA: Neg

IgG anti-VCA: Neg

Anti-EBNA: Neg

**Synonyms:**

- EBV
- anti-EA
- anti-EA/D
- Anti-EA/R
- Anti-early antigen
- anti-ebna
- anti-vca
- ea antibody
- ea/d antibody
- ea/r antibody
- early antigen
- ebna antibody
- IgM anti-VCA
- VCA antibody
- IgG anti-VCA
- Heterophile antibody
- Infectious mononucleosis
- Monospot

**Reported:**

1-4 days

**Additional Information:**

The components of this battery test are IgM anti-VCA (Viral Capsid Antigen), IgG anti-VCA and IgG anti-EBNA-1 (Epstein-Barr Nuclear Antigen-1). Each test component can also be ordered separately using test code VCAM (Viral Capsid Antigen IgM), VCAG (Viral Capsid Antigen IgG) or EBNA (Epstein-Barr Nuclear Antigen-1 IgG).

The following table shows the typical antibody response following EBV infection:

|                                 | IgM anti-VCA | IgG anti-VCA | IgG anti-EBNA |
|---------------------------------|--------------|--------------|---------------|
| Acute infection                 | +            | +            | -             |
| Early convalescence (3-6 weeks) | -            | +            | -             |
| Recovery (>6-8 weeks)           | -            | +            | +             |

The heterophile agglutination test has been discontinued since it is no longer recommended by the CDC.

Equivocal results may represent low-titer antibody in early infection; testing may be repeated, if clinically indicated. The so-called 'early' antibodies to EA/D and EA/R may or may not be present in acute or prior infection and are not useful in assessing acute infection.

EBV antibodies CANNOT be used to diagnose "chronic" or recurrent mononucleosis.

**CPT Codes:**

86665 x2; 86664

**LOINC Codes:**

5156-5; 24115-8; 24114-1



**Epstein-Barr Virus DNA, CSF**  
LAB5324

**ORDERING**

**Ordering Recommendations:**

There is no indication for EBV testing on urine samples.

**Available Stat:**

No

**Performing Lab:**

Viracor

**Methodology:**

RTPCR

**Synonyms:**

- EBV PCR

**COLLECTION**

**Sample Type:**

CSF, bone marrow, unfixed tissue, BAL

**Collect:**

CSF tube or sterile collection tube, EDTA Tube, Black top tube, other sterile screw top container

**Minimum Volume:**

Fluid samples: 2 mL

Fresh Tissue: 5 mg (Pencil eraser size)

**Unacceptable Conditions:**

Improperly submitted samples

**PROCESSING**

**Test Code:**

EBVMIS

**Test Group:**

EBV

**Sendout:**

Yes

**Performing Lab:**

Viracor

**Specimen Preparation:**

Freeze samples and ship frozen to China Basin. Ship on dry ice to Viracor.

**Minimum Volume:**

Fluid samples: 2 mL

Fresh Tissue: 5 mg (Pencil eraser size)

**Unacceptable Conditions:**

Improperly submitted samples

**RESULT INTERPRETATION**

**Units:**

IU/mL

**Reference Interval:**

Not detected

**ADMINISTRATIVE**

**CPT Codes:**

87799-90

**COMPLETE VIEW**

**Available Stat:**

No

**Ordering Recommendations:**

There is no indication for EBV testing on urine samples.

**Test Code:**

EBVMIS

**Test Group:**

EBV

**Performing Lab:**

Viracor

**Sendout:**

Yes

**Methodology:**

RTPCR

**Collect:**

CSF tube or sterile collection tube, EDTA Tube, Black top tube, other sterile screw top container

**Sample Type:**

CSF, bone marrow, unfixed tissue, BAL

**Minimum Volume:**

Fluid samples: 2 mL

Fresh Tissue: 5 mg (Pencil eraser size)

**Unacceptable Conditions:**

Improperly submitted samples

**Specimen Preparation:**

Freeze samples and ship frozen to China Basin. Ship on dry ice to Viracor.

**Units:**

IU/mL

**Reference Interval:**

Not detected

**Synonyms:**

- EBV PCR

**CPT Codes:**

87799-90

# Epstein-Barr virus DNA, Quantitative, Blood

LAB1373

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

3 times per week

**Methodology:**

Real time PCR

**Reported:**

1-4 days

**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- EBV PCR
- EBV Quant
- Epstein-Barr virus
- EBV
- Quantitative DNA detection of Epstein-Barr virus
- Human herpesvirus 4 (HHV-4)

## COLLECTION

**Sample Type:**

EDTA plasma

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.6 mL plasma

**Stability (from collection to initiation):**

Up to 5 days at 4 degrees Celsius

**Storage/Transport Temperature:**

Frozen at -70 degrees Celsius

**Unacceptable Conditions:**

Grossly hemolyzed samples, samples in heparin, and duplicate samples with the same collection day will be rejected.

## PROCESSING

**Test Code:**

EBVQT

**Test Group:**

EBV

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Separate plasma from blood cells within 6 hours of collection.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.6 mL plasma

**Unacceptable Conditions:**

Grossly hemolyzed samples, samples in heparin, and duplicate samples with the same collection day will be rejected.

**Stability (from collection to initiation):**

Up to 5 days at 4 degrees Celsius

**Storage/Transport Temperature:**

Frozen at -70 degrees Celsius

**RESULT INTERPRETATION****Units:**Linear Range: 500 IU/mL to  $5 \times 10^6$  IU/mL of plasma**Reference Interval:**

Not detected

**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

87799

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

36923-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

EBVQT

**Test Group:**

EBV

**Performing Lab:**

Microbiology

**Performed:**

3 times per week

**Methodology:**

Real time PCR

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Sample Type:**

EDTA plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.6 mL plasma

**Unacceptable Conditions:**

Grossly hemolyzed samples, samples in heparin, and duplicate samples with the same collection day will be rejected.

**Specimen Preparation:**

Separate plasma from blood cells within 6 hours of collection.

**Units:**Linear Range: 500 IU/mL to  $5 \times 10^6$  IU/mL of plasma**Reference Interval:**

Not detected

**Synonyms:**

- EBV PCR
- EBV Quant
- Epstein-Barr virus
- EBV
- Quantitative DNA detection of Epstein-Barr virus
- Human herpesvirus 4 (HHV-4)

**Storage/Transport Temperature:**

Frozen at -70 degrees Celsius

**Stability (from collection to initiation):**

Up to 5 days at 4 degrees Celsius

**Reported:**

1-4 days

**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

87799

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

36923-1

# Erythrocyte Porphyrin (EP), Whole Blood

LAB5484

## ORDERING

**Ordering Recommendations:**

Screen for erythropoietic protoporphyria (EPP) in patients with cutaneous photosensitivity.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Wed, Sat

**Methodology:**

Fluorometry

**Reported:**

1-4 days

**Synonyms:**

- FEP
- Free Erythrocyte Porphyrin
- Porphyrins (FEP)
- Protoporphyrin, Free Erythrocyte (FEP)
- Protoporphyrins, Total, Erythrocytes
- RBC Porphyrins
- Red Blood Cell Porphyrins
- EP
- EPWB

## COLLECTION

**Label Abbreviation:**

EP

**Collect:**

Royal blue (EDTA), lavender (EDTA), pink (K<sub>2</sub>EDTA), or Tan ( K<sub>2</sub>EDTA). Use royal blue tube when also testing for lead.

**Remarks:**

Specimen should be tested for lead FIRST to avoid potential contamination problems. Specimens not protected from light acceptable with a disclaimer.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Specimens not collected in EDTA. Clotted specimens.

## PROCESSING

**Test Code:**

EPWB

**ARUP Test Code:**

0020610

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Protect from light during collection, storage, and shipment. Transfer 1 mL whole blood to an ARUP Amber Transport Tube. (Min: 0.5 mL)

**Unacceptable Conditions:**

Specimens not collected in EDTA. Clotted specimens.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

0-35 µg/dL

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

84202

**LOINC:**

- 2898-5

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Screen for erythropoietic protoporphyria (EPP) in patients with cutaneous photosensitivity.

**Test Code:**

EPWB

**ARUP Test Code:**

0020610

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Wed, Sat

**Methodology:**

Fluorometry

**Remarks:**

Specimen should be tested for lead FIRST to avoid potential contamination problems. Specimens not protected from light acceptable with a disclaimer.

**Collect:**

Royal blue (EDTA), lavender (EDTA), pink (K<sub>2</sub>EDTA), or Tan (K<sub>2</sub>EDTA). Use royal blue tube when also testing for lead.

**Unacceptable Conditions:**

Specimens not collected in EDTA. Clotted specimens.

**Specimen Preparation:**

Protect from light during collection, storage, and shipment. Transfer 1 mL whole blood to an ARUP Amber Transport Tube. (Min: 0.5 mL)

**Reference Interval:**

0-35 µg/dL

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- FEP
- Free Erythrocyte Porphyrin
- Porphyrins (FEP)
- Protoporphyrin, Free Erythrocyte (FEP)
- Protoporphyrins, Total, Erythrocytes
- RBC Porphyrins
- Red Blood Cell Porphyrins
- EP
- EPWB

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 1 month

**Reported:**

1-4 days

**CPT Codes:**

84202

**LOINC:**

- 2898-5

**Notes:**

Elevated EP results are seen in early and late iron deficiency, in the anemia of chronic disease, and in chronic lead poisoning (typically when blood lead is greater than 25 µg/dL). Elevated protoporphyrin (as in erythropoietic protoporphyria) and zinc coproporphyrin (usually associated with childbirth) can increase the apparent EP signal. A more specific test for free protoporphyrin is Porphyrins, Serum Total (0080429). Specimens which are hemolyzed, clotted, or improperly aliquoted may show false elevations.



# Erythrocyte Sedimentation Rate

LAB322

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus and Mount Zion: Westergren

Mission Bay: Roller 20PN

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

The erythrocyte sedimentation rate increases with age; the upper limit is not clearly defined for patients &gt; 60 years old.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Synonyms:**

- Sed rate
- ESR
- Erythrocyte sedimentation rate

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

2 mL blood

**Stability (from collection to initiation):**

Parnassus and Mount Zion: Sample stable for 12 hours at 4 C, for only 5 hours at room temperature.

Mission Bay: Sample stable for 24 hours at 4 C, for only 5 hours at room temperature.

**Unacceptable Conditions:**

Parnassus and Mount Zion: &gt; 5 hrs at room temperature, &gt;12 hrs at 4 C

Mission Bay: &gt; 5 hrs at room temperature, &gt;24 hrs at 4 C

## PROCESSING

**Test Code:**

ESR

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology

**Preferred Volume:**

2 mL blood

**Unacceptable Conditions:**

Parnassus and Mount Zion: &gt; 5 hrs at room temperature, &gt;12 hrs at 4 C

Mission Bay: &gt; 5 hrs at room temperature, &gt;24 hrs at 4 C

**Stability (from collection to initiation):**

Parnassus and Mount Zion: Sample stable for 12 hours at 4 C, for only 5 hours at room temperature.

Mission Bay: Sample stable for 24 hours at 4 C, for only 5 hours at room temperature.

## RESULT INTERPRETATION

**Units:**

mm/h

**Reference Interval:**

Parnassus and Mt Zion:

|        |           |
|--------|-----------|
| Male   | 0-10 mm/h |
| Female | 0-15 mm/h |

Mission Bay:

| Age (yrs) | Male      | Female    |
|-----------|-----------|-----------|
| 0-14      | 2-34 mm/h | 2-34 mm/h |
| 15-50     | 2-28 mm/h | 2-37 mm/h |
| 51-70     | 2-37 mm/h | 2-39 mm/h |
| > 70      | 3-46 mm/h | 3-46 mm/h |

**Additional Information:**

The erythrocyte sedimentation rate increases with age; the upper limit is not clearly defined for patients > 60 years old.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

85651

**LOINC Codes:**

4537-7

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

ESR

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus and Mount Zion: Westergren

Mission Bay: Roller 20PN

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

2 mL blood

**Unacceptable Conditions:**

Parnassus and Mount Zion: &gt; 5 hrs at room temperature, &gt;12 hrs at 4 C

Mission Bay: &gt; 5 hrs at room temperature, &gt;24 hrs at 4 C

**Units:**

mm/h

**Reference Interval:**

Parnassus and Mt Zion:

|        |           |
|--------|-----------|
| Male   | 0-10 mm/h |
| Female | 0-15 mm/h |

Mission Bay:

| Age (yrs) | Male      | Female    |
|-----------|-----------|-----------|
| 0-14      | 2-34 mm/h | 2-34 mm/h |
| 15-50     | 2-28 mm/h | 2-37 mm/h |
| 51-70     | 2-37 mm/h | 2-39 mm/h |
| > 70      | 3-46 mm/h | 3-46 mm/h |

**Synonyms:**

- Sed rate
- ESR
- Erythrocyte sedimentation rate

**Stability (from collection to initiation):**

Parnassus and Mount Zion: Sample stable for 12 hours at 4 C, for only 5 hours at room temperature.

Mission Bay: Sample stable for 24 hours at 4 C, for only 5 hours at room temperature.

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

The erythrocyte sedimentation rate increases with age; the upper limit is not clearly defined for patients &gt; 60 years old.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

85651

**LOINC Codes:**

4537-7

# Erythropoietin

LAB873

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay

**Reported:**

Test performed 3x per week. Turnaround time: 2-5 days.

**Additional Information:**

The Erythropoietin reference range is based on individuals with normal hemoglobin and hematocrit values.

**Synonyms:**

- Epo
- EPO
- Epogen

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ERP

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 2 months

**Unacceptable Conditions:**

Gross hemolysis

**Rejection Criteria:**

Gross hemolysis

## PROCESSING

**Test Code:**

ERP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Centrifuge clotted sample and freeze serum at -20C. Order Quest Nichols test # 427.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Gross hemolysis

**Rejection Criteria:**

Gross hemolysis

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 2 months

**RESULT INTERPRETATION****Units:**

mIU/mL

**Reference Interval:**

Pediatric:

3 weeks-2 months: 5.0-13.0 mIU/mL

3 months-16 years: 9.0-28.0 mIU/mL

&gt;= 18 years: 4.1-19.5 mIU/mL

**Additional Information:**

The Erythropoietin reference range is based on individuals with normal hemoglobin and hematocrit values.

**ADMINISTRATIVE****CPT Codes:**

82668-90

**LOINC Codes:**

15061-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ERP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Immunoassay

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Gross hemolysis

**Unacceptable Conditions:**

Gross hemolysis

**Specimen Preparation:**

Centrifuge clotted sample and freeze serum at -20C. Order Quest Nichols test # 427.

**Units:**

mIU/mL

**Reference Interval:**

Pediatric:

3 weeks-2 months: 5.0-13.0 mIU/mL

3 months-16 years: 9.0-28.0 mIU/mL

&gt;= 18 years: 4.1-19.5 mIU/mL

**Synonyms:**

- Epo
- EPO
- Epogen

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 2 months

**Reported:**

Test performed 3x per week. Turnaround time: 2-5 days.

**Additional Information:**

The Erythropoietin reference range is based on individuals with normal hemoglobin and hematocrit values.

**CPT Codes:**

82668-90

**LOINC Codes:**

15061-5

# Estradiol, Ultrasensitive

E2U (Quest)

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Sunday - Friday

**Methodology:**

Chromatography/Mass Spectrometry

**Reported:**

3-7 days

## COLLECTION

**Sample Type:**

Blood

**Collect:**

Red top

**Amount to Collect:**

1 mL

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.2 mL

**Stability (from collection to initiation):**

Room temperature: 24 hours

Refrigerated: 7 days

Frozen: 28 days

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Hemolysis • Serum Separator Tube (SST®) • Lipemic

## PROCESSING

**Test Code:**

E2U

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Spin to serum and freeze. Ship to CB frozen. Order Quest test code 30289.

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.2 mL

**Unacceptable Conditions:**

Hemolysis • Serum Separator Tube (SST®) • Lipemic

**Stability (from collection to initiation):**

Room temperature: 24 hours

Refrigerated: 7 days

Frozen: 28 days

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

pg/mL

**Reference Interval:**

Males: &lt;= 29 pg/mL

Females:

|                      |              |
|----------------------|--------------|
| Follicular Phase     | 39-375 pg/mL |
| Luteal Phase         | 48-440 pg/mL |
| Postmenopausal Phase | <= 10 pg/mL  |

Prediatrie:

| Age                    | Males (pg/mL)   | Females (pg/mL) |
|------------------------|-----------------|-----------------|
| Pre-pubertal - <1 year | Not Established | Not Established |
| 1-9 years              | <= 4            | <= 16           |
| 10-11 years            | <= 12           | <= 65           |
| 12-14 years            | <= 24           | <= 142          |
| 15-17 years            | <= 31           | <= 283          |

**Interpretive Data:**

Estradiol, Ultrasensitive, LC/MS - Diagnostic applications of estradiol assays include assessment of ovarian function in a wide variety of situations (menstrual disorders, precocious or delayed puberty, assisted reproduction protocols). For men, estradiol measurement may be useful in the evaluation of gynecomastia.

**ADMINISTRATIVE****CPT Codes:**

82670

**LOINC Codes:**

35384-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

E2U

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Sunday - Friday

**Methodology:**

Chromatography/Mass Spectrometry

**Collect:**

Red top

**Amount to Collect:**

1 mL

**Sample Type:**

Blood

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.2 mL

**Unacceptable Conditions:**

Hemolysis • Serum Separator Tube (SST®) • Lipemic

**Specimen Preparation:**

Spin to serum and freeze. Ship to CB frozen. Order Quest test code 30289.

**Units:**

pg/mL



**Reference Interval:**Males:  $\leq 29$  pg/mL

Females:

|                      |                 |
|----------------------|-----------------|
| Follicular Phase     | 39-375 pg/mL    |
| Luteal Phase         | 48-440 pg/mL    |
| Postmenopausal Phase | $\leq 10$ pg/mL |

Prediatic:

| Age                    | Males (pg/mL)   | Females (pg/mL) |
|------------------------|-----------------|-----------------|
| Pre-pubertal - <1 year | Not Established | Not Established |
| 1-9 years              | $\leq 4$        | $\leq 16$       |
| 10-11 years            | $\leq 12$       | $\leq 65$       |
| 12-14 years            | $\leq 24$       | $\leq 142$      |
| 15-17 years            | $\leq 31$       | $\leq 283$      |

**Interpretive Data:**

Estradiol, Ultrasensitive, LC/MS - Diagnostic applications of estradiol assays include assessment of ovarian function in a wide variety of situations (menstrual disorders, precocious or delayed puberty, assisted reproduction protocols). For men, estradiol measurement may be useful in the evaluation of gynecomastia.

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: 24 hours

Refrigerated: 7 days

Frozen: 28 days

**Reported:**

3-7 days

**CPT Codes:**

82670

**LOINC Codes:**

35384-7

# Estrogens, Fractionated, by Mass Spectrometry

MOLT

## ORDERING

**Ordering Recommendations:**

Use to evaluate estrogen status in children, cisgender males, and postmenopausal cisgender females. Most useful when low estrogen concentrations are expected, regardless of the patient's sex assigned at birth. To compare this test to other estrogen tests, refer to the ARUP Estrogen Tests Comparison table.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-5 days

**Synonyms:**

- Estrone (E1) and Estradiols (E2)
- Total Estrogens
- MOLT

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

MOLT

**Collect:**Serum separator tube, lavender (EDTA), pink (K<sub>2</sub>EDTA), or green (sodium or lithium heparin).**Amount to Collect:**

1.0 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

## PROCESSING

**Test Code:**

MOLT

**ARUP Test Code:**

0093248

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum or plasma from cells within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min 0.3 mL)

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**  
Refrigerated.

## RESULT INTERPRETATION

### Reference Interval:

| Components                  | Reference Interval |                     |                                                                                                                                               |
|-----------------------------|--------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Estradiol by Mass Spec      | <b>Age</b>         | <b>Male (pg/mL)</b> | <b>Female (pg/mL)</b>                                                                                                                         |
|                             | 7-9 years          | Less than 7.0       | Less than 36.0                                                                                                                                |
|                             | 10-12 years        | Less than 11.0      | 1.0-87.0                                                                                                                                      |
|                             | 13-15 years        | 1.0-36.0            | 9.0-249.0                                                                                                                                     |
|                             | 16-17 years        | 3.0-34.0            | 2.0-266.0                                                                                                                                     |
|                             | 18 years and older | 10.0-42.0           | Premenopausal<br>Early Follicular: 30.0-100.0<br>Late Follicular: 100.0-400.0<br>Luteal: 50.0-150.0<br><br>Postmenopausal: 2.0-21.0           |
|                             | Tanner Stage I     | Less than 8.0       | Less than 56.0                                                                                                                                |
|                             | Tanner Stage II    | Less than 10.0      | 2.0-133.0                                                                                                                                     |
|                             | Tanner Stage III   | 1.0-35.0            | 12.0-277.0                                                                                                                                    |
|                             | Tanner Stage IV-V  | 3.0-35.0            | 2.0-259.0                                                                                                                                     |
|                             |                    |                     |                                                                                                                                               |
| Estrone by Mass Spec        | <b>Age</b>         | <b>Male (pg/mL)</b> | <b>Female (pg/mL)</b>                                                                                                                         |
|                             | 7-9 years          | Less than 7.0       | Less than 20.0                                                                                                                                |
|                             | 10-12 years        | Less than 11.0      | 1.0-40.0                                                                                                                                      |
|                             | 13-15 years        | 1.0-30.0            | 8.0-105.0                                                                                                                                     |
|                             | 16-17 years        | 1.0-32.0            | 4.0-133.0                                                                                                                                     |
|                             | 18 years and older | 9.0-36.0            | Premenopausal<br>Early Follicular: Less than 150.0<br>Late Follicular: 100.0-250.0<br>Luteal: Less than 200.0<br><br>Postmenopausal: 3.0-32.0 |
|                             | Tanner Stage I     | Less than 7.0       | Less than 27.0                                                                                                                                |
|                             | Tanner Stage II    | Less than 11.0      | 1.0-39.0                                                                                                                                      |
|                             | Tanner Stage III   | 1.0-31.0            | 8.0-117.0                                                                                                                                     |
|                             | Tanner Stage IV-V  | 2.0-30.0            | 4.0-109.0                                                                                                                                     |
|                             |                    |                     |                                                                                                                                               |
| Estrogens Total Calculation | <b>Age</b>         | <b>Male (pg/mL)</b> | <b>Female (pg/mL)</b>                                                                                                                         |
|                             | 7-9 years          | Less than 10.0      | 1.0-48.0                                                                                                                                      |
|                             | 10-12 years        | 1.0-19.0            | 2.0-116.0                                                                                                                                     |
|                             | 13-15 years        | 3.0-62.0            | 15.0-333.0                                                                                                                                    |
|                             | 16-17 years        | 4.0-64.0            | 6.0-354.0                                                                                                                                     |
|                             | 18 years or older  | 19.0-69.0           | Premenopausal<br>Early Follicular: 30.0-250.0<br>Late Follicular: 200.0-650.0<br>Luteal: 50.0-350.0<br><br>Postmenopausal: 5.0-52.0           |
|                             | Tanner Stage I     | 1.0-11.0            | 1.0-86.0                                                                                                                                      |
|                             | Tanner Stage II    | 1.0-19.0            | 3.0-169.0                                                                                                                                     |
|                             | Tanner Stage III   | 3.0-61.0            | 23.0-351.0                                                                                                                                    |
|                             | Tanner Stage IV-V  | 4.0-62.0            | 8.0-341.0                                                                                                                                     |
|                             |                    |                     |                                                                                                                                               |

**Interpretive Data:**

For a complete set of all established reference intervals, refer to [ltd.aruplab.com/Tests/Pub/0093248](http://ltd.aruplab.com/Tests/Pub/0093248).

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

82671

**LOINC:**

- 2258-2
- 53765-4
- 35384-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to evaluate estrogen status in children, cisgender males, and postmenopausal cisgender females. Most useful when low estrogen concentrations are expected, regardless of the patient's sex assigned at birth. To compare this test to other estrogen tests, refer to the ARUP Estrogen Tests Comparison table.

**Test Code:**

MOLT

**ARUP Test Code:**

0093248

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Serum separator tube, lavender (EDTA), pink (K<sub>2</sub>EDTA), or green (sodium or lithium heparin).

**Amount to Collect:**

1.0 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Specimen Preparation:**

Separate serum or plasma from cells within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min 0.3 mL)

## Reference Interval:

| Components                  | Reference Interval |                     |                                                                                                                                               |
|-----------------------------|--------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Estradiol by Mass Spec      | <b>Age</b>         | <b>Male (pg/mL)</b> | <b>Female (pg/mL)</b>                                                                                                                         |
|                             | 7-9 years          | Less than 7.0       | Less than 36.0                                                                                                                                |
|                             | 10-12 years        | Less than 11.0      | 1.0-87.0                                                                                                                                      |
|                             | 13-15 years        | 1.0-36.0            | 9.0-249.0                                                                                                                                     |
|                             | 16-17 years        | 3.0-34.0            | 2.0-266.0                                                                                                                                     |
|                             | 18 years and older | 10.0-42.0           | Premenopausal<br>Early Follicular: 30.0-100.0<br>Late Follicular: 100.0-400.0<br>Luteal: 50.0-150.0<br><br>Postmenopausal: 2.0-21.0           |
|                             | Tanner Stage I     | Less than 8.0       | Less than 56.0                                                                                                                                |
|                             | Tanner Stage II    | Less than 10.0      | 2.0-133.0                                                                                                                                     |
|                             | Tanner Stage III   | 1.0-35.0            | 12.0-277.0                                                                                                                                    |
|                             | Tanner Stage IV-V  | 3.0-35.0            | 2.0-259.0                                                                                                                                     |
|                             |                    |                     |                                                                                                                                               |
|                             |                    |                     |                                                                                                                                               |
| Estrone by Mass Spec        | <b>Age</b>         | <b>Male (pg/mL)</b> | <b>Female (pg/mL)</b>                                                                                                                         |
|                             | 7-9 years          | Less than 7.0       | Less than 20.0                                                                                                                                |
|                             | 10-12 years        | Less than 11.0      | 1.0-40.0                                                                                                                                      |
|                             | 13-15 years        | 1.0-30.0            | 8.0-105.0                                                                                                                                     |
|                             | 16-17 years        | 1.0-32.0            | 4.0-133.0                                                                                                                                     |
|                             | 18 years and older | 9.0-36.0            | Premenopausal<br>Early Follicular: Less than 150.0<br>Late Follicular: 100.0-250.0<br>Luteal: Less than 200.0<br><br>Postmenopausal: 3.0-32.0 |
|                             | Tanner Stage I     | Less than 7.0       | Less than 27.0                                                                                                                                |
|                             | Tanner Stage II    | Less than 11.0      | 1.0-39.0                                                                                                                                      |
|                             | Tanner Stage III   | 1.0-31.0            | 8.0-117.0                                                                                                                                     |
|                             | Tanner Stage IV-V  | 2.0-30.0            | 4.0-109.0                                                                                                                                     |
|                             |                    |                     |                                                                                                                                               |
|                             |                    |                     |                                                                                                                                               |
| Estrogens Total Calculation | <b>Age</b>         | <b>Male (pg/mL)</b> | <b>Female (pg/mL)</b>                                                                                                                         |
|                             | 7-9 years          | Less than 10.0      | 1.0-48.0                                                                                                                                      |
|                             | 10-12 years        | 1.0-19.0            | 2.0-116.0                                                                                                                                     |
|                             | 13-15 years        | 3.0-62.0            | 15.0-333.0                                                                                                                                    |
|                             | 16-17 years        | 4.0-64.0            | 6.0-354.0                                                                                                                                     |
|                             | 18 years or older  | 19.0-69.0           | Premenopausal<br>Early Follicular: 30.0-250.0<br>Late Follicular: 200.0-650.0<br>Luteal: 50.0-350.0<br><br>Postmenopausal: 5.0-52.0           |
|                             | Tanner Stage I     | 1.0-11.0            | 1.0-86.0                                                                                                                                      |
|                             | Tanner Stage II    | 1.0-19.0            | 3.0-169.0                                                                                                                                     |
|                             | Tanner Stage III   | 3.0-61.0            | 23.0-351.0                                                                                                                                    |
|                             | Tanner Stage IV-V  | 4.0-62.0            | 8.0-341.0                                                                                                                                     |
|                             |                    |                     |                                                                                                                                               |
|                             |                    |                     |                                                                                                                                               |

**Interpretive Data:**

For a complete set of all established reference intervals, refer to [ltd.aruplab.com/Tests/Pub/0093248](http://ltd.aruplab.com/Tests/Pub/0093248).

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Estrone (E1) and Estradiols (E2)
- Total Estrogens
- MOLT

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month

**Reported:**

1-5 days

**CPT Codes:**

82671

**LOINC:**

- 2258-2
- 53765-4
- 35384-7

# Estrone, by Mass Spectrometry

LAB982

## ORDERING

**Ordering Recommendations:**

Rarely indicated in clinical practice. The preferred test for the measurement of estrone is Estrogens, Fractionated, by Mass Spectrometry (0093248).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-5 days

**Synonyms:**

- ER
- ERA
- PR
- PRA
- E1
- Estrone (E1)
- E1P

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

E1P

**Collect:**

Serum separator tube, lavender (EDTA), pink (K<sub>2</sub>EDTA), or green (sodium or lithium heparin).

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

## PROCESSING

**Test Code:**

E1P

**Test Group:**

Estrone

**ARUP Test Code:**

0093249

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum or plasma from cells within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min 0.3 mL)

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

| Components           | Reference Interval |                |                                                                                                                                                |
|----------------------|--------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Estrone by Mass Spec | Age                | Male (pg/mL)   | Female (pg/mL)                                                                                                                                 |
|                      | 7-9 years          | Less than 7.0  | Less than 20.0                                                                                                                                 |
|                      | 10-12 years        | Less than 11.0 | 1.0-40.0                                                                                                                                       |
|                      | 13-15 years        | 1.0-30.0       | 8.0-105.0                                                                                                                                      |
|                      | 16-17 years        | 1.0-32.0       | 4.0-133.0                                                                                                                                      |
|                      | 18 years and older | 9.0-36.0       | Premenopausal<br>Early Follicular: Less than 150.0<br>Late Follicular: 100.0-250.0.<br>Luteal: Less than 200.0<br><br>Postmenopausal: 3.0-32.0 |
|                      | Tanner Stage I     | Less than 7.0  | Less than 27.0                                                                                                                                 |
|                      | Tanner Stage II    | Less than 11.0 | 1.0-39.0                                                                                                                                       |
|                      | Tanner Stage III   | 1.0-31.0       | 8.0-117.0                                                                                                                                      |
|                      | Tanner Stage IV-V  | 2.0-30.0       | 4.0-109.0                                                                                                                                      |
|                      |                    |                |                                                                                                                                                |

**Interpretive Data:**For a complete set of all established reference intervals, refer to [ltd.aruplab.com/Tests/Pub/0093249](http://ltd.aruplab.com/Tests/Pub/0093249).

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

82679

**LOINC:**

- 2258-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Rarely indicated in clinical practice. The preferred test for the measurement of estrone is Estrogens, Fractionated, by Mass Spectrometry (0093248).

**Test Code:**

E1P

**Test Group:**

Estrone

**ARUP Test Code:**

0093249

**Performing Lab:**

ARUP

**Sendout:**

Yes



**Performed:**

Sun-Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**Serum separator tube, lavender (EDTA), pink (K<sub>2</sub>EDTA), or green (sodium or lithium heparin).**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Specimen Preparation:**

Separate serum or plasma from cells within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min 0.3 mL)

**Reference Interval:**

| Components           | Reference Interval |                |                                                                                                                                               |
|----------------------|--------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Estrone by Mass Spec | Age                | Male (pg/mL)   | Female (pg/mL)                                                                                                                                |
|                      | 7-9 years          | Less than 7.0  | Less than 20.0                                                                                                                                |
|                      | 10-12 years        | Less than 11.0 | 1.0-40.0                                                                                                                                      |
|                      | 13-15 years        | 1.0-30.0       | 8.0-105.0                                                                                                                                     |
|                      | 16-17 years        | 1.0-32.0       | 4.0-133.0                                                                                                                                     |
|                      | 18 years and older | 9.0-36.0       | Premenopausal<br>Early Follicular: Less than 150.0<br>Late Follicular: 100.0-250.0<br>Luteal: Less than 200.0<br><br>Postmenopausal: 3.0-32.0 |
|                      | Tanner Stage I     | Less than 7.0  | Less than 27.0                                                                                                                                |
|                      | Tanner Stage II    | Less than 11.0 | 1.0-39.0                                                                                                                                      |
|                      | Tanner Stage III   | 1.0-31.0       | 8.0-117.0                                                                                                                                     |
|                      | Tanner Stage IV-V  | 2.0-30.0       | 4.0-109.0                                                                                                                                     |
|                      |                    |                |                                                                                                                                               |
|                      |                    |                |                                                                                                                                               |

**Interpretive Data:**For a complete set of all established reference intervals, refer to [ltd.aruplab.com/Tests/Pub/0093249](http://ltd.aruplab.com/Tests/Pub/0093249).

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- ER
- ERA
- PR
- PRA
- E1
- Estrone (E1)
- E1P

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month

**Reported:**

1-5 days

**CPT Codes:**

82679

**LOINC:**

- 2258-2

# Ethanol, Serum/Plasma

LAB46

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Alcohol dehydrogenase enzymatic rate method

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert g/dL to mmol/L (SI units) multiply by 217.

Each 0.10 g/dL of ethanol contributes about 22 mmol/kg to the endogenous osmolality of serum. An osmolar gap (normally < 10) which is greater than explainable by ethanol (or other underlying medical conditions, such as chronic renal failure, diabetic ketoacidosis or underestimation of sodium due to hyperlipidemia) suggests the possibility of ingestion of additional toxins such as methanol or ethylene glycol.

Our assay employing separated serum or plasma gives values 10-35% higher than those used forensically on whole blood. A plasma level of 0.09-0.11 g/dL approximates the whole blood level of  $\geq 0.08$  g/dL which legally defines intoxication. If there is reason to suspect that the ethanol level may have legal implications, the time of collection, the venipuncture site, the presence and site of any intravenous infusions, and the name of the phlebotomist should be recorded in the chart and on the requisition.

Please note: elevated lactic acid concentrations and elevated lactate dehydrogenase activity may cause a slightly falsely elevated ethanol concentration.

| Substance             | Concentration tested | Observed effect on ethanol concentration |
|-----------------------|----------------------|------------------------------------------|
| Lactic acid           | 14 mmol/L            | + 0.004 g/dL                             |
| Lactate dehydrogenase | 1890 U/L             | +0.004 g/dL                              |

Temozolomide at elevated concentrations (20 mg/L) may lead to falsely low results.

**Synonyms:**

- Alcohol
- Ethyl alcohol
- etoh
- ALC

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, gold, red, dark green, or gray top acceptable.

**Amount to Collect:**

5 mL blood

**Preferred Volume:**

Full vacutainer

**Remarks:**

Do NOT disinfect the skin with alcohol when collecting the specimen, nor collect the sample above a running iv. See also entries for Drug Screens.

**Stability (from collection to initiation):**

Run immediately after uncapping tube.

Room temperature 2 weeks, refrigerated 6 months, frozen at -20C 6 months

**Unacceptable Conditions:**

Partially filled tubes are acceptable only if brought promptly to the laboratory for stat assay.

## PROCESSING

**Test Code:**

ALC

**Test Group:**

Ethanol

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, Saint Marys Chemistry

**Specimen Preparation:**

Do not open the tubes until loading the instrument.

**Preferred Volume:**

Full vacutainer

**Unacceptable Conditions:**

Partially filled tubes are acceptable only if brought promptly to the laboratory for stat assay.

**Stability (from collection to initiation):**

Run immediately after uncapping tube.

Room temperature 2 weeks, refrigerated 6 months, frozen at -20C 6 months

**RESULT INTERPRETATION****Units:**

g/dL

**Reference Interval:**

Negative &lt; 0.01 g/dL

**Additional Information:**

To convert g/dL to mmol/L (SI units) multiply by 217.

Each 0.10 g/dL of ethanol contributes about 22 mmol/kg to the endogenous osmolality of serum. An osmolar gap (normally < 10) which is greater than explainable by ethanol (or other underlying medical conditions, such as chronic renal failure, diabetic ketoacidosis or underestimation of sodium due to hyperlipidemia) suggests the possibility of ingestion of additional toxins such as methanol or ethylene glycol.

Our assay employing separated serum or plasma gives values 10-35% higher than those used forensically on whole blood. A plasma level of 0.09-0.11 g/dL approximates the whole blood level of  $\geq 0.08$  g/dL which legally defines intoxication. If there is reason to suspect that the ethanol level may have legal implications, the time of collection, the venipuncture site, the presence and site of any intravenous infusions, and the name of the phlebotomist should be recorded in the chart and on the requisition.

Please note: elevated lactic acid concentrations and elevated lactate dehydrogenase activity may cause a slightly falsely elevated ethanol concentration.

| Substance             | Concentration tested | Observed effect on ethanol concentration |
|-----------------------|----------------------|------------------------------------------|
| Lactic acid           | 14 mmol/L            | + 0.004 g/dL                             |
| Lactate dehydrogenase | 1890 U/L             | +0.004 g/dL                              |

Temozolomide at elevated concentrations (20 mg/L) may lead to falsely low results.

**ADMINISTRATIVE****CPT Codes:**

82077

**LOINC Codes:**

5643-2

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

ALC

**Test Group:**

Ethanol

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Alcohol dehydrogenase enzymatic rate method

**Remarks:**

Do NOT disinfect the skin with alcohol when collecting the specimen, nor collect the sample above a running iv. See also entries for Drug Screens.

**Collect:**

Light green top preferred, gold, red, dark green, or gray top acceptable.

**Amount to Collect:**

5 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

Full vacutainer

**Unacceptable Conditions:**

Partially filled tubes are acceptable only if brought promptly to the laboratory for stat assay.

**Specimen Preparation:**

Do not open the tubes until loading the instrument.

**Units:**

g/dL

**Reference Interval:**

Negative &lt; 0.01 g/dL

**Synonyms:**

- Alcohol
- Ethyl alcohol
- etoh
- ALC

**Stability (from collection to initiation):**

Run immediately after uncapping tube.

Room temperature 2 weeks, refrigerated 6 months, frozen at -20C 6 months

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert g/dL to mmol/L (SI units) multiply by 217.

Each 0.10 g/dL of ethanol contributes about 22 mmol/kg to the endogenous osmolality of serum. An osmolar gap (normally < 10) which is greater than explainable by ethanol (or other underlying medical conditions, such as chronic renal failure, diabetic ketoacidosis or underestimation of sodium due to hyperlipidemia) suggests the possibility of ingestion of additional toxins such as methanol or ethylene glycol.

Our assay employing separated serum or plasma gives values 10-35% higher than those used forensically on whole blood. A plasma level of 0.09-0.11 g/dL approximates the whole blood level of  $\geq 0.08$  g/dL which legally defines intoxication. If there is reason to suspect that the ethanol level may have legal implications, the time of collection, the venipuncture site, the presence and site of any intravenous infusions, and the name of the phlebotomist should be recorded in the chart and on the requisition.

Please note: elevated lactic acid concentrations and elevated lactate dehydrogenase activity may cause a slightly falsely elevated ethanol concentration.

| Substance             | Concentration tested | Observed effect on ethanol concentration |
|-----------------------|----------------------|------------------------------------------|
| Lactic acid           | 14 mmol/L            | + 0.004 g/dL                             |
| Lactate dehydrogenase | 1890 U/L             | +0.004 g/dL                              |

Temozolomide at elevated concentrations (20 mg/L) may lead to falsely low results.

**CPT Codes:**

82077

**LOINC Codes:**

5643-2

# Ethanol, Urine

LAB3340

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay. Positive results confirmed by Gas chromatography

**Reported:**

Test run Monday-Saturday. Turnaround 3-4 days

**Synonyms:**

- Alcohol
- Ethyl alcohol
- etoh

## COLLECTION

**Sample Type:**

Random urine

**Label Abbreviation:**

ALCO

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 7 days,frozen at -20C 30 days.

## PROCESSING

**Test Code:**

ALCO

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze sample at -20C. Order Quest # 2128X.

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 7 days,frozen at -20C 30 days.

## RESULT INTERPRETATION

**Units:**

g/dL

**Reference Interval:**

Not detected

## ADMINISTRATIVE

**CPT Codes:**

80320

**LOINC Codes:**

5645-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ALCO

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Immunoassay. Positive results confirmed by Gas chromatography

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Specimen Preparation:**

Freeze sample at -20C. Order Quest # 2128X.

**Units:**

g/dL

**Reference Interval:**

Not detected

**Synonyms:**

- Alcohol
- Ethyl alcohol
- etoh

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 7 days, frozen at -20C 30 days.

**Reported:**

Test run Monday-Saturday. Turnaround 3-4 days

**CPT Codes:**

80320

**LOINC Codes:**

5645-7

# Ethosuximide Level

LAB683

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

FPIA

**Reported:**

Set up 6x per week. Turnaround 3-4 days

**Additional Information:**

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**Synonyms:**

- Zarontin

## COLLECTION

**Sample Type:**

Serum (Plasma acceptable)

**Label Abbreviation:**

ETHO

**Collect:**

Red top (Lavender acceptable)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Remarks:**

Time to steady state: 4-7 days Do NOT use a serum separator tube (Gold top) to collect the specimen. Indicate the time of draw on the requisition. Optimum time for sample collection 4 hours post oral dose.

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks, frozen at -20C 1 month

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

ETHO

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze separated serum. Order Quest # 36160P.

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Unacceptable Conditions:**

Collected in Gold top

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks, frozen at -20C 1 month

## RESULT INTERPRETATION



**Units:**

mg/L

**Reference Interval:**

Therapeutic: 40-100 mg/L

Potentially toxic: &gt; 150 mg/L

**Critical Values:**

UCSF: &gt; 200 mg/L

Quest Priority-1: &gt;= 150 mg/L

**Additional Information:**

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**ADMINISTRATIVE****CPT Codes:**

80168-90

**LOINC Codes:**

3616-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ETHO

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

FPIA

**Remarks:**

Time to steady state: 4-7 days Do NOT use a serum separator tube (Gold top) to collect the specimen. Indicate the time of draw on the requisition. Optimum time for sample collection 4 hours post oral dose.

**Collect:**

Red top (Lavender acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum (Plasma acceptable)

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Freeze separated serum. Order Quest # 36160P.

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 40-100 mg/L

Potentially toxic: &gt; 150 mg/L

**Critical Values:**

UCSF: &gt; 200 mg/L

Quest Priority-1: &gt;= 150 mg/L

**Synonyms:**

- Zarontin

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks, frozen at -20C 1 month

**Reported:**

Set up 6x per week. Turnaround 3-4 days

**Additional Information:**

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**CPT Codes:**

80168-90

**LOINC Codes:**

3616-0

# Ethyl Glucuronide with Confirmation

LAB5259

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Methodology:**

LC-MS/MS

**Reported:**

Test set up once per week (Thursdays). Turnaround 2-8 days.

**Additional Information:**

Both ethyl glucuronide and ethyl sulfate are markers for detecting recent alcohol consumption. Both are minor ethanol metabolites formed by uridine diphosphate-glucuronosyltransferase and sulfotransferase, respectively, and are excreted in urine for a longer time than ethanol. Positive results thus provide a strong indication that the person has recently consumed alcohol, even when ethanol is no longer detectable.

Positive evidence of recent alcohol consumption is provided by detection of increased urinary concentrations of both metabolites together. The results of this assay will be reported as follows:

| Ethyl glucuronide result (ng/mL) | Ethyl sulfate result (ng/mL) | Ethyl glucuronide result reported in APeX | Ethyl sulfate result reported in APeX |
|----------------------------------|------------------------------|-------------------------------------------|---------------------------------------|
| < 500                            | < 100                        | Negative                                  | Negative                              |
| >= 500                           | < 100                        | Negative                                  | Negative                              |
| < 500                            | >= 100                       | Negative                                  | Negative                              |
| >= 500                           | >= 100                       | Numerical value                           | Numerical value                       |

**Synonyms:**

- Alcoholism
- etohism
- alcohol metabolites
- ethanol metabolites
- ethyl glucuronid
- ethyl sulfate
- alcohol

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Remarks:**

Avoid contact with ethanol, disinfectants, swabs.

**Stability (from collection to initiation):**

Room temperature: 14 days

Refrigerated (2-8C): 14 days

Frozen (-20C or colder): 30 days

## PROCESSING

**Test Code:**

ETGS

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Refrigerate sample.

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Room temperature: 14 days

Refrigerated (2-8C): 14 days

Frozen (-20C or colder): 30 days

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

Ethyl glucuronide: &lt; 500 ng/mL

Ethyl sulfate: &lt; 100 ng/mL

**Additional Information:**

Both ethyl glucuronide and ethyl sulfate are markers for detecting recent alcohol consumption. Both are minor ethanol metabolites formed by uridine diphosphate-glucuronosyltransferase and sulfotransferase, respectively, and are excreted in urine for a longer time than ethanol. Positive results thus provide a strong indication that the person has recently consumed alcohol, even when ethanol is no longer detectable.

Positive evidence of recent alcohol consumption is provided by detection of increased urinary concentrations of both metabolites together. The results of this assay will be reported as follows:

| Ethyl glucuronide result (ng/mL) | Ethyl sulfate result (ng/mL) | Ethyl glucuronide result reported in APeX | Ethyl sulfate result reported in APeX |
|----------------------------------|------------------------------|-------------------------------------------|---------------------------------------|
| < 500                            | < 100                        | Negative                                  | Negative                              |
| >= 500                           | < 100                        | Negative                                  | Negative                              |
| < 500                            | >= 100                       | Negative                                  | Negative                              |
| >= 500                           | >= 100                       | Numerical value                           | Numerical value                       |

**ADMINISTRATIVE****CPT Codes:**

83789

**LOINC Codes:**

58378-1 (Ethyl Glucuronide)

58425-0 (Ethyl Sulfate)

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ETGS

**Performing Lab:**

China Basin Chemistry

**Methodology:**

LC-MS/MS

**Remarks:**

Avoid contact with ethanol, disinfectants, swabs.

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Specimen Preparation:**

Refrigerate sample.

**Units:**

ng/mL

**Reference Interval:**

Ethyl glucuronide: &lt; 500 ng/mL

Ethyl sulfate: &lt; 100 ng/mL

**Synonyms:**

- Alcoholism
- etohism
- alcohol metabolites
- ethanol metabolites
- ethyl glucuronid
- ethyl sulfate
- alcohol

**Stability (from collection to initiation):**

Room temperature: 14 days

Refrigerated (2-8C): 14 days

Frozen (-20C or colder): 30 days

**Reported:**

Test set up once per week (Thursdays). Turnaround 2-8 days.

**Additional Information:**

Both ethyl glucuronide and ethyl sulfate are markers for detecting recent alcohol consumption. Both are minor ethanol metabolites formed by uridine diphosphate-glucuronosyltransferase and sulfotransferase, respectively, and are excreted in urine for a longer time than ethanol. Positive results thus provide a strong indication that the person has recently consumed alcohol, even when ethanol is no longer detectable.

Positive evidence of recent alcohol consumption is provided by detection of increased urinary concentrations of both metabolites together. The results of this assay will be reported as follows:

| Ethyl glucuronide result (ng/mL) | Ethyl sulfate result (ng/mL) | Ethyl glucuronide result reported in APeX | Ethyl sulfate result reported in APeX |
|----------------------------------|------------------------------|-------------------------------------------|---------------------------------------|
| < 500                            | < 100                        | Negative                                  | Negative                              |
| >= 500                           | < 100                        | Negative                                  | Negative                              |
| < 500                            | >= 100                       | Negative                                  | Negative                              |
| >= 500                           | >= 100                       | Numerical value                           | Numerical value                       |

**CPT Codes:**

83789

**LOINC Codes:**

58378-1 (Ethyl Glucuronide)

58425-0 (Ethyl Sulfate)

# Ethylene Glycol

ETGL

## ORDERING

**Ordering Recommendations:**

Aid in assessment of the etiology of anion gap acidosis. Determine whether ethylene glycol poisoning exists.

**Available Stat:**

No

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Enzymatic Assay

**Reported:**

1-4 days

**Synonyms:**

- Antifreeze
- Ethane-1, 2-Diol

## COLLECTION

**Patient Preparation:**

Timing of specimen collection: Dependent on time of exposure - test upon presentation to hospital.

**Collect:**

Plain red. Also acceptable: Lavender (K<sub>2</sub> or K<sub>3</sub>EDTA) or pink (K<sub>2</sub>EDTA).

**Stability (from collection to initiation):**

After separation from cells: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

## PROCESSING

**Test Code:**

ETGL

**ARUP Test Code:**

0090110

**Specimen Preparation:**

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL) When drawing a blood specimen for ethylene glycol testing, use a nonalcohol-based cleanser at the venipuncture site.

**Unacceptable Conditions:**

Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

**Stability (from collection to initiation):**

After separation from cells: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**

Effective February 19, 2013

|                   |                                                   |
|-------------------|---------------------------------------------------|
| Therapeutic Range | No therapeutic range - Limit of detection 5 mg/dL |
| Toxic Level       | Greater than 20 mg/dL                             |

**Interpretive Data:**

Toxic concentrations may cause intoxication, CNS depression, metabolic acidosis, renal damage and hypocalcemia. Ethylene glycol is extremely toxic. Ingestion can be fatal if patients do not receive immediate medical treatment.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

82693

**LOINC:**

- 5646-5

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aid in assessment of the etiology of anion gap acidosis. Determine whether ethylene glycol poisoning exists.

**Test Code:**

ETGL

**ARUP Test Code:**

0090110

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Enzymatic Assay

**Patient Preparation:**

Timing of specimen collection: Dependent on time of exposure - test upon presentation to hospital.

**Collect:**

Plain red. Also acceptable: Lavender (K<sub>2</sub> or K<sub>3</sub>EDTA) or pink (K<sub>2</sub>EDTA).

**Unacceptable Conditions:**

Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

**Specimen Preparation:**

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL) When drawing a blood specimen for ethylene glycol testing, use a nonalcohol-based cleanser at the venipuncture site.

**Reference Interval:**

Effective February 19, 2013

|                   |                                                   |
|-------------------|---------------------------------------------------|
| Therapeutic Range | No therapeutic range - Limit of detection 5 mg/dL |
| Toxic Level       | Greater than 20 mg/dL                             |

**Interpretive Data:**

Toxic concentrations may cause intoxication, CNS depression, metabolic acidosis, renal damage and hypocalcemia. Ethylene glycol is extremely toxic. Ingestion can be fatal if patients do not receive immediate medical treatment.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Antifreeze
- Ethane-1, 2-Diol

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 month

**Reported:**

1-4 days

**CPT Codes:**

82693

**LOINC:**

- 5646-5



# ETV6 Break-apart rearrangement FISH

ETV6, BETV6

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9AM to 5PM

**Methodology:**

FISH

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- ETV6
- BETV6
- 12p13 BA FISH

## COLLECTION

**Sample Type:**

Bone marrow aspirate, Bone marrow core, Blood

**Preferred Volume:**

Bone marrow: Dark Green Top Sodium Heparin tube

Bone Core: Sterile container with medium

Blood: Dark Green Top Sodium Heparin tube

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1mL

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

## PROCESSING

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Bone marrow: Dark Green Top Sodium Heparin tube

Bone Core: Sterile container with medium

Blood: Dark Green Top Sodium Heparin tube

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1mL

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

## ADMINISTRATIVE

**CPT Codes:**

88271x2, 88275x1

**COMPLETE VIEW**

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9AM to 5PM

**Methodology:**

FISH

**Sample Type:**

Bone marrow aspirate, Bone marrow core, Blood

**Preferred Volume:**

Bone marrow: Dark Green Top Sodium Heparin tube

Bone Core: Sterile container with medium

Blood: Dark Green Top Sodium Heparin tube

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1mL

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Synonyms:**

- ETV6
- BETV6
- 12p13 BA FISH

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

2 days

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**CPT Codes:**

88271x2, 88275x1

# Everolimus Level

LAB3802

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Daily, day shift only

**Methodology:**

Abbott Architect chemiluminescent immunoassay

**Reported:**

For samples received by 1200 (Monday-Friday) and 1000 (weekends and holidays) the results will be available by 1600. Results for samples that miss the cut-off times will be available the following day.

Note: Samples from Berkeley Outpatient Clinic (BOPC), Peninsula Outpatient Clinic (POPC), Saint Francis, and Saint Marys may be reported next day.

**Additional Information:**

This everolimus immunoassay has SIGNIFICANT cross-reactivity with sirolimus. If a patient is on both everolimus and sirolimus, DO NOT order this everolimus immunoassay. Please order a miscellaneous outside lab test" and write ARUP everolimus mass spec assay" in the notes section

NOTE: If patient is taking everolimus AND sirolimus, this immunoassay should not be run to determine the everolimus concentration of the sample. The clinicians should order a MOLT with ARUP everolimus mass spec assay" written in the notes section. Please order ARUP test #0092118 (everolimus by LC-MS/MS). Ship refrigerated.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- Afinitor
- Certican
- Zortress

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:**

Trough levels should be collected just before next dose.

**NOTE:** If patient is taking everolimus AND sirolimus, this immunoassay should not be run to determine the everolimus concentration of the sample. The clinicians should order a MOLT with ARUP everolimus

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen 28 days.

**Unacceptable Conditions:**

Non-EDTA whole blood samples

## PROCESSING

**Test Code:**

EVER

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Refrigerate sample.

**NOTE:** If MOLT order for "ARUP everolimus mass spec assay" is received. Please order ARUP test #0092118 (everolimus by LC-MS/MS). Ship refrigerated.

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Non-EDTA whole blood samples

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen 28 days.

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

Therapeutic: 3-8 ng/mL

Potentially toxic: &gt; 12 ng/mL

Note: this therapeutic range is based upon use of everolimus in adult patients to prevent rejection after receiving a kidney transplant. The therapeutic range for the use of everolimus in other indications has not yet been established and may vary from the range documented here.

Kovarik JM et al, Transplantation 2002; 73(6):920-925.

Kovarik JM et al, Therapeutic Drug Monitoring 2004; 26(5):499-505.

McMillin GA et al, Therapeutic Drug Monitoring 2012; 34:222-226.

**Additional Information:**

This everolimus immunoassay has SIGNIFICANT cross-reactivity with sirolimus. If a patient is on both everolimus and sirolimus, DO NOT order this everolimus immunoassay. Please order a miscellaneous outside lab test" and write ARUP everolimus mass spec assay" in the notes section

NOTE: If patient is taking everolimus AND sirolimus, this immunoassay should not be run to determine the everolimus concentration of the sample. The clinicians should order a MOLT with ARUP everolimus mass spec assay" written in the notes section. Please order ARUP test #0092118 (everolimus by LC-MS/MS). Ship refrigerated.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

80169

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

EVER

**Performing Lab:**

China Basin Chemistry

**Performed:**

Daily, day shift only

**Methodology:**

Abbott Architect chemiluminescent immunoassay

**Remarks:**

Trough levels should be collected just before next dose.

**NOTE:** If patient is taking everolimus AND sirolimus, this immunoassay should not be run to determine the everolimus concentration of the sample. The clinicians should order a MOLT with ARUP everolimus

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Non-EDTA whole blood samples

**Specimen Preparation:**

Refrigerate sample.

**NOTE:** If MOLT order for "ARUP everolimus mass spec assay" is received. Please order ARUP test #0092118 (everolimus by LC-MS/MS). Ship refrigerated.

**Units:**

ng/mL

**Reference Interval:**

Therapeutic: 3-8 ng/mL

Potentially toxic: > 12 ng/mL

Note: this therapeutic range is based upon use of everolimus in adult patients to prevent rejection after receiving a kidney transplant. The therapeutic range for the use of everolimus in other indications has not yet been established and may vary from the range documented here.

Kovarik JM et al, Transplantation 2002; 73(6):920-925.

Kovarik JM et al, Therapeutic Drug Monitoring 2004; 26(5):499-505.

McMillin GA et al, Therapeutic Drug Monitoring 2012; 34:222-226.

**Synonyms:**

- Afinitor
- Certican
- Zortress

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen 28 days.

**Reported:**

For samples received by 1200 (Monday-Friday) and 1000 (weekends and holidays) the results will be available by 1600. Results for samples that miss the cut-off times will be available the following day.

Note: Samples from Berkeley Outpatient Clinic (BOPC), Peninsula Outpatient Clinic (POPC), Saint Francis, and Saint Marys may be reported next day.

**Additional Information:**

This everolimus immunoassay has SIGNIFICANT cross-reactivity with sirolimus. If a patient is on both everolimus and sirolimus, DO NOT order this everolimus immunoassay. Please order a miscellaneous outside lab test" and write ARUP everolimus mass spec assay" in the notes section

**NOTE:** If patient is taking everolimus AND sirolimus, this immunoassay should not be run to determine the everolimus concentration of the sample. The clinicians should order a MOLT with ARUP everolimus mass spec assay" written in the notes section. Please order ARUP test #0092118 (everolimus by LC-MS/MS). Ship refrigerated.

**NOTE:** For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

80169

# Expanded Carrier Screening

LAB1757

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Counsyl

**Methodology:**

Full Exon Sequencing

**Reported:**

2 weeks

**Additional Information:**

The Counsyl Foresight™ Carrier Screen is a physician-prescribed DNA screen performed on a blood or saliva sample. This screen provides information about whether you are a carrier of an inherited disease, such as cystic fibrosis (CF), spinal muscular atrophy (SMA), and fragile X syndrome. A carrier is typically a healthy individual with no family history of the disease he/she is carrying. If parents are carriers of the same genetic condition their baby has a one in four chance of inheriting that disease.

**Disease List:**

11-beta-hydroxylase-deficient Congenital Adrenal Hyperplasia  
 21-hydroxylase-deficient Congenital Adrenal Hyperplasia  
 6-pyruvoyl-tetrahydropterin Synthase Deficiency  
 ABCC8-related Hyperinsulinism  
 Achondrogenesis Type 1B  
 Adenosine Deaminase Deficiency  
 Alkaptonuria  
 Alpha Thalassemia  
 Alpha-1 Antitrypsin Deficiency  
 Alpha-mannosidosis  
 Alpha-sarcoglycanopathy  
 Alstrom Syndrome  
 AMT-related Glycine Encephalopathy  
 Andermann Syndrome  
 Argininemia  
 Argininosuccinic Aciduria  
 ARSACS  
 Aspartylglycosaminuria  
 Ataxia with Vitamin E Deficiency  
 Ataxia-telangiectasia  
 ATP7A-related Disorders  
 Autosomal Recessive Osteopetrosis Type 1  
 Bardet-Biedl Syndrome, BBS1-related  
 Bardet-Biedl Syndrome, BBS10-related  
 Bardet-Biedl Syndrome, BBS12-related  
 Bardet-Biedl Syndrome, BBS2-related  
 Beta-sarcoglycanopathy  
 Biotinidase Deficiency  
 Bloom Syndrome  
 Calpainopathy  
 Canavan Disease  
 Carbamoylphosphate Synthetase I Deficiency  
 Carnitine Palmitoyltransferase IA Deficiency  
 Carnitine Palmitoyltransferase II Deficiency  
 Cartilage-hair Hypoplasia  
 Cerebrotendinous Xanthomatosis  
 Choroideremia  
 Citrullinemia Type 1  
 CLN3-related Neuronal Ceroid Lipofuscinosis  
 CLN5-related Neuronal Ceroid Lipofuscinosis  
 CLN6-related Neuronal Ceroid Lipofuscinosis  
 CNGB3-related Achromatopsia  
 Cohen Syndrome  
 COL4A3-related Alport Syndrome  
 COL4A4-related Alport Syndrome  
 Congenital Disorder of Glycosylation Type Ia  
 Congenital Disorder of Glycosylation Type Ib  
 Congenital Disorder of Glycosylation Type Ic  
 Congenital Finnish Nephrosis

Costeff Optic Atrophy Syndrome  
 Cystic Fibrosis  
 Cystinosis  
 D-bifunctional Protein Deficiency  
 Diastrophic Dysplasia  
 Dihydropyrimidine Dehydrogenase Deficiency  
 Dysferlinopathy  
 Dystrophinopathy (Including Duchenne/Becker Muscular Dystrophy)  
 ERCC6-related Disorders  
 ERCC8-related Disorders  
 EVC-related Ellis-van Creveld Syndrome  
 EVC2-related Ellis-van Creveld Syndrome  
 Fabry Disease  
 \* Factor V Leiden Thrombophilia  
 Factor XI Deficiency  
 Familial Dysautonomia  
 Familial Mediterranean Fever  
 Fanconi Anemia Type C  
 FKRP-related Disorders  
 FKTN-related Disorders  
 Fragile X Syndrome  
 Galactokinase Deficiency  
 Galactosemia  
 Gamma-sarcoglycanopathy  
 Gaucher Disease  
 GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness  
 GLB1-related Disorders  
 GLDC-related Glycine Encephalopathy  
 \* Glucose-6-phosphate Dehydrogenase Deficiency  
 Glutaric Acidemia Type 1  
 Glycogen Storage Disease Type Ia  
 Glycogen Storage Disease Type Ib  
 Glycogen Storage Disease Type III  
 Glycogen Storage Disease Type V  
 GNPTAB-related Disorders  
 GRACILE Syndrome  
 HADHA-related Disorders  
 Hb Beta Chain-related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease)  
 Hereditary Fructose Intolerance  
 Herlitz Junctional Epidermolysis Bullosa, LAMA3-related  
 Herlitz Junctional Epidermolysis Bullosa, LAMB3-related  
 Herlitz Junctional Epidermolysis Bullosa, LAMC2-related  
 Hexosaminidase A Deficiency (Including Tay-Sachs Disease)  
 \* HFE-associated Hereditary Hemochromatosis  
 HMG-CoA Lyase Deficiency  
 Holocarboxylase Synthetase Deficiency  
 Homocystinuria Caused by Cystathionine Beta-synthase Deficiency  
 Hydrolethalus Syndrome  
 Hypophosphatasia, Autosomal Recessive  
 Inclusion Body Myopathy 2  
 Isovaleric Acidemia  
 Joubert Syndrome 2  
 KCNJ11-related Familial Hyperinsulinism  
 Krabbe Disease  
 LAMA2-related Muscular Dystrophy  
 Leigh Syndrome, French-Canadian Type  
 Lipoamide Dehydrogenase Deficiency  
 Lipoid Congenital Adrenal Hyperplasia  
 Lysosomal Acid Lipase Deficiency  
 Maple Syrup Urine Disease Type 1B  
 Maple Syrup Urine Disease Type Ia  
 Maple Syrup Urine Disease Type II  
 Medium Chain Acyl-CoA Dehydrogenase Deficiency  
 Megalencephalic Leukoencephalopathy with Subcortical Cysts  
 Metachromatic Leukodystrophy  
 Methylmalonic Acidemia, cblA Type  
 Methylmalonic Acidemia, cblB Type  
 Methylmalonic Aciduria and Homocystinuria, cblC Type  
 \* Mild Hyperhomocysteinemia Caused by MTHFR Deficiency  
 MKS1-related Disorders  
 Mucopolipidosis III Gamma  
 Mucopolipidosis IV  
 Mucopolysaccharidosis Type I  
 Mucopolysaccharidosis Type II

Mucopolysaccharidosis Type IIIA  
 Mucopolysaccharidosis Type IIIB  
 Mucopolysaccharidosis Type IIIC  
 Muscle-eye-brain Disease  
 MUT-related Methylmalonic Acidemia  
 MYO7A-related Disorders  
 NEB-related Nemaline Myopathy  
 Niemann-Pick Disease Type C  
 Niemann-Pick Disease Type C2  
 Niemann-Pick Disease, SMPD1-associated  
 Nijmegen Breakage Syndrome  
 Northern Epilepsy  
 Ornithine Transcarbamylase Deficiency  
 PCCA-related Propionic Acidemia  
 PCDH15-related Disorders  
 Pendred Syndrome  
 Peroxisome Biogenesis Disorder Type 3  
 Peroxisome Biogenesis Disorder Type 4  
 Peroxisome Biogenesis Disorder Type 5  
 Peroxisome Biogenesis Disorder Type 6  
 PEX1-related Zellweger Syndrome Spectrum  
 Phenylalanine Hydroxylase Deficiency  
 PKHD1-related Autosomal Recessive Polycystic Kidney Disease  
 Polyglandular Autoimmune Syndrome Type 1  
 Pompe Disease  
 PPT1-related Neuronal Ceroid Lipofuscinosis  
 Primary Carnitine Deficiency  
 Primary Hyperoxaluria Type 1  
 Primary Hyperoxaluria Type 2  
 Primary Hyperoxaluria Type 3  
 PROP1-related Combined Pituitary Hormone Deficiency  
 \* Prothrombin Thrombophilia  
 \* Pseudocholinesterase Deficiency  
 Pycnodysostosis  
 Pyruvate Carboxylase Deficiency  
 Recessive Multiple Epiphyseal Dysplasia  
 Rhizomelic Chondrodysplasia Punctata Type 1  
 RTEL1-related Disorders  
 Salla Disease  
 Sandhoff Disease  
 Segawa Syndrome  
 Short Chain Acyl-CoA Dehydrogenase Deficiency  
 Sjogren-Larsson Syndrome  
 Smith-Lemli-Opitz Syndrome  
 Spastic Paraplegia Type 15  
 Spinal Muscular Atrophy  
 Spondylothoracic Dysostosis  
 Steroid-resistant Nephrotic Syndrome  
 Sulfate Transporter-related Osteochondrodysplasia  
 TGM1-related Autosomal Recessive Congenital Ichthyosis  
 TPP1-related Neuronal Ceroid Lipofuscinosis  
 Tyrosinemia Type I  
 Tyrosinemia Type II  
 USH1C-related Disorders  
 USH2A-related Disorders  
 Usher Syndrome Type 3  
 Very Long Chain Acyl-CoA Dehydrogenase Deficiency  
 Wilson Disease  
 X-linked Adrenoleukodystrophy  
 X-linked Alport Syndrome  
 X-linked Juvenile Retinoschisis  
 X-linked Myotubular Myopathy  
 X-linked Severe Combined Immunodeficiency  
 Xeroderma Pigmentosum Group A  
 Xeroderma Pigmentosum Group C  
 \* Must be specifically requested to be included on your panel.

#### Synonyms:

- Foresight Carrier Screen

#### Supplemental Test Request Form Required:

Yes



**COLLECTION****Sample Type:**

Whole blood

**Collect:**

Lavender-top

**Amount to Collect:**

4 mL

**Preferred Volume:**

4 mL

**Minimum Volume:**

4 mL

**Remarks:**

Only use tube supplied in kit from Counsyl.

**Stability (from collection to initiation):**

5 days

**Rejection Criteria:**

No Counsyl collection kit when patient presents.

**PROCESSING****Test Code:**

ECS

**Sendout:**

Yes

**Performing Lab:**

Counsyl

**Specimen Preparation:**

Use only tube supplied in kit from Counsyl. Replace full tube back into kit with completed Counsyl TRF.

**Preferred Volume:**

4 mL

**Minimum Volume:**

4 mL

**Rejection Criteria:**

No Counsyl collection kit when patient presents.

**Stability (from collection to initiation):**

5 days

**RESULT INTERPRETATION****Additional Information:**

The Counsyl Foresight™ Carrier Screen is a physician-prescribed DNA screen performed on a blood or saliva sample. This screen provides information about whether you are a carrier of an inherited disease, such as cystic fibrosis (CF), spinal muscular atrophy (SMA), and fragile X syndrome. A carrier is typically a healthy individual with no family history of the disease he/she is carrying. If parents are carriers of the same genetic condition their baby has a one in four chance of inheriting that disease.

**Disease List:**

11-beta-hydroxylase-deficient Congenital Adrenal Hyperplasia  
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 ABCC8-related Hyperinsulinism  
 Achondrogenesis Type 1B  
 Adenosine Deaminase Deficiency  
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 Alpha Thalassemia  
 Alpha-1 Antitrypsin Deficiency  
 Alpha-mannosidosis  
 Alpha-sarcoglycanopathy  
 Alstrom Syndrome  
 AMT-related Glycine Encephalopathy  
 Andermann Syndrome  
 Argininemia  
 Argininosuccinic Aciduria  
 ARSACS  
 Aspartylglycosaminuria

Ataxia with Vitamin E Deficiency  
 Ataxia-telangiectasia  
 ATP7A-related Disorders  
 Autosomal Recessive Osteopetrosis Type 1  
 Bardet-Biedl Syndrome, BBS1-related  
 Bardet-Biedl Syndrome, BBS10-related  
 Bardet-Biedl Syndrome, BBS12-related  
 Bardet-Biedl Syndrome, BBS2-related  
 Beta-sarcoglycanopathy  
 Biotinidase Deficiency  
 Bloom Syndrome  
 Calpainopathy  
 Canavan Disease  
 Carbamoylphosphate Synthetase I Deficiency  
 Carnitine Palmitoyltransferase IA Deficiency  
 Carnitine Palmitoyltransferase II Deficiency  
 Cartilage-hair Hypoplasia  
 Cerebrotendinous Xanthomatosis  
 Choroideremia  
 Citrullinemia Type 1  
 CLN3-related Neuronal Ceroid Lipofuscinosis  
 CLN5-related Neuronal Ceroid Lipofuscinosis  
 CLN6-related Neuronal Ceroid Lipofuscinosis  
 CNGB3-related Achromatopsia  
 Cohen Syndrome  
 COL4A3-related Alport Syndrome  
 COL4A4-related Alport Syndrome  
 Congenital Disorder of Glycosylation Type Ia  
 Congenital Disorder of Glycosylation Type Ib  
 Congenital Disorder of Glycosylation Type Ic  
 Congenital Finnish Nephrosis  
 Costeff Optic Atrophy Syndrome  
 Cystic Fibrosis  
 Cystinosis  
 D-bifunctional Protein Deficiency  
 Diastrophic Dysplasia  
 Dihydropyrimidine Dehydrogenase Deficiency  
 Dysferlinopathy  
 Dystrophinopathy (Including Duchenne/Becker Muscular Dystrophy)  
 ERCC6-related Disorders  
 ERCC8-related Disorders  
 EVC-related Ellis-van Creveld Syndrome  
 EVC2-related Ellis-van Creveld Syndrome  
 Fabry Disease  
 \* Factor V Leiden Thrombophilia  
 Factor XI Deficiency  
 Familial Dysautonomia  
 Familial Mediterranean Fever  
 Fanconi Anemia Type C  
 FKRP-related Disorders  
 FKTN-related Disorders  
 Fragile X Syndrome  
 Galactokinase Deficiency  
 Galactosemia  
 Gamma-sarcoglycanopathy  
 Gaucher Disease  
 GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness  
 GLB1-related Disorders  
 GLDC-related Glycine Encephalopathy  
 \* Glucose-6-phosphate Dehydrogenase Deficiency  
 Glutaric Acidemia Type 1  
 Glycogen Storage Disease Type Ia  
 Glycogen Storage Disease Type Ib  
 Glycogen Storage Disease Type III  
 Glycogen Storage Disease Type V  
 GNPTAB-related Disorders  
 GRACILE Syndrome  
 HADHA-related Disorders  
 Hb Beta Chain-related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease)  
 Hereditary Fructose Intolerance  
 Hertz Junctional Epidermolysis Bullosa, LAMA3-related  
 Hertz Junctional Epidermolysis Bullosa, LAMB3-related  
 Hertz Junctional Epidermolysis Bullosa, LAMC2-related  
 Hexosaminidase A Deficiency (Including Tay-Sachs Disease)

\* HFE-associated Hereditary Hemochromatosis  
 HMG-CoA Lyase Deficiency  
 Holocarboxylase Synthetase Deficiency  
 Homocystinuria Caused by Cystathionine Beta-synthase Deficiency  
 Hydroletharus Syndrome  
 Hypophosphatasia, Autosomal Recessive  
 Inclusion Body Myopathy 2  
 Isovaleric Acidemia  
 Joubert Syndrome 2  
 KCNJ11-related Familial Hyperinsulinism  
 Krabbe Disease  
 LAMA2-related Muscular Dystrophy  
 Leigh Syndrome, French-Canadian Type  
 Lipoamide Dehydrogenase Deficiency  
 Lipoid Congenital Adrenal Hyperplasia  
 Lysosomal Acid Lipase Deficiency  
 Maple Syrup Urine Disease Type 1B  
 Maple Syrup Urine Disease Type 1a  
 Maple Syrup Urine Disease Type 1c  
 Medium Chain Acyl-CoA Dehydrogenase Deficiency  
 Megalencephalic Leukoencephalopathy with Subcortical Cysts  
 Metachromatic Leukodystrophy  
 Methylmalonic Acidemia, cblA Type  
 Methylmalonic Acidemia, cblB Type  
 Methylmalonic Aciduria and Homocystinuria, cblC Type  
 \* Mild Hyperhomocysteinemia Caused by MTHFR Deficiency  
 MKS1-related Disorders  
 Mucopolysaccharidosis III Gamma  
 Mucopolysaccharidosis IV  
 Mucopolysaccharidosis Type I  
 Mucopolysaccharidosis Type II  
 Mucopolysaccharidosis Type IIIA  
 Mucopolysaccharidosis Type IIIB  
 Mucopolysaccharidosis Type IIIC  
 Muscle-eye-brain Disease  
 MUT-related Methylmalonic Acidemia  
 MYO7A-related Disorders  
 NEB-related Nemaline Myopathy  
 Niemann-Pick Disease Type C  
 Niemann-Pick Disease Type C2  
 Niemann-Pick Disease, SMPD1-associated  
 Nijmegen Breakage Syndrome  
 Northern Epilepsy  
 Ornithine Transcarbamylase Deficiency  
 PCCA-related Propionic Acidemia  
 PCDH15-related Disorders  
 Pendred Syndrome  
 Peroxisome Biogenesis Disorder Type 3  
 Peroxisome Biogenesis Disorder Type 4  
 Peroxisome Biogenesis Disorder Type 5  
 Peroxisome Biogenesis Disorder Type 6  
 PEX1-related Zellweger Syndrome Spectrum  
 Phenylalanine Hydroxylase Deficiency  
 PKHD1-related Autosomal Recessive Polycystic Kidney Disease  
 Polyglandular Autoimmune Syndrome Type 1  
 Pompe Disease  
 PPT1-related Neuronal Ceroid Lipofuscinosis  
 Primary Carnitine Deficiency  
 Primary Hyperoxaluria Type 1  
 Primary Hyperoxaluria Type 2  
 Primary Hyperoxaluria Type 3  
 PROP1-related Combined Pituitary Hormone Deficiency  
 \* Prothrombin Thrombophilia  
 \* Pseudocholinesterase Deficiency  
 Pycnodysostosis  
 Pyruvate Carboxylase Deficiency  
 Recessive Multiple Epiphyseal Dysplasia  
 Rhizomelic Chondrodysplasia Punctata Type 1  
 RTEL1-related Disorders  
 Salla Disease  
 Sandhoff Disease  
 Segawa Syndrome  
 Short Chain Acyl-CoA Dehydrogenase Deficiency  
 Sjogren-Larsson Syndrome

Smith-Lemli-Opitz Syndrome  
 Spastic Paraplegia Type 15  
 Spinal Muscular Atrophy  
 Spondylothoracic Dysostosis  
 Steroid-resistant Nephrotic Syndrome  
 Sulfate Transporter-related Osteochondrodysplasia  
 TGM1-related Autosomal Recessive Congenital Ichthyosis  
 TPP1-related Neuronal Ceroid Lipofuscinosis  
 Tyrosinemia Type I  
 Tyrosinemia Type II  
 USH1C-related Disorders  
 USH2A-related Disorders  
 Usher Syndrome Type 3  
 Very Long Chain Acyl-CoA Dehydrogenase Deficiency  
 Wilson Disease  
 X-linked Adrenoleukodystrophy  
 X-linked Alport Syndrome  
 X-linked Juvenile Retinoschisis  
 X-linked Myotubular Myopathy  
 X-linked Severe Combined Immunodeficiency  
 Xeroderma Pigmentosum Group A  
 Xeroderma Pigmentosum Group C  
 \* Must be specifically requested to be included on your panel.

## ADMINISTRATIVE

### CPT Codes:

81479

## COMPLETE VIEW

### Available Stat:

No

### Test Code:

ECS

### Performing Lab:

Counsyl

### Sendout:

Yes

### Methodology:

Full Exon Sequencing

### Remarks:

Only use tube supplied in kit from Counsyl.

### Collect:

Lavender-top

### Amount to Collect:

4 mL

### Sample Type:

Whole blood

### Preferred Volume:

4 mL

### Minimum Volume:

4 mL

### Rejection Criteria:

No Counsyl collection kit when patient presents.

### Specimen Preparation:

Use only tube supplied in kit from Counsyl. Replace full tube back into kit with completed Counsyl TRF.

### Synonyms:

- Foresight Carrier Screen

### Stability (from collection to initiation):

5 days

### Reported:

2 weeks

### Additional Information:

The Counsyl Foresight™ Carrier Screen is a physician-prescribed DNA screen performed on a blood or saliva sample. This

screen provides information about whether you are a carrier of an inherited disease, such as cystic fibrosis (CF), spinal muscular atrophy (SMA), and fragile X syndrome. A carrier is typically a healthy individual with no family history of the disease he/she is carrying. If parents are carriers of the same genetic condition their baby has a one in four chance of inheriting that disease.

#### Disease List:

11-beta-hydroxylase-deficient Congenital Adrenal Hyperplasia  
 21-hydroxylase-deficient Congenital Adrenal Hyperplasia  
 6-pyruvoyl-tetrahydropterin Synthase Deficiency  
 ABCC8-related Hyperinsulinism  
 Achondrogenesis Type 1B  
 Adenosine Deaminase Deficiency  
 Alkaptonuria  
 Alpha Thalassemia  
 Alpha-1 Antitrypsin Deficiency  
 Alpha-mannosidosis  
 Alpha-sarcoglycanopathy  
 Alstrom Syndrome  
 AMT-related Glycine Encephalopathy  
 Andermann Syndrome  
 Argininemia  
 Argininosuccinic Aciduria  
 ARSACS  
 Aspartylglycosaminuria  
 Ataxia with Vitamin E Deficiency  
 Ataxia-telangiectasia  
 ATP7A-related Disorders  
 Autosomal Recessive Osteopetrosis Type 1  
 Bardet-Biedl Syndrome, BBS1-related  
 Bardet-Biedl Syndrome, BBS10-related  
 Bardet-Biedl Syndrome, BBS12-related  
 Bardet-Biedl Syndrome, BBS2-related  
 Beta-sarcoglycanopathy  
 Biotinidase Deficiency  
 Bloom Syndrome  
 Calpainopathy  
 Canavan Disease  
 Carbamoylphosphate Synthetase I Deficiency  
 Carnitine Palmitoyltransferase IA Deficiency  
 Carnitine Palmitoyltransferase II Deficiency  
 Cartilage-hair Hypoplasia  
 Cerebrotendinous Xanthomatosis  
 Choroideremia  
 Citrullinemia Type 1  
 CLN3-related Neuronal Ceroid Lipofuscinosis  
 CLN5-related Neuronal Ceroid Lipofuscinosis  
 CLN6-related Neuronal Ceroid Lipofuscinosis  
 CNGB3-related Achromatopsia  
 Cohen Syndrome  
 COL4A3-related Alport Syndrome  
 COL4A4-related Alport Syndrome  
 Congenital Disorder of Glycosylation Type Ia  
 Congenital Disorder of Glycosylation Type Ib  
 Congenital Disorder of Glycosylation Type Ic  
 Congenital Finnish Nephrosis  
 Costeff Optic Atrophy Syndrome  
 Cystic Fibrosis  
 Cystinosis  
 D-bifunctional Protein Deficiency  
 Diastrophic Dysplasia  
 Dihydropyrimidine Dehydrogenase Deficiency  
 Dysferlinopathy  
 Dystrophinopathy (Including Duchenne/Becker Muscular Dystrophy)  
 ERCC6-related Disorders  
 ERCC8-related Disorders  
 EVC-related Ellis-van Creveld Syndrome  
 EVC2-related Ellis-van Creveld Syndrome  
 Fabry Disease  
 \* Factor V Leiden Thrombophilia  
 Factor XI Deficiency  
 Familial Dysautonomia  
 Familial Mediterranean Fever  
 Fanconi Anemia Type C

FKRP-related Disorders  
 FKTN-related Disorders  
 Fragile X Syndrome  
 Galactokinase Deficiency  
 Galactosemia  
 Gamma-sarcoglycanopathy  
 Gaucher Disease  
 GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness  
 GLB1-related Disorders  
 GLDC-related Glycine Encephalopathy  
 \* Glucose-6-phosphate Dehydrogenase Deficiency  
 Glutaric Acidemia Type 1  
 Glycogen Storage Disease Type Ia  
 Glycogen Storage Disease Type Ib  
 Glycogen Storage Disease Type III  
 Glycogen Storage Disease Type V  
 GNPTAB-related Disorders  
 GRACILE Syndrome  
 HADHA-related Disorders  
 Hb Beta Chain-related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease)  
 Hereditary Fructose Intolerance  
 Hertz Junctional Epidermolysis Bullosa, LAMA3-related  
 Hertz Junctional Epidermolysis Bullosa, LAMB3-related  
 Hertz Junctional Epidermolysis Bullosa, LAMC2-related  
 Hexosaminidase A Deficiency (Including Tay-Sachs Disease)  
 \* HFE-associated Hereditary Hemochromatosis  
 HMG-CoA Lyase Deficiency  
 Holocarboxylase Synthetase Deficiency  
 Homocystinuria Caused by Cystathionine Beta-synthase Deficiency  
 Hydroletharus Syndrome  
 Hypophosphatasia, Autosomal Recessive  
 Inclusion Body Myopathy 2  
 Isovaleric Acidemia  
 Joubert Syndrome 2  
 KCNJ11-related Familial Hyperinsulinism  
 Krabbe Disease  
 LAMA2-related Muscular Dystrophy  
 Leigh Syndrome, French-Canadian Type  
 Lipoamide Dehydrogenase Deficiency  
 Lipoid Congenital Adrenal Hyperplasia  
 Lysosomal Acid Lipase Deficiency  
 Maple Syrup Urine Disease Type 1B  
 Maple Syrup Urine Disease Type Ia  
 Maple Syrup Urine Disease Type II  
 Medium Chain Acyl-CoA Dehydrogenase Deficiency  
 Megalencephalic Leukoencephalopathy with Subcortical Cysts  
 Metachromatic Leukodystrophy  
 Methylmalonic Acidemia, cblA Type  
 Methylmalonic Acidemia, cblB Type  
 Methylmalonic Aciduria and Homocystinuria, cblC Type  
 \* Mild Hyperhomocysteinemia Caused by MTHFR Deficiency  
 MKS1-related Disorders  
 Mucopolidosis III Gamma  
 Mucopolidosis IV  
 Mucopolysaccharidosis Type I  
 Mucopolysaccharidosis Type II  
 Mucopolysaccharidosis Type IIIA  
 Mucopolysaccharidosis Type IIIB  
 Mucopolysaccharidosis Type IIIC  
 Muscle-eye-brain Disease  
 MUT-related Methylmalonic Acidemia  
 MYO7A-related Disorders  
 NEB-related Nemaline Myopathy  
 Niemann-Pick Disease Type C  
 Niemann-Pick Disease Type C2  
 Niemann-Pick Disease, SMPD1-associated  
 Nijmegen Breakage Syndrome  
 Northern Epilepsy  
 Ornithine Transcarbamylase Deficiency  
 PCCA-related Propionic Acidemia  
 PCDH15-related Disorders  
 Pendred Syndrome  
 Peroxisome Biogenesis Disorder Type 3  
 Peroxisome Biogenesis Disorder Type 4

Peroxisome Biogenesis Disorder Type 5  
 Peroxisome Biogenesis Disorder Type 6  
 PEX1-related Zellweger Syndrome Spectrum  
 Phenylalanine Hydroxylase Deficiency  
 PKHD1-related Autosomal Recessive Polycystic Kidney Disease  
 Polyglandular Autoimmune Syndrome Type 1  
 Pompe Disease  
 PPT1-related Neuronal Ceroid Lipofuscinosis  
 Primary Carnitine Deficiency  
 Primary Hyperoxaluria Type 1  
 Primary Hyperoxaluria Type 2  
 Primary Hyperoxaluria Type 3  
 PROP1-related Combined Pituitary Hormone Deficiency  
 \* Prothrombin Thrombophilia  
 \* Pseudocholinesterase Deficiency  
 Pycnodysostosis  
 Pyruvate Carboxylase Deficiency  
 Recessive Multiple Epiphyseal Dysplasia  
 Rhizomelic Chondrodysplasia Punctata Type 1  
 RTEL1-related Disorders  
 Salla Disease  
 Sandhoff Disease  
 Segawa Syndrome  
 Short Chain Acyl-CoA Dehydrogenase Deficiency  
 Sjogren-Larsson Syndrome  
 Smith-Lemli-Opitz Syndrome  
 Spastic Paraplegia Type 15  
 Spinal Muscular Atrophy  
 Spondylothoracic Dysostosis  
 Steroid-resistant Nephrotic Syndrome  
 Sulfate Transporter-related Osteochondrodysplasia  
 TGM1-related Autosomal Recessive Congenital Ichthyosis  
 TPP1-related Neuronal Ceroid Lipofuscinosis  
 Tyrosinemia Type I  
 Tyrosinemia Type II  
 USH1C-related Disorders  
 USH2A-related Disorders  
 Usher Syndrome Type 3  
 Very Long Chain Acyl-CoA Dehydrogenase Deficiency  
 Wilson Disease  
 X-linked Adrenoleukodystrophy  
 X-linked Alport Syndrome  
 X-linked Juvenile Retinoschisis  
 X-linked Myotubular Myopathy  
 X-linked Severe Combined Immunodeficiency  
 Xeroderma Pigmentosum Group A  
 Xeroderma Pigmentosum Group C  
 \* Must be specifically requested to be included on your panel.

**CPT Codes:**

81479

**Supplemental Test Request Form Required:**

Yes

# Extended Myositis Panel

LAB6206

## ORDERING

**Ordering Recommendations:**

May be useful for differential evaluation of polymyositis, dermatomyositis, necrotizing autoimmune myopathy, or overlap syndromes associated with connective tissue disease.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA) / Qualitative Immunoprecipitation / Semi-Quantitative Multiplex Bead Assay / Qualitative Immunoblot / Semi-Quantitative Indirect Fluorescent Antibody (IFA) / Qualitative Particle-Based Multianalyte Technology (PMAT)

**Reported:**

7-18 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- U3RNP
- MYOPAN

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

MYOPAN

**Collect:**

Serum separator tube (SST), red top tube

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Hemolyzed, hyperlipemic, icteric, heat-treated, or contaminated specimens.

## PROCESSING

**Test Code:**

MYOPAN

**ARUP Test Code:**

3018867

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 4 mL to ARUP standard transport tube. (Min: 3 mL)

**Additional Processing Instructions:**

Freeze aliquot. Transport aliquot frozen to CB. Order ARUP test code 2013961.



**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Hemolyzed, hyperlipemic, icteric, heat-treated, or contaminated specimens.

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

| Components                               | Reference Interval |
|------------------------------------------|--------------------|
| HMGCR Antibody Screen                    | Negative           |
| Zo (phenylalanyl-tRNA synthetase) Ab     | Negative           |
| Ks (asparaginyl-tRNA synthetase) Ab      | Negative           |
| Ha (tyrosyl-tRNA synthetase) Ab          | Negative           |
| TIF-1 gamma (155 kDa) Ab                 | Negative           |
| NXP2 (Nuclear matrix protein-2) Ab       | Negative           |
| MDA5 (CADM-140) Ab                       | Negative           |
| SAE1 (SUMO activating enzyme) Ab         | Negative           |
| Antinuclear Antibody (ANA), HEp-2, IgG   | Less than 1:80     |
| Fibrillarin (U3 RNP) Ab, IgG             | Negative           |
| SSA-60 (Ro60) (ENA) Antibody, IgG        | 40 AU/mL or less   |
| OJ (isoleucyl-tRNA synthetase) Antibody  | Negative           |
| SRP (Signal Recognition Particle) Ab     | Negative           |
| Ku Antibody                              | Negative           |
| EJ (glycyl-tRNA synthetase) Antibody     | Negative           |
| P155/140 Antibody                        | Negative           |
| PL-12 (alanyl-tRNA synthetase) Antibody  | Negative           |
| PL-7 (threonyl-tRNA synthetase) Antibody | Negative           |
| Mi-2 (nuclear helicase protein) Antibody | Negative           |
| PM/Scl 100 Antibody, IgG                 | Negative           |
| Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG  | 40 AU/mL or less   |
| SSA-52 (Ro52) (ENA) Antibody, IgG        | 40 AU/mL or less   |
| Smith/RNP (ENA) Ab, IgG                  | 19 Units or less   |

**Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**  
Refer to report.

| Component                         | Interpretation                                                                                                                     |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| SSA-52 (Ro52) (ENA) Antibody, IgG | 29 AU/mL or less: Negative<br>30-40 AU/mL: Equivocal<br>41 AU/mL or greater: Positive                                              |
| SSA-60 (Ro60) (ENA) Antibody, IgG | 29 AU/mL or less: Negative<br>30-40 AU/mL: Equivocal<br>41 AU/mL or greater: Positive                                              |
| Smith/RNP (ENA) Antibody, IgG     | 19 Units or less: Negative<br>20-39 Units: Weak Positive<br>40-80 Units: Moderate Positive<br>81 Units or greater: Strong Positive |
| Jo-1 Antibody, IgG                | 29 AU/mL or less: Negative<br>30-40 AU/mL: Equivocal<br>41 AU/mL or greater: Positive                                              |

## ADMINISTRATIVE

**CPT Codes:**

83516 x13; 84182 x3; 86039; 86235 x6; if reflexed, add 82397

**LOINC:**

- 53019-6
- 33571-1
- 49311-4
- 33771-7
- 18485-3
- 81732-0
- 49963-2
- 33772-5
- 33921-8
- 31625-7
- 18484-6
- 33983-8
- 21424-7
- 8061-4
- 82453-2
- 82422-7
- 45149-2
- 45152-6
- 48767-8
- 82415-1

## COMPLETE VIEW

**Available Stat:**

No

**Ordering Recommendations:**

May be useful for differential evaluation of polymyositis, dermatomyositis, necrotizing autoimmune myopathy, or overlap syndromes associated with connective tissue disease.

**Test Code:**

MYOPAN

**ARUP Test Code:**

3018867

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA) / Qualitative Immunoprecipitation / Semi-Quantitative Multiplex Bead Assay / Qualitative Immunoblot / Semi-Quantitative Indirect Fluorescent Antibody (IFA) / Qualitative Particle-Based Multianalyte Technology (PMAT)

**Collect:**

Serum separator tube (SST), red top tube

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Hemolyzed, hyperlipemic, icteric, heat-treated, or contaminated specimens.

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 4 mL to ARUP standard transport tube. (Min: 3 mL)

**Additional Processing Instructions:**

Freeze aliquot. Transport aliquot frozen to CB. Order ARUP test code 2013961.

**Reference Interval:**

| Components                               | Reference Interval |
|------------------------------------------|--------------------|
| HMGCR Antibody Screen                    | Negative           |
| Zo (phenylalanyl-tRNA synthetase) Ab     | Negative           |
| Ks (asparaginyl-tRNA synthetase) Ab      | Negative           |
| Ha (tyrosyl-tRNA synthetase) Ab          | Negative           |
| TIF-1 gamma (155 kDa) Ab                 | Negative           |
| NXP2 (Nuclear matrix protein-2) Ab       | Negative           |
| MDA5 (CADM-140) Ab                       | Negative           |
| SAE1 (SUMO activating enzyme) Ab         | Negative           |
| Antinuclear Antibody (ANA), HEp-2, IgG   | Less than 1:80     |
| Fibrillarin (U3 RNP) Ab, IgG             | Negative           |
| SSA-60 (Ro60) (ENA) Antibody, IgG        | 40 AU/mL or less   |
| OJ (isoleucyl-tRNA synthetase) Antibody  | Negative           |
| SRP (Signal Recognition Particle) Ab     | Negative           |
| Ku Antibody                              | Negative           |
| EJ (glycyl-tRNA synthetase) Antibody     | Negative           |
| P155/140 Antibody                        | Negative           |
| PL-12 (alanyl-tRNA synthetase) Antibody  | Negative           |
| PL-7 (threonyl-tRNA synthetase) Antibody | Negative           |
| Mi-2 (nuclear helicase protein) Antibody | Negative           |
| PM/Scl 100 Antibody, IgG                 | Negative           |
| Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG  | 40 AU/mL or less   |
| SSA-52 (Ro52) (ENA) Antibody, IgG        | 40 AU/mL or less   |
| Smith/RNP (ENA) Ab, IgG                  | 19 Units or less   |

**Interpretive Data:**  
Refer to report.

| Component                         | Interpretation                                                                                                                     |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| SSA-52 (Ro52) (ENA) Antibody, IgG | 29 AU/mL or less: Negative<br>30-40 AU/mL: Equivocal<br>41 AU/mL or greater: Positive                                              |
| SSA-60 (Ro60) (ENA) Antibody, IgG | 29 AU/mL or less: Negative<br>30-40 AU/mL: Equivocal<br>41 AU/mL or greater: Positive                                              |
| Smith/RNP (ENA) Antibody, IgG     | 19 Units or less: Negative<br>20-39 Units: Weak Positive<br>40-80 Units: Moderate Positive<br>81 Units or greater: Strong Positive |
| Jo-1 Antibody, IgG                | 29 AU/mL or less: Negative<br>30-40 AU/mL: Equivocal<br>41 AU/mL or greater: Positive                                              |

**Synonyms:**

- U3RNP
- MYOPAN

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

**Reported:**

7-18 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

83516 x13; 84182 x3; 86039; 86235 x6; if reflexed, add 82397

**LOINC:**

- 53019-6
- 33571-1
- 49311-4
- 33771-7
- 18485-3
- 81732-0
- 49963-2
- 33772-5
- 33921-8
- 31625-7
- 18484-6
- 33983-8
- 21424-7
- 8061-4
- 82453-2
- 82422-7
- 45149-2
- 45152-6
- 48767-8
- 82415-1

**Notes:**

Antibodies: Mi-2, PL-7, PL12, P155/140, EJ, Ku, OJ, PM/Scl, SRP, Smith/RNP, Ro52, Ro60, Jo-1, U3 Fib, SAE1, NXP2, MDA5, TIF1-gamma, ANA, Ha, Ks, Zo

If HMGCR antibody, IgG is positive, additional testing to follow.

# Extracellular Parasite Exam

LAB5035

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday - Friday, day shift only

**Methodology:**

Microscopic examination of thick and thin Giemsa stained smears

**Reported:**

1-3 days

**Additional Information:**

The agents which cause Relapsing Fever may be very difficult to detect if the reviewer is not aware of the need to look for them.

No serologic test is available for these organisms.

**Synonyms:**

- Borreliosis
- Borrelia
- Para ExC

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:**

Samples should be taken during bouts of fever as spirochetes are most likely to be present. Call Microbiology (x3-1268) and inform the staff of the need to look for the spirochetes of *B. duttoni* or *B. recurrentis*.

Request test on the Microbiology requisition.

## PROCESSING

**Test Code:**

P409

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Prepare thin and thick smears immediately upon sample receipt.

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

The agents which cause Relapsing Fever may be very difficult to detect if the reviewer is not aware of the need to look for them.

No serologic test is available for these organisms.

**ADMINISTRATIVE****CPT Codes:**

87207

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P409

**Performing Lab:**

Microbiology

**Performed:**

Monday - Friday, day shift only

**Methodology:**

Microscopic examination of thick and thin Giemsa stained smears

**Remarks:**

Samples should be taken during bouts of fever as spirochetes are most likely to be present. Call Microbiology (x3-1268) and inform the staff of the need to look for the spirochetes of *B. duttoni* or *B. recurrentis*.

Request test on the Microbiology requisition.

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Specimen Preparation:**

Prepare thin and thick smears immediately upon sample receipt.

**Reference Interval:**

Negative

**Synonyms:**

- Borreliosis
- Borrelia
- Para ExC

**Reported:**

1-3 days

**Additional Information:**

The agents which cause Relapsing Fever may be very difficult to detect if the reviewer is not aware of the need to look for them.

No serologic test is available for these organisms.

**CPT Codes:**

87207

# Factor 10 Activity, Chromogenic

FXCH

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Chromogenic

**Reported:**

Test run 6 x per week. Turnaround 3-5 days.

**Additional Information:**

Useful in regulating coumadin therapy in a patient with a lupus anticoagulant, which occasionally interferes with PT assays.

A prothrombin time (PT) and Factor X Chromogenic should be ordered on the same specimen when a Factor X Chromogenic is requested. If the INR is <1.5, the Factor X Chromogenic will be cancelled.

**Synonyms:**

- F10
- FX
- Factor X chromogenic

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay: call 6-0194). To obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

FXCH

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Deliver sample to Hematology ASAP for processing. Separate platelet poor plasma. Freeze at least 1 mL of plasma in a plastic tube at -20C. Order Quest test# 10663X

Ship Monday-Thursday on dry ice to Send-outs at China Basin for processing to forward to Quest.

NOTE: For Brown and Toland patients (BTMOLT), ship the frozen plasma to LabCorp, test code 821728.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**RESULT INTERPRETATION****Units:**

% activity

**Reference Interval:**

Normal: 73-158% activity

Therapeutic range for patients on coumadin: 11-42%

**Additional Information:**

Useful in regulating coumadin therapy in a patient with a lupus anticoagulant, which occasionally interferes with PT assays.

A prothrombin time (PT) and Factor X Chromogenic should be ordered on the same specimen when a Factor X Chromogenic is requested. If the INR is <1.5, the Factor X Chromogenic will be cancelled.

**ADMINISTRATIVE****CPT Codes:**

85260-90

**LOINC Codes:**

33984-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FXCH

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Chromogenic

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay: call 6-0194). To obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma



**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Deliver sample to Hematology ASAP for processing. Separate platelet poor plasma. Freeze at least 1 mL of plasma in a plastic tube at -20C. Order Quest test# 10663X

Ship Monday-Thursday on dry ice to Send-outs at China Basin for processing to forward to Quest.

NOTE: For Brown and Toland patients (BTMOLT), ship the frozen plasma to LabCorp, test code 821728.

**Units:**

% activity

**Reference Interval:**

Normal: 73-158% activity

Therapeutic range for patients on coumadin: 11-42%

**Synonyms:**

- F10
- FX
- Factor X chromogenic

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Reported:**

Test run 6 x per week. Turnaround 3-5 days.

**Additional Information:**

Useful in regulating coumadin therapy in a patient with a lupus anticoagulant, which occasionally interferes with PT assays.

A prothrombin time (PT) and Factor X Chromogenic should be ordered on the same specimen when a Factor X Chromogenic is requested. If the INR is <1.5, the Factor X Chromogenic will be cancelled.

**CPT Codes:**

85260-90

**LOINC Codes:**

33984-6

# Factor II Activity

LAB303

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

Test run 0800-1500 Monday-Friday

**Methodology:**

Clotting assay (Stago - STAR)

**Reported:**

1-3 days

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- Prothrombin
- F2
- Factor 2
- Factor II

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

F2

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Provide sample(s) to Hematology section asap.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**RESULT INTERPRETATION****Units:**

% activity

**Reference Interval:**

| Age     | Activity |
|---------|----------|
| 0D-2D   | 26-70%   |
| 2D-6D   | 33-93%   |
| 6D-31D  | 34-102%  |
| 31D-91D | 45-105%  |
| 91D-1Y  | 60-116%  |
| 1Y-6Y   | 71-116%  |
| 6Y-11Y  | 67-107%  |
| 11Y-16Y | 61-104%  |
| 16+     | 81-127%  |

UCSF HAS NOT ESTABLISHED NORMAL REFERENCE RANGES FOR FACTOR LEVELS FOR CHILDREN <18 YEARS OLD. The table above gives age-adjusted reference ranges for Pediatric Factor 2 Levels as percentages. The values are expressed by the upper and lower boundary encompassing 95% of the population.

These values are based upon these references: Andrew M. et al. Development of the Human Coagulation System in the Full Term Infant. Blood 1987 70:165 Andrew M, et al. Maturation of the Hemostatic System During Childhood. Blood October 1992, 80(8): 1998-2005

Values are converted from the original tables, which express values as units/ml. Original tables provide values for infants at 1 day, 5 days, 30 days, 90 days, and 180 days of age as well as for children 1-5 years, 6-10 years, and 11-16 years. The published tables have been converted to the reference range shown.

**ADMINISTRATIVE****CPT Codes:**

85210

**LOINC Codes:**

3289-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

F2

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

Parnassus Hematology

**Performed:**

Test run 0800-1500 Monday-Friday

**Methodology:**

Clotting assay (Stago - STAR)

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Provide sample(s) to Hematology section asap.

**Units:**

% activity

**Reference Interval:**

| Age     | Activity |
|---------|----------|
| 0D-2D   | 26-70%   |
| 2D-6D   | 33-93%   |
| 6D-31D  | 34-102%  |
| 31D-91D | 45-105%  |
| 91D-1Y  | 60-116%  |
| 1Y-6Y   | 71-116%  |
| 6Y-11Y  | 67-107%  |
| 11Y-16Y | 61-104%  |
| 16+     | 81-127%  |

UCSF HAS NOT ESTABLISHED NORMAL REFERENCE RANGES FOR FACTOR LEVELS FOR CHILDREN <18 YEARS OLD. The table above gives age-adjusted reference ranges for Pediatric Factor 2 Levels as percentages. The values are expressed by the upper and lower boundary encompassing 95% of the population.

These values are based upon these references: Andrew M. et al. Development of the Human Coagulation System in the Full Term Infant. Blood 1987 70:165 Andrew M, et al. Maturation of the Hemostatic System During Childhood. Blood October 1992, 80(8): 1998-2005

Values are converted from the original tables, which express values as units/mL. Original tables provide values for infants at 1 day, 5 days, 30 days, 90 days, and 180 days of age as well as for children 1-5 years, 6-10 years, and 11-16 years. The published tables have been converted to the reference range shown.

**Synonyms:**

- Prothrombin
- F2
- Factor 2
- Factor II

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Reported:**

1-3 days

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**CPT Codes:**

85210

**LOINC Codes:**

3289-6

# Factor Inhibitor Titer

LAB3086

## ORDERING

**Approval Required:**

The factor inhibitor titer may require approval by the Lab Medicine resident. Approval will depend on: (1) patient's clinical history, (2) patient's response to factor therapy, and (3) laboratory results such as the inhibitor screen and factor activity assays.

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Reported:**

2 weeks

**Additional Information:**

The inhibitor titer assay, which was originally intended for the measurement of inhibitors occurring in hemophiliacs, can be used with modifications for acquired factor inhibitors from non-hemophiliacs.

Heparin contamination or contamination with other anticoagulants may invalidate results of a factor inhibitor titer.

**Reflex Testing:**

If a Factor VIII, FIX, or FXI level has not been performed within the preceding 24 hours, one will be automatically ordered and charged for before the inhibitor titer is performed. If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- F8 inhibitor titer
- Factor 8 inhibitor titer
- FVIII inhibitor titer
- Factor VIII inhibitor titer F9 inhibitor titer
- Factor 9 inhibitor titer
- FIX inhibitor titer

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum x3

**Amount to Collect:**

8.1 mL blood

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

2 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

The plasma for a Factor Inhibitor Titer must be frozen within four hours of specimen collection. The frozen plasma is stable for 2 weeks at -20C or 6 months at -70C.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

FIT

**Test Group:**

Factor Inhibitor Titer

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Deliver specimen to Hematology section for processing ASAP

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

2 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Stability (from collection to initiation):**

The plasma for a Factor Inhibitor Titer must be frozen within four hours of specimen collection. The frozen plasma is stable for 2 weeks at -20C or 6 months at -70C.

**RESULT INTERPRETATION****Units:**

Nijmegen Bethesda units (NBU)

**Reference Interval:**

&lt; 0.1 NBU

**Additional Information:**

The inhibitor titer assay, which was originally intended for the measurement of inhibitors occurring in hemophiliacs, can be used with modifications for acquired factor inhibitors from non-hemophiliacs.

Heparin contamination or contamination with other anticoagulants may invalidate results of a factor inhibitor titer.

**ADMINISTRATIVE****CPT Codes:**

85335 x 6

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

13591-3

**COMPLETE VIEW****Approval Required:**

The factor inhibitor titer may require approval by the Lab Medicine resident. Approval will depend on: (1) patient's clinical history, (2) patient's response to factor therapy, and (3) laboratory results such as the inhibitor screen and factor activity assays.

**Available Stat:**

No

**Test Code:**

FIT

**Test Group:**

Factor Inhibitor Titer

**Performing Lab:**

Parnassus Hematology

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.**Collect:**

Blue top filled to full extent of vacuum x3

**Amount to Collect:**

8.1 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

2 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Deliver specimen to Hematology section for processing ASAP

**Units:**

Nijmegen Bethesda units (NBU)

**Reference Interval:**

< 0.1 NBU

**Synonyms:**

- F8 inhibitor titer
- Factor 8 inhibitor titer
- FVIII inhibitor titer
- Factor VIII inhibitor titer F9 inhibitor titer
- Factor 9 inhibitor titer
- FIX inhibitor titer

**Stability (from collection to initiation):**

The plasma for a Factor Inhibitor Titer must be frozen within four hours of specimen collection. The frozen plasma is stable for 2 weeks at -20C or 6 months at -70C.

**Reported:**

2 weeks

**Reflex Testing:**

If a Factor VIII, FIX, or FXI level has not been performed within the preceding 24 hours, one will be automatically ordered and charged for before the inhibitor titer is performed. If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

The inhibitor titer assay, which was originally intended for the measurement of inhibitors occurring in hemophiliacs, can be used with modifications for acquired factor inhibitors from non-hemophiliacs.

Heparin contamination or contamination with other anticoagulants may invalidate results of a factor inhibitor titer.

**CPT Codes:**

85335 x 6

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

13591-3



# Factor IX Activity

LAB308

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Performed:**

Test run 0800-1500 Monday-Friday

**Note:** If testing is needed outside of these hours, contact Hematology. For Parnassus patients call 3-1747, for Mission Bay patients call 6-0194.

**Methodology:**

Clotting assay (Stago - STAR)

**Reported:**

1-3 days

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- FIX
- F9
- Factor IX

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology. (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

F9

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Specimen Preparation:**

Provide sample(s) to Hematology section asap.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

| Age     | Activity |
|---------|----------|
| 0D-2D   | 15-91%   |
| 2D-6D   | 15-91%   |
| 6D-31D  | 21-81%   |
| 31D-91D | 21-113%  |
| 91D-1Y  | 36-136%  |
| 1Y-6Y   | 47-104%  |
| 6Y-11Y  | 63-89%   |
| 11Y-16Y | 59-122%  |
| 16+     | 60-160%  |

UCSF HAS NOT ESTABLISHED NORMAL REFERENCE RANGES FOR FACTOR LEVELS FOR CHILDREN <18 YEARS OLD. The table above gives age-adjusted reference ranges for Pediatric Factor 9 Levels as percentages. The values are expressed by the upper and lower boundary encompassing 95% of the population.

These values are based upon these references: Andrew M. et al. Development of the Human Coagulation System in the Full Term Infant. Blood 1987 70:165 Andrew M, et al. Maturation of the Hemostatic System During Childhood. Blood October 1992, 80(8): 1998-2005

Values are converted from the original tables, which express values as units/ml. Original tables provide values for infants at 1 day, 5 days, 30 days, 90 days, and 180 days of age as well as for children 1-5 years, 6-10 years, and 11-16 years. The published tables have been converted to the reference range shown.

**ADMINISTRATIVE****CPT Codes:**

85250

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

3187-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

F9

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Performed:**

Test run 0800-1500 Monday-Friday

**Note:** If testing is needed outside of these hours, contact Hematology. For Parnassus patients call 3-1747, for Mission Bay patients call 6-0194.

**Methodology:**

Clotting assay (Stago - STAR)

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology. (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Provide sample(s) to Hematology section asap.

**Units:**

%

**Reference Interval:**

| Age     | Activity |
|---------|----------|
| 0D-2D   | 15-91%   |
| 2D-6D   | 15-91%   |
| 6D-31D  | 21-81%   |
| 31D-91D | 21-113%  |
| 91D-1Y  | 36-136%  |
| 1Y-6Y   | 47-104%  |
| 6Y-11Y  | 63-89%   |
| 11Y-16Y | 59-122%  |
| 16+     | 60-160%  |

UCSF HAS NOT ESTABLISHED NORMAL REFERENCE RANGES FOR FACTOR LEVELS FOR CHILDREN <18 YEARS OLD. The table above gives age-adjusted reference ranges for Pediatric Factor 9 Levels as percentages. The values are expressed by the upper and lower boundary encompassing 95% of the population.

These values are based upon these references: Andrew M. et al. Development of the Human Coagulation System in the Full Term Infant. Blood 1987 70:165 Andrew M, et al. Maturation of the Hemostatic System During Childhood. Blood October 1992, 80(8): 1998-2005

Values are converted from the original tables, which express values as units/mL. Original tables provide values for infants at 1 day, 5 days, 30 days, 90 days, and 180 days of age as well as for children 1-5 years, 6-10 years, and 11-16 years. The published tables have been converted to the reference range shown.

**Synonyms:**

- FIX
- F9
- Factor IX

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Reported:**

1-3 days

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**CPT Codes:**

85250

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

3187-2

# Factor V Activity

LAB304

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

Test run 0800-1500 Monday-Friday

**Methodology:**

Clotting assay (Stago - STAR)

**Reported:**

1-3 days

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- F5
- FV
- Factor V

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

F5

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Provide sample(s) to Hematology section asap.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

| Age     | Activity |
|---------|----------|
| 0D-2D   | 36-108%  |
| 2D-6D   | 45-145%  |
| 6D-31D  | 62-134%  |
| 31D-91D | 48-132%  |
| 91D-1Y  | 55-127%  |
| 1Y-6Y   | 79-127%  |
| 6Y-11Y  | 63-116%  |
| 11Y-16Y | 55-99%   |
| 16+     | 67-154%  |

UCSF HAS NOT ESTABLISHED NORMAL REFERENCE RANGES FOR FACTOR LEVELS FOR CHILDREN <18 YEARS OLD. The table above gives age-adjusted reference ranges for Pediatric Factor 5 Levels as percentages. The values are expressed by the upper and lower boundary encompassing 95% of the population.

These values are based upon these references: Andrew M, et al. Maturation of the Hemostatic System During Childhood. Blood October 1992, 80(8): 1998-2005 Andrew M. et al. Development of the Human Coagulation System in the Full Term Infant. Blood 1987 70:165

Values are converted from the original tables, which express values as units/mL. Original tables provide values for infants at 1 day, 5 days, 30 days, 90 days, and 180 days of ages as well as for children 1-5 year, 6-10 years, and 11 - 16 years. The published tables have been converted to the reference range shown.

**ADMINISTRATIVE****CPT Codes:**

85220

**LOINC Codes:**

3193-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

F5

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

Parnassus Hematology

**Performed:**

Test run 0800-1500 Monday-Friday

**Methodology:**

Clotting assay (Stago - STAR)

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Provide sample(s) to Hematology section asap.

**Units:**

%

**Reference Interval:**

| Age     | Activity |
|---------|----------|
| 0D-2D   | 36-108%  |
| 2D-6D   | 45-145%  |
| 6D-31D  | 62-134%  |
| 31D-91D | 48-132%  |
| 91D-1Y  | 55-127%  |
| 1Y-6Y   | 79-127%  |
| 6Y-11Y  | 63-116%  |
| 11Y-16Y | 55-99%   |
| 16+     | 67-154%  |

UCSF HAS NOT ESTABLISHED NORMAL REFERENCE RANGES FOR FACTOR LEVELS FOR CHILDREN <18 YEARS OLD. The table above gives age-adjusted reference ranges for Pediatric Factor 5 Levels as percentages. The values are expressed by the upper and lower boundary encompassing 95% of the population.

These values are based upon these references: Andrew M, et al. Maturation of the Hemostatic System During Childhood. Blood October 1992, 80(8): 1998-2005 Andrew M. et al. Development of the Human Coagulation System in the Full Term Infant. Blood 1987 70:165

Values are converted from the original tables, which express values as units/mL. Original tables provide values for infants at 1 day, 5 days, 30 days, 90 days, and 180 days of ages as well as for children 1-5 year, 6-10 years, and 11 - 16 years. The published tables have been converted to the reference range shown.

**Synonyms:**

- F5
- FV
- Factor V

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Reported:**

1-3 days

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**CPT Codes:**  
85220

**LOINC Codes:**  
3193-0



# Factor V Leiden Mutation

LAB346

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run once per week, or as needed, day shift only

**Methodology:**

PCR and allele-specific probes

**Reported:**

7-10 days

**Additional Information:**

Mutation: NM\_000130.4(F5):c.1601G&gt;A (p.Arg534Gln), also known as R506Q

Incidence: Factor V Leiden is the most common form of inherited thrombophilia, accounting for 40-50% of cases. Heterozygosity for Factor V Leiden occurs in 3-8% of the US and European populations and is rare in Asian and African populations. Frequency of homozygosity for Factor V Leiden in white populations is approximately 1 in 5,000.

Pathogenicity: The Factor V Leiden mutation consists of a G to A nucleotide substitution that leads to the R506Q missense mutation and causes Factor Va to become less susceptible to cleavage by activated Protein C, resulting in increase thrombin generation and an elevated risk for venous thromboembolism (VTE). See Table below for relative risks of VTE.

If this mutation was detected, genetic counseling is recommended.

Thrombosis Risk (odds ratio)\*\*:

Heterozygous

First VTE: 3 - 8

With heterozygosity for the F2 20210G>A mutation: 20

With hyperhomocysteinemia 22 with use of oral contraceptive pills: 30

With hormone replacement therapy (HRT): 7 - 16

Homozygous

First VTE: 10 - 80

With oral contraceptive use: 100

With surgery: 20

With pregnancy: 20- 40

Risk of pregnancy loss: 2 - 3

\*\* Kujovich, Gen. Med. 13:1-16, 2011

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- Thrombosis risk mutations
- Hypercoagulability
- APC resistance
- Activated protein C resistance
- FV Q506
- FVM
- Factor V mutation

## COLLECTION

**Sample Type:**

Whole blood

**Collect:**

Lavender top preferred, Blue top and Yellow (ACD) tops acceptable

**Amount to Collect:**

3 mL blood (Note this volume is sufficient to perform all thrombosis risk factor mutations)

**Preferred Volume:**

3 mL blood (Note this volume is sufficient to perform all thrombosis risk factor mutations)

**Minimum Volume:**

1.5 mL blood

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Unacceptable Conditions:**

Inadequate sample. Samples collected in heparin.

**PROCESSING****Test Code:**

FVR

**Test Group:**

Thrombosis risk

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable.

**Preferred Volume:**

3 mL blood (Note this volume is sufficient to perform all thrombosis risk factor mutations)

**Minimum Volume:**

1.5 mL blood

**Unacceptable Conditions:**

Inadequate sample. Samples collected in heparin.

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Mutation: NM\_000130.4(F5):c.1601G>A (p.Arg534Gln), also known as R506Q

Incidence: Factor V Leiden is the most common form of inherited thrombophilia, accounting for 40-50% of cases. Heterozygosity for Factor V Leiden occurs in 3-8% of the US and European populations and is rare in Asian and African populations. Frequency of homozygosity for Factor V Leiden in white populations is approximately 1 in 5,000.

Pathogenicity: The Factor V Leiden mutation consists of a G to A nucleotide substitution that leads to the R506Q missense mutation and causes Factor Va to become less susceptible to cleavage by activated Protein C, resulting in increase thrombin generation and an elevated risk for venous thromboembolism (VTE). See Table below for relative risks of VTE.

If this mutation was detected, genetic counseling is recommended.

Thrombosis Risk (odds ratio)\*\*:

Heterozygous

First VTE: 3 - 8

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With hormone replacement therapy (HRT): 7 - 16

Homozygous

First VTE: 10 - 80

With oral contraceptive use: 100

With surgery: 20

With pregnancy: 20- 40

Risk of pregnancy loss: 2 - 3

\*\* Kujovich, Gen. Med. 13:1-16, 2011

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE**

**CPT Codes:**

81241

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21667-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FVR

**Test Group:**

Thrombosis risk

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run once per week, or as needed, day shift only

**Methodology:**

PCR and allele-specific probes

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top preferred, Blue top and Yellow (ACD) tops acceptable

**Amount to Collect:**

3 mL blood (Note this volume is sufficient to perform all thrombosis risk factor mutations)

**Sample Type:**

Whole blood

**Preferred Volume:**

3 mL blood (Note this volume is sufficient to perform all thrombosis risk factor mutations)

**Minimum Volume:**

1.5 mL blood

**Unacceptable Conditions:**

Inadequate sample. Samples collected in heparin.

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable.

**Reference Interval:**

Negative

**Synonyms:**

- Thrombosis risk mutations
- Hypercoagulability
- APC resistance
- Activated protein C resistance
- FV Q506
- FVM
- Factor V mutation

**Reported:**

7-10 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

Mutation: NM\_000130.4(F5):c.1601G>A (p.Arg534Gln), also known as R506Q

Incidence: Factor V Leiden is the most common form of inherited thrombophilia, accounting for 40-50% of cases. Heterozygosity for Factor V Leiden occurs in 3-8% of the US and European populations and is rare in Asian and African populations. Frequency of homozygosity for Factor V Leiden in white populations is approximately 1 in 5,000.

Pathogenicity: The Factor V Leiden mutation consists of a G to A nucleotide substitution that leads to the R506Q missense mutation and causes Factor Va to become less susceptible to cleavage by activated Protein C, resulting in increase thrombin generation and an elevated risk for venous thromboembolism (VTE). See Table below for relative risks of VTE.

If this mutation was detected, genetic counseling is recommended.

Thrombosis Risk (odds ratio)\*\*:

Heterozygous

First VTE: 3 - 8

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With hyperhomocysteinemia 22 with use of oral contraceptive pills: 30

With hormone replacement therapy (HRT): 7 - 16

Homozygous

First VTE: 10 - 80

With oral contraceptive use: 100

With surgery: 20

With pregnancy: 20- 40

Risk of pregnancy loss: 2 - 3

\*\* Kujovich, Gen. Med. 13:1-16, 2011

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

81241

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21667-1

# Factor VII Activity

LAB305

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

Test run 0800-1500 Monday-Friday

**Methodology:**

Clotting assay (Stago - STAR)

**Reported:**

1-3 days

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- FVII
- F7
- Factor VII

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

F7

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Provide sample(s) to Hematology section asap.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

| Age     | Activity |
|---------|----------|
| 0D-2D   | 28-104%  |
| 2D-6D   | 35-143%  |
| 6D-31D  | 42-138%  |
| 31D-91D | 39-143%  |
| 91D-1Y  | 47-127%  |
| 1Y-6Y   | 55-116%  |
| 6Y-11Y  | 52-120%  |
| 11Y-16Y | 58-115%  |
| 16+     | 54-169%  |

UCSF HAS NOT ESTABLISHED NORMAL REFERENCE RANGES FOR FACTOR LEVELS FOR CHILDREN <18 YEARS OLD. The table above gives age-adjusted reference ranges for Pediatric Factor 7 Levels as percentages. The values are expressed by the upper and lower boundary encompassing 95% of the population.

These values are based upon these references: Andrew M. et al. Development of the Human Coagulation System in the Full Term Infant. Blood 1987 70:165 Andrew M, et al. Maturation of the Hemostatic System During Childhood. Blood October 1992, 80(8): 1998-2005

Values are converted from the original tables, which express values as units/ml. Original tables provide values for infants at 1 day, 5 days, 30 days, 90 days, and 180 days of age as well as for children 1-5 years, 6-10 years, and 11-16 years. The published tables have been converted to the reference range shown.

**ADMINISTRATIVE****CPT Codes:**

85230

**LOINC Codes:**

3200-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

F7

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

Parnassus Hematology

**Performed:**

Test run 0800-1500 Monday-Friday

**Methodology:**

Clotting assay (Stago - STAR)

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Provide sample(s) to Hematology section asap.

**Units:**

%

**Reference Interval:**

| Age     | Activity |
|---------|----------|
| 0D-2D   | 28-104%  |
| 2D-6D   | 35-143%  |
| 6D-31D  | 42-138%  |
| 31D-91D | 39-143%  |
| 91D-1Y  | 47-127%  |
| 1Y-6Y   | 55-116%  |
| 6Y-11Y  | 52-120%  |
| 11Y-16Y | 58-115%  |
| 16+     | 54-169%  |

UCSF HAS NOT ESTABLISHED NORMAL REFERENCE RANGES FOR FACTOR LEVELS FOR CHILDREN <18 YEARS OLD. The table above gives age-adjusted reference ranges for Pediatric Factor 7 Levels as percentages. The values are expressed by the upper and lower boundary encompassing 95% of the population.

These values are based upon these references: Andrew M. et al. Development of the Human Coagulation System in the Full Term Infant. Blood 1987 70:165 Andrew M, et al. Maturation of the Hemostatic System During Childhood. Blood October 1992, 80(8): 1998-2005

Values are converted from the original tables, which express values as units/mL. Original tables provide values for infants at 1 day, 5 days, 30 days, 90 days, and 180 days of age as well as for children 1-5 years, 6-10 years, and 11-16 years. The published tables have been converted to the reference range shown.

**Synonyms:**

- FVII
- F7
- Factor VII

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Reported:**

1-3 days

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**CPT Codes:**

85230

**LOINC Codes:**

3200-3



# Factor VIII Activity

LAB306

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Performed:**

Test run 0800-1500 Monday-Friday.

**Note:** If testing is needed outside of these hours, contact Hematology. For Parnassus patients call 3-1747, for Mission Bay patients call 6-0194.

**Methodology:**

Clotting assay (Stago - STAR)

**Reported:**

1-3 days

**Additional Information:**

Emicizumab affects intrinsic pathway clotting-based laboratory tests, including activated clotting time (ACT); activated partial thromboplastin time (aPTT); and all assays based on aPTT, such as one-stage, factor VIII (FVIII) activity. Therefore, intrinsic pathway clotting-based coagulation laboratory test results in patients who have been treated with Emicizumab prophylaxis should not be used to monitor Emicizumab activity.

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- F8
- FVIII
- FVIII:C
- Factor VIII

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: x3-1747, Mission Bay 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

F8

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Specimen Preparation:**

Provide sample(s) to Hematology section asap.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

43-168%

Note: During infancy, Factor VIII values can be greater than those observed in adults. Nevertheless, a value of approximately 50% was noted as the lower limit of normal for full term infants from birth to 6 months. (Reference: Andrew M. et al. Blood 1987 70:165).

**Additional Information:**

Emicizumab affects intrinsic pathway clotting-based laboratory tests, including activated clotting time (ACT); activated partial thromboplastin time (aPTT); and all assays based on aPTT, such as one-stage, factor VIII (FVIII) activity. Therefore, intrinsic pathway clotting-based coagulation laboratory test results in patients who have been treated with Emicizumab prophylaxis should not be used to monitor Emicizumab activity.

**ADMINISTRATIVE****CPT Codes:**

85240

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

3209-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

F8

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Performed:**

Test run 0800-1500 Monday-Friday.

**Note:** If testing is needed outside of these hours, contact Hematology. For Parnassus patients call 3-1747, for Mission Bay patients call 6-0194.

**Methodology:**

Clotting assay (Stago - STAR)

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: x3-1747, Mission Bay 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Provide sample(s) to Hematology section asap.

**Units:**

%

**Reference Interval:**

43-168%

Note: During infancy, Factor VIII values can be greater than those observed in adults. Nevertheless, a value of approximately 50% was noted as the lower limit of normal for full term infants from birth to 6 months. (Reference: Andrew M. et al. Blood 1987 70:165).

**Synonyms:**

- F8
- FVIII
- FVIII:C
- Factor VIII

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Reported:**

1-3 days

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

Emicizumab affects intrinsic pathway clotting-based laboratory tests, including activated clotting time (ACT); activated partial thromboplastin time (aPTT); and all assays based on aPTT, such as one-stage, factor VIII (FVIII) activity. Therefore, intrinsic pathway clotting-based coagulation laboratory test results in patients who have been treated with Emicizumab prophylaxis should not be used to monitor Emicizumab activity.

**CPT Codes:**

85240

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

3209-4

# Factor VIII Activity, Chromogenic (Bovine)

LAB999863

## ORDERING

**Ordering Recommendations:**

This is the recommended assay for measuring factor VIII (8) activity in patients receiving Hemlibra (emicizumab-kxwh).

**Available Stat:**

No

**Performing Lab:**

Machaon

**Performed:**

Monday-Friday

**Methodology:**

Chromogenic

**Synonyms:**

- F8
- Factor VIII
- Factor 8
- chromogenic

## COLLECTION

**Sample Type:**

Plasma

**Collect:**

Blue-top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

1 mL plasma

**Stability (from collection to initiation):**

2 weeks (frozen)

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Thawed

## PROCESSING

**Test Code:**

F8ACB

**Sendout:**

Yes

**Performing Lab:**

Machaon

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Thawed

**Stability (from collection to initiation):**

2 weeks (frozen)

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

Percent

**Reference Interval:**

50-150%

**Interpretive Data:**

This test can accurately measure factor VIII (8) levels and factor VIII (8) inhibitor titers in the presence of emicizumab (Hemlibra), a common treatment for Hemophilia A. Emicizumab (Hemlibra) interferes with other traditional factor VIII (8) activity and inhibitor test approaches. This assay may be used for patients not on emicizumab (Hemlibra) and when lupus anticoagulants are interfering with traditional, clot-based tests.

**ADMINISTRATIVE****CPT Codes:**

85240

**LOINC Codes:**

3210-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

This is the recommended assay for measuring factor VIII (8) activity in patients receiving Hemlibra (emicizumab-kxwh).

**Test Code:**

F8ACB

**Performing Lab:**

Machaon

**Sendout:**

Yes

**Performed:**

Monday-Friday

**Methodology:**

Chromogenic

**Collect:**

Blue-top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Thawed

**Units:**

Percent

**Reference Interval:**

50-150%

**Interpretive Data:**

This test can accurately measure factor VIII (8) levels and factor VIII (8) inhibitor titers in the presence of emicizumab (Hemlibra), a common treatment for Hemophilia A. Emicizumab (Hemlibra) interferes with other traditional factor VIII (8) activity and inhibitor test approaches. This assay may be used for patients not on emicizumab (Hemlibra) and when lupus anticoagulants are interfering with traditional, clot-based tests.

**Synonyms:**

- F8
- Factor VIII
- Factor 8
- chromogenic

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

2 weeks (frozen)

**CPT Codes:**

85240

**LOINC Codes:**

3210-2

# Factor VIII Inhibitor, Chromogenic (Bovine)

LAB99795

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Machaon

**Performed:**

Monday-Friday

**Methodology:**

Chromogenic Nijmegen-Bethesda Titer

**Synonyms:**

- Bethesda titer
- Nijmegen modification
- F8

## COLLECTION

**Sample Type:**

Plasma

**Collect:**

Blue-top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

1 mL plasma

**Stability (from collection to initiation):**

2 weeks (frozen)

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Thawed

## PROCESSING

**Test Code:**

F8ICB

**Sendout:**

Yes

**Performing Lab:**

Machaon

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Thawed

**Stability (from collection to initiation):**

2 weeks (frozen)

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

Chromogenic Bethesda Units

**Reference Interval:**

&lt; 0.5 CBU

**Interpretive Data:**

This test can accurately measure factor VIII (8) levels and factor VIII (8) inhibitor titers in the presence of emicizumab (Hemlibra), a common treatment for Hemophilia A. Emicizumab (Hemlibra) interferes with other traditional factor VIII (8) activity and inhibitor test approaches. This assay may be used for patients not on emicizumab (Hemlibra) and when lupus anticoagulants are interfering with traditional, clot-based tests.

**ADMINISTRATIVE****CPT Codes:**

85240, 85335

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

F8ICB

**Performing Lab:**

Machaon

**Sendout:**

Yes

**Performed:**

Monday-Friday

**Methodology:**

Chromogenic Nijmegen-Bethesda Titer

**Collect:**

Blue-top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Thawed

**Units:**

Chromogenic Bethesda Units

**Reference Interval:**

< 0.5 CBU

**Interpretive Data:**

This test can accurately measure factor VIII (8) levels and factor VIII (8) inhibitor titers in the presence of emicizumab (Hemlibra), a common treatment for Hemophilia A. Emicizumab (Hemlibra) interferes with other traditional factor VIII (8) activity and inhibitor test approaches. This assay may be used for patients not on emicizumab (Hemlibra) and when lupus anticoagulants are interfering with traditional, clot-based tests.

**Synonyms:**

- Bethesda titer
- Nijmegen modification
- F8

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

2 weeks (frozen)

**CPT Codes:**

85240, 85335



# Factor X Activity, Routine

LAB758

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

Test run 0800-1500 Monday-Friday

**Methodology:**

Clotting assay (Stago - STAR)

**Reported:**

1-3 days

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for

**Synonyms:**

- F10
- FX
- Factor X

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

F10

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Provide sample(s) to Hematology section asap.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

| Age     | Activity |
|---------|----------|
| 0D-2D   | 12-68%   |
| 2D-6D   | 19-79%   |
| 6D-31D  | 31-87%   |
| 31D-91D | 35-107%  |
| 91D-1Y  | 38-118%  |
| 1Y-6Y   | 58-116%  |
| 6Y-11Y  | 55-101%  |
| 11Y-16Y | 50-117%  |
| 16+     | 71-143%  |

UCSF HAS NOT ESTABLISHED NORMAL REFERENCE RANGES FOR FACTOR LEVELS FOR CHILDREN <18 YEARS OLD.

The table above gives age-adjusted reference ranges for Pediatric Factor 10 Levels as percentages. The values are expressed by the upper and lower boundary encompassing 95% of the population. These values are based upon these references:

Andrew M. et al. Development of the Human Coagulation System in the Full Term Infant. Blood 1987 70:165

Andrew M, et al. Maturation of the Hemostatic System During Childhood. Blood October 1992, 80(8): 1998-2005

Values are converted from the original tables, which express values as units/ml. Original tables provide values for infants at 1 day, 5 days, 30 days, 90 days, and 180 days of age as well as for children 1-5 years, 6-10 years, and 11-16 years. The published tables have been converted to the reference range shown.

**ADMINISTRATIVE****CPT Codes:**

85260

**LOINC Codes:**

3218-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

F10

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

Parnassus Hematology

**Performed:**

Test run 0800-1500 Monday-Friday

**Methodology:**

Clotting assay (Stago - STAR)

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Provide sample(s) to Hematology section asap.

**Units:**

%

**Reference Interval:**

| Age     | Activity |
|---------|----------|
| 0D-2D   | 12-68%   |
| 2D-6D   | 19-79%   |
| 6D-31D  | 31-87%   |
| 31D-91D | 35-107%  |
| 91D-1Y  | 38-118%  |
| 1Y-6Y   | 58-116%  |
| 6Y-11Y  | 55-101%  |
| 11Y-16Y | 50-117%  |
| 16+     | 71-143%  |

UCSF HAS NOT ESTABLISHED NORMAL REFERENCE RANGES FOR FACTOR LEVELS FOR CHILDREN <18 YEARS OLD.

The table above gives age-adjusted reference ranges for Pediatric Factor 10 Levels as percentages. The values are expressed by the upper and lower boundary encompassing 95% of the population. These values are based upon these references:

Andrew M. et al. Development of the Human Coagulation System in the Full Term Infant. Blood 1987 70:165  
 Andrew M, et al. Maturation of the Hemostatic System During Childhood. Blood October 1992, 80(8): 1998-2005

Values are converted from the original tables, which express values as units/ml. Original tables provide values for infants at 1 day, 5 days, 30 days, 90 days, and 180 days of age as well as for children 1-5 years, 6-10 years, and 11-16 years. The published tables have been converted to the reference range shown.

**Synonyms:**

- F10
- FX
- Factor X

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Reported:**

1-3 days

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for

**CPT Codes:**

85260

**LOINC Codes:**

3218-5

# Factor XI Activity

LAB309

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Performed:**

Test run 0800-1500 Monday-Friday

**Note:** If testing is needed outside of these hours, contact Hematology. For Parnassus patients call 3-1747, for Mission Bay patients call 6-0194.

**Methodology:**

Clotting assay (Stago - STAR)

**Reported:**

1-3 days

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- FXI
- F11
- Factor XI

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay: call 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

F11

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Specimen Preparation:**

Provide sample(s) to Hematology section asap.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

| Age     | Activity |
|---------|----------|
| 0D-2D   | 10-66%   |
| 2D-6D   | 23-87%   |
| 6D-31D  | 27-79%   |
| 31D-91D | 41-97%   |
| 91D-1Y  | 38-134%  |
| 1Y+     | 72-161%  |

UCSF HAS NOT ESTABLISHED NORMAL REFERENCE RANGES FOR FACTOR LEVELS FOR CHILDREN <18 YEARS OLD. The table above gives age-adjusted reference ranges for Pediatric Factor 11 Levels as percentages. The values are expressed by the upper and lower boundary encompassing 95% of the population.

These values are based upon these references: Andrew M. et al. Development of the Human Coagulation System in the Full Term Infant. Blood 1987 70:165 Andrew M, et al. Maturation of the Hemostatic System During Childhood. Blood October 1992, 80(8): 1998-2005

Values are converted from the original tables, which express values as units/ml. Original tables provide values for infants at 1 day, 5 days, 30 days, 90 days, and 180 days of age as well as for children 1-5 years, 6-10 years, and 11-16 years. The published tables have been converted to the reference range shown.

**ADMINISTRATIVE****CPT Codes:**

85270

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

3226-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

F11

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Performed:**

Test run 0800-1500 Monday-Friday

**Note:** If testing is needed outside of these hours, contact Hematology. For Parnassus patients call 3-1747, for Mission Bay patients call 6-0194.

**Methodology:**

Clotting assay (Stago - STAR)

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay: call 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Provide sample(s) to Hematology section asap.

**Units:**

%

**Reference Interval:**

| Age     | Activity |
|---------|----------|
| 0D-2D   | 10-66%   |
| 2D-6D   | 23-87%   |
| 6D-31D  | 27-79%   |
| 31D-91D | 41-97%   |
| 91D-1Y  | 38-134%  |
| 1Y+     | 72-161%  |

UCSF HAS NOT ESTABLISHED NORMAL REFERENCE RANGES FOR FACTOR LEVELS FOR CHILDREN <18 YEARS OLD. The table above gives age-adjusted reference ranges for Pediatric Factor 11 Levels as percentages. The values are expressed by the upper and lower boundary encompassing 95% of the population.

These values are based upon these references: Andrew M. et al. Development of the Human Coagulation System in the Full Term Infant. Blood 1987 70:165 Andrew M, et al. Maturation of the Hemostatic System During Childhood. Blood October 1992, 80(8): 1998-2005

Values are converted from the original tables, which express values as units/ml. Original tables provide values for infants at 1 day, 5 days, 30 days, 90 days, and 180 days of age as well as for children 1-5 years, 6-10 years, and 11-16 years. The published tables have been converted to the reference range shown.

**Synonyms:**

- FXI
- F11
- Factor XI

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Reported:**

1-3 days

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**CPT Codes:**

85270

**LDT or Modified FDA:**

Yes

**LOINC Codes:**  
3226-8



# Factor XII Activity

LAB310

## ORDERING

**Available Stat:**

No

**Performing Lab:**

UC Davis

**Methodology:**

Photometric clot detection

**Reported:**

Performed 5x per week. Turnaround 3-5 days.

**Additional Information:**

Factor 12 Deficiency is not associated with a bleeding diathesis.

**Synonyms:**

- F12
- FXII
- Factor XII
- Contact factor
- Contact activation factor

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay: call 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

F12A

**Test Group:**

Coagulation Factor Activities

**Sendout:**

Yes

**Performing Lab:**

UC Davis

**Specimen Preparation:**

Provide sample(s) to Hematology section asap. Centrifuge and freeze platelet poor plasma at -20C.

For B&T patients order Labcorp test #086322

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

Newborn - Day: 4 13-93%

Day 5 - 1 Month: 11-83%

1 Month - 3 Months: 17-81%

3 Months - 6 Months: 25-109%

6 Months - 1 Year: 39-115%

1 Year - 5 Years: 64-129%

6 Years - 10 years: 60-140%

11 Years - 16 Years: 34-137%

>= 17 Years: 50-150%

**Additional Information:**

Factor 12 Deficiency is not associated with a bleeding diathesis.

**ADMINISTRATIVE****CPT Codes:**

85280-90

**LOINC Codes:**

3232-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

F12A

**Test Group:**

Coagulation Factor Activities

**Performing Lab:**

UC Davis

**Sendout:**

Yes

**Methodology:**

Photometric clot detection

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Deliver immediately to the laboratory.

For patients with Hct's >= 55% please contact Hematology (Parnassus: 3-1747, Mission Bay: call 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Provide sample(s) to Hematology section asap. Centrifuge and freeze platelet poor plasma at -20C.

For B&T patients order Labcorp test #086322

**Units:**

%

**Reference Interval:**

Newborn - Day: 4 13-93%

Day 5 - 1 Month: 11-83%

1 Month - 3 Months: 17-81%

3 Months - 6 Months: 25-109%

6 Months - 1 Year: 39-115%

1 Year - 5 Years: 64-129%

6 Years - 10 years: 60-140%

11 Years - 16 Years: 34-137%

>= 17 Years: 50-150%

**Synonyms:**

- F12
- FXII
- Factor XII
- Contact factor
- Contact activation factor

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Reported:**

Performed 5x per week. Turnaround 3-5 days.

**Additional Information:**

Factor 12 Deficiency is not associated with a bleeding diathesis.

**CPT Codes:**

85280-90

**LOINC Codes:**

3232-6

**Factor XIII Activity**

LAB1113

**ORDERING****Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Chromogenic

**Reported:**

7-10 days

**Additional Information:**

Assay values reported down to 3%.

Low Factor XIII levels ie., < 15% may cause a bleeding disorder and levels < 2% have been associated with spontaneous intracranial hemorrhage.

This assay replaces the previously offered Urea Clot Solubility assay that was discontinued 8/1/07.

This test is performed at Quest using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.

**Synonyms:**

- FSF
- Fibrin stabilizing factor
- Urea Clot Solubility Assay
- Factor 13
- F13
- FXIII
- Factor XIII
- FACTOR XIII ACTIVITY
- FACTOR XIII INHIBITOR
- FUNCTIONAL
- FIBRIN STABILIZING FACTOR
- 14461
- Q14461

**COLLECTION****Sample Type:**

Citrated plasma

**Label Abbreviation:**

F13A

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.3 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Avoid hemolysis. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay: call 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Hemolyzed

**Rejection Criteria:**

Thawed or hemolyzed sample

**PROCESSING****Test Code:**

F13A

**Test Group:**

Factor XIII

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Deliver sample to Hematology ASAP for processing.

Separate and freeze plasma at -20C. Ship frozen.

Order Quest #14461X. For Brown and Toland patients (BTMOLT), ship the plasma on dry ice to LabCorp, test code 276937.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.3 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Hemolyzed

**Rejection Criteria:**

Thawed or hemolyzed sample

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

57-192%

**Additional Information:**

Assay values reported down to 3%.

Low Factor XIII levels ie., < 15% may cause a bleeding disorder and levels < 2% have been associated with spontaneous intracranial hemorrhage.

This assay replaces the previously offered Urea Clot Solubility assay that was discontinued 8/1/07.

This test is performed at Quest using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.

**ADMINISTRATIVE****CPT Codes:**

85290-90

**LOINC Codes:**

27815-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

F13A

**Test Group:**

Factor XIII

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Chromogenic

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Avoid hemolysis. Deliver immediately to the laboratory.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay: call 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.3 mL plasma

**Rejection Criteria:**

Thawed or hemolyzed sample

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Hemolyzed

**Specimen Preparation:**

Deliver sample to Hematology ASAP for processing.

Separate and freeze plasma at -20C. Ship frozen.

Order Quest #14461X. For Brown and Toland patients (BTMOLT), ship the plasma on dry ice to LabCorp, test code 276937.

**Units:**

%

**Reference Interval:**

57-192%

**Synonyms:**

- FSF
- Fibrin stabilizing factor
- Urea Clot Solubility Assay
- Factor 13
- F13
- FXIII
- Factor XIII
- FACTOR XIII ACTIVITY
- FACTOR XIII INHIBITOR
- FUNCTIONAL
- FIBRIN STABILIZING FACTOR
- 14461
- Q14461

**Stability (from collection to initiation):**

Factor assays should generally be performed within four hours of specimen collection or the plasma frozen; the latter is stable for 2 weeks at -20C or 6 months at -70C.

**Reported:**

7-10 days

**Additional Information:**

Assay values reported down to 3%.

Low Factor XIII levels ie., < 15% may cause a bleeding disorder and levels < 2% have been associated with spontaneous intercranial hemorrhage.

This assay replaces the previously offered Urea Clot Solubility assay that was discontinued 8/1/07.

This test is performed at Quest using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.

**CPT Codes:**

85290-90

**LOINC Codes:**

27815-0

# Fanconi's Anemia with DEB

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Culture, microscopy, karyotyping

**Reported:**

Test set up daily. Turnaround time: 2-3 weeks.

**Additional Information:**

An effort will be made to analyze specimens as small as 1 mL, but success can not be assured with so little sample. Specify if there is a need to search for DEB-induced chromosome breaks, which will generate an additional charge.

**Synonyms:**

- chromosme breakage syndromes
- DEB-induced chromosome breaks
- Diepoxybutane

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Collect:**

Dark Green top (Na-heparin)

**Amount to Collect:**

5 mL blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

3 mL blood

**Remarks:**

Specify LOOK FOR FANCONI'S ANEMIA on the requisition and request DEB-induced chromosomal breakage testing if that is desired.

## PROCESSING

**Test Code:**

FANC

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Keep the specimen at room temperature-DO NOT REFRIGERATE OR FREEZE. Order Quest # 14598Z If a search for the presence of DEB-induced chromosome breaks is also requested, order Quest DEB, code #5016 in addition.

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

3 mL blood

## RESULT INTERPRETATION

**Additional Information:**

An effort will be made to analyze specimens as small as 1 mL, but success can not be assured with so little sample. Specify if there is a need to search for DEB-induced chromosome breaks, which will generate an additional charge.

## ADMINISTRATIVE

**CPT Codes:**

88230-90, 88262-90



**LOINC Codes:**  
43191-6

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
FANC

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Culture, microscopy, karyotyping

**Remarks:**  
Specify LOOK FOR FANCONI'S ANEMIA on the requisition and request DEB-induced chromosomal breakage testing if that is desired.

**Collect:**  
Dark Green top (Na-heparin)

**Amount to Collect:**  
5 mL blood

**Sample Type:**  
Heparinized whole blood

**Preferred Volume:**  
5 mL blood

**Minimum Volume:**  
3 mL blood

**Specimen Preparation:**  
Keep the specimen at room temperature-DO NOT REFRIGERATE OR FREEZE. Order Quest # 14598Z If a search for the presence of DEB-induced chromosome breaks is also requested, order Quest DEB, code #5016 in addition.

**Synonyms:**

- chromosme breakage syndromes
- DEB-induced chromosome breaks
- Diepoxybutane

**Reported:**  
Test set up daily. Turnaround time: 2-3 weeks.

**Additional Information:**  
An effort will be made to analyze specimens as small as 1 mL, but success can not be assured with so little sample. Specify if there is a need to search for DEB-induced chromosome breaks, which will generate an additional charge.

**CPT Codes:**  
88230-90, 88262-90

**LOINC Codes:**  
43191-6

# Fatty Acid Profile, Essential

LAB5387

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Gas Chromatography-Mass Spectrometry (GC-MS) Stable Isotope Dilution Analysis

**Reported:**

7-9 days

**Additional Information:**

Fats are important sources of energy for tissues and are important for the function and integrity of cellular membranes. Deficiencies are commonly caused by inadequate dietary intake of lipids due to an unbalanced diet or long-term parenteral nutrition, or by intestinal malabsorption, which is common in conditions such as cystic fibrosis and irritable bowel syndrome. Deficiencies can also be caused by an impairment of biomolecular transformations among fatty acids, such as linoleic acid to arachidonic acid. Linoleic and linolenic acids cannot be made by the body and are essential components of the diet (ie, essential fatty acids).

The major clinical manifestations associated with essential fatty acid deficiency (EFAD) include dermatitis, increased water permeability of the skin, increased susceptibility to infection, lowered resistance to irradiation injury, impaired wound healing, hemolytic anemia, thrombocytopenia, fatty infiltration of the liver, elevated hepatic enzymes, and impaired chylomicron synthesis. Treatment of EFAD depends on the source of the deficiency and may include supplementation of essential fatty acids, linoleic acid and alpha-linolenic acid.

Biochemical abnormalities may be detected before the onset of recognizable clinical manifestations. EFAD can be detected by diminished levels of the essential fatty acids: linoleic acid (C18:2w6) and alpha-linolenic acid (C18:3w3). It can also be detected by increases in the ratio triene/tetraene ratio (Holman index): (eicosatrienoic [mead] acid [C20:3w9]/arachidonic acid [C20:4w6]).

Excess dietary fatty acids have also been linked to the onset of cardiovascular disease. The dietary contents of saturated, monounsaturated, or polyunsaturated fatty acids influence the concentration of cholesterol in low-density and high-density lipoproteins, and consequently the development of atherosclerosis. Regular consumption of, or supplementation with, polyunsaturated fatty acids may have a beneficial effects on long-term cardiovascular prognosis due to their anti-inflammatory and possibly antiarrhythmic effects. Elevated levels of C18:2w6 can contribute to overproduction of the proinflammatory 2-series local hormones.

**Synonyms:**

- Fatty acid profile of lipids
- Essential Fatty Acid Profile, Triene/Tetraene ratio
- Fatty acids
- OMEGA
- TRIENE/TETRAENE RATIO
- SOFT-FAPEP
- OMEGA FATTY ACIDS
- ESSENTIAL
- FATTY ACID PROFILE
- C12-C22
- LONG-CHAIN FATTY ACIDS (LCFA)
- ESSENTIAL FATTY ACIDS,

## COLLECTION

**Patient Preparation:**

Patient must fast for 12-14 hours and should not consume any alcohol for 24 hours before the specimen is drawn.

**Sample Type:**

Serum

**Label Abbreviation:**

EFA

**Collect:**

Red top or Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Remarks:**

Include patient age and information regarding treatment, family history, and tentative diagnosis on requisition.

Transport to laboratory immediately after collection for processing.

**Stability (from collection to initiation):**

Frozen 3 months

**PROCESSING****Test Code:**

EFA

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Spin down sample immediately and freeze serum.

Mayo order FAPEP

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Frozen 3 months

**RESULT INTERPRETATION****Additional Information:**

Fats are important sources of energy for tissues and are important for the function and integrity of cellular membranes. Deficiencies are commonly caused by inadequate dietary intake of lipids due to an unbalanced diet or long-term parenteral nutrition, or by intestinal malabsorption, which is common in conditions such as cystic fibrosis and irritable bowel syndrome. Deficiencies can also be caused by an impairment of biomolecular transformations among fatty acids, such as linoleic acid to arachidonic acid. Linoleic and linolenic acids cannot be made by the body and are essential components of the diet (ie, essential fatty acids).

The major clinical manifestations associated with essential fatty acid deficiency (EFAD) include dermatitis, increased water permeability of the skin, increased susceptibility to infection, lowered resistance to irradiation injury, impaired wound healing, hemolytic anemia, thrombocytopenia, fatty infiltration of the liver, elevated hepatic enzymes, and impaired chylomicron synthesis. Treatment of EFAD depends on the source of the deficiency and may include supplementation of essential fatty acids, linoleic acid and alpha-linolenic acid.

Biochemical abnormalities may be detected before the onset of recognizable clinical manifestations. EFAD can be detected by diminished levels of the essential fatty acids: linoleic acid (C18:2w6) and alpha-linolenic acid (C18:3w3). It can also be detected by increases in the ratio triene/tetraene ratio (Holman index): (eicosatrienoic [mead] acid [C20:3w9]/arachidonic acid [C20:4w6]).

Excess dietary fatty acids have also been linked to the onset of cardiovascular disease. The dietary contents of saturated, monounsaturated, or polyunsaturated fatty acids influence the concentration of cholesterol in low-density and high-density lipoproteins, and consequently the development of atherosclerosis. Regular consumption of, or supplementation with, polyunsaturated fatty acids may have a beneficial effects on long-term cardiovascular prognosis due to their anti-inflammatory and possibly antiarrhythmic effects. Elevated levels of C18:2w6 can contribute to overproduction of the proinflammatory 2-series local hormones.

**ADMINISTRATIVE****CPT Codes:**

82542

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

EFA

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Gas Chromatography-Mass Spectrometry (GC-MS) Stable Isotope Dilution Analysis

**Patient Preparation:**

Patient must fast for 12-14 hours and should not consume any alcohol for 24 hours before the specimen is drawn.

**Remarks:**

Include patient age and information regarding treatment, family history, and tentative diagnosis on requisition.

Transport to laboratory immediately after collection for processing.

**Collect:**

Red top or Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Spin down sample immediately and freeze serum.

Mayo order FAPEP

**Synonyms:**

- Fatty acid profile of lipids
- Essential Fatty Acid Profile, Triene/Tetraene ratio
- Fatty acids
- OMEGA
- TRIENE/TETRAENE RATIO
- SOFT-FAPEP
- OMEGA FATTY ACIDS
- ESSENTIAL
- FATTY ACID PROFILE
- C12-C22
- LONG-CHAIN FATTY ACIDS (LCFA)
- ESSENTIAL FATTY ACIDS,

**Stability (from collection to initiation):**

Frozen 3 months

**Reported:**

7-9 days

**Additional Information:**

Fats are important sources of energy for tissues and are important for the function and integrity of cellular membranes. Deficiencies are commonly caused by inadequate dietary intake of lipids due to an unbalanced diet or long-term parenteral nutrition, or by intestinal malabsorption, which is common in conditions such as cystic fibrosis and irritable bowel syndrome. Deficiencies can also be caused by an impairment of biomolecular transformations among fatty acids, such as linoleic acid to arachidonic acid. Linoleic and linolenic acids cannot be made by the body and are essential components of the diet (ie, essential fatty acids).

The major clinical manifestations associated with essential fatty acid deficiency (EFAD) include dermatitis, increased water permeability of the skin, increased susceptibility to infection, lowered resistance to irradiation injury, impaired wound healing, hemolytic anemia, thrombocytopenia, fatty infiltration of the liver, elevated hepatic enzymes, and impaired chylomicron synthesis. Treatment of EFAD depends on the source of the deficiency and may include supplementation of essential fatty acids, linoleic acid and alpha-linolenic acid.

Biochemical abnormalities may be detected before the onset of recognizable clinical manifestations. EFAD can be detected by diminished levels of the essential fatty acids: linoleic acid (C18:2w6) and alpha-linolenic acid (C18:3w3). It can also be detected by increases in the ratio triene/tetraene ratio (Holman index): (eicosatrienoic [mead] acid [C20:3w9]/arachidonic acid [C20:4w6]).

Excess dietary fatty acids have also been linked to the onset of cardiovascular disease. The dietary contents of saturated, monounsaturated, or polyunsaturated fatty acids influence the concentration of cholesterol in low-density and high-density lipoproteins, and consequently the development of atherosclerosis. Regular consumption of, or supplementation with, polyunsaturated fatty acids may have a beneficial effects on long-term cardiovascular prognosis due to their anti-inflammatory and possibly antiarrhythmic effects. Elevated levels of C18:2w6 can contribute to overproduction of the proinflammatory 2-series local hormones.

**CPT Codes:**

82542

# Fatty Acids, Nonesterified

LAB3424

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Spectrophotometric, enzymatic

**Reported:**

Test run Tuesday-Saturday. Turnaround time: 1-3 days.

**Synonyms:**

- Free Fatty Acids
- FFA
- unesterified fatty acids
- FATFA

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

NEFA

**Collect:**

Gold top on ice

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Remarks:**

Collect ON ICE after an overnight fast; bring IMMEDIATELY to laboratory. Do not use heparin containing vacutainer. Specimens from patients receiving heparin are NOT acceptable.

**Stability (from collection to initiation):**

Refrigerated 12 hours, frozen at -20C 1 month.

**Unacceptable Conditions:**

Collected in heparin. Not delivered on ice.

## PROCESSING

**Test Code:**

NEFA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate serum or plasma immediately and freeze at -20C within 2 hours of collection. Order Quest # 22749P

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Unacceptable Conditions:**

Collected in heparin. Not delivered on ice.

**Stability (from collection to initiation):**

Refrigerated 12 hours, frozen at -20C 1 month.

## RESULT INTERPRETATION

**Units:**

mmol/L

**Reference Interval:**

Newborn: 0-2.30 mmol/L

1-12 months: 0.50-1.60 mmol/L

1-7 years: 0.60-1.50 mmol/L

8-17 years: 0.20-1.10 mmol/L

&gt;= 18 year old: 0.09-0.82 mmol/L

**ADMINISTRATIVE****CPT Codes:**

82725-90

**LOINC Codes:**

15066-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

NEFA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Spectrophotometric, enzymatic

**Remarks:**

Collect ON ICE after an overnight fast; bring IMMEDIATELY to laboratory. Do not use heparin containing vacutainer. Specimens from patients receiving heparin are NOT acceptable.

**Collect:**

Gold top on ice

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Unacceptable Conditions:**

Collected in heparin. Not delivered on ice.

**Specimen Preparation:**

Separate serum or plasma immediately and freeze at -20C within 2 hours of collection. Order Quest # 22749P

**Units:**

mmol/L

**Reference Interval:**

Newborn: 0-2.30 mmol/L

1-12 months: 0.50-1.60 mmol/L

1-7 years: 0.60-1.50 mmol/L

8-17 years: 0.20-1.10 mmol/L

&gt;= 18 year old: 0.09-0.82 mmol/L

**Synonyms:**

- Free Fatty Acids
- FFA
- unesterified fatty acids
- FATFA

**Stability (from collection to initiation):**

Refrigerated 12 hours, frozen at -20C 1 month.

**Reported:**

Test run Tuesday-Saturday. Turnaround time: 1-3 days.

**CPT Codes:**  
82725-90

**LOINC Codes:**  
15066-4



# Fc Epsilon Receptor Antibody

LAB5386

## ORDERING

**Available Stat:**

No

**Performing Lab:**

IBT Laboratories

**Methodology:**

Ex vivo challenge, cell culture and histamine analysis

**Additional Information:**

Patients with a chronic form of urticaria who are positive with this test have an autoimmune basis for the disorder. A positive result does not indicate which autoantibody (anti-IgE, anti-FC epsilon receptor I or anti-Fc epsilon receptor II) is present.

**Synonyms:**

- Anti-FCe receptor antibody
- Autoimmune chronic urticaria testing
- CU antibody signature

## COLLECTION

**Patient Preparation:**

Patients taking calcineurin inhibitors should stop their medication for 3 days prior to sample collection.

**Sample Type:**

Serum

**Collect:**

Red top (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks. frozen at -20C 1 year.

## PROCESSING

**Test Code:**

CUI

**Sendout:**

Yes

**Performing Lab:**

IBT Laboratories

**Specimen Preparation:**

Send sample at room temperature via overnight shipping to IBT Laboratories, 11274 Renner Blvd, Lenexa, KS, 66219. Ph: 800-637-0370. Order "Chronic Urticaria Testing" test # 2003

If shipping is delayed freeze sample at -20C.

**Preferred Volume:**

1 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks. frozen at -20C 1 year.

## RESULT INTERPRETATION

**Additional Information:**

Patients with a chronic form of urticaria who are positive with this test have an autoimmune basis for the disorder. A positive result does not indicate which autoantibody (anti-IgE, anti-FC epsilon receptor I or anti-Fc epsilon receptor II) is present.

## ADMINISTRATIVE

**CPT Codes:**

86352

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CUI

**Performing Lab:**

IBT Laboratories

**Sendout:**

Yes

**Methodology:**

Ex vivo challenge, cell culture and histamine analysis

**Patient Preparation:**

Patients taking calcineurin inhibitors should stop their medication for 3 days prior to sample collection.

**Collect:**

Red top (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Specimen Preparation:**

Send sample at room temperature via overnight shipping to IBT Laboratories, 11274 Renner Blvd, Lenexa, KS, 66219. Ph: 800-637-0370. Order "Chronic Urticaria Testing" test # 2003

If shipping is delayed freeze sample at -20C.

**Synonyms:**

- Anti-FCε receptor antibody
- Autoimmune chronic urticaria testing
- CU antibody signature

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks. frozen at -20C 1 year.

**Additional Information:**

Patients with a chronic form of urticaria who are positive with this test have an autoimmune basis for the disorder. A positive result does not indicate which autoantibody (anti-IgE, anti-FC epsilon receptor I or anti-Fc epsilon receptor II) is present.

**CPT Codes:**

86352

# Fecal Fat, Qualitative

LC927

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift only

**Methodology:**

Microscopy

**Reported:**

Same day or next weekday

**Additional Information:**

In this microscopic screening technique for determining the presence of fat in stool, Sudan IV stain detects the presence of neutral fats and fatty acids. Neutral fats are composed of one or more fatty acids with an alcohol like glycerol. They include the monoglycerides, diglycerides and triglycerides. Fatty acids are carboxylic acids with a long chain of even numbered carbon atoms. They are usually derived from triglycerides or phospholipids. When they are not attached to other molecules they are known as free fatty acids. Results are reported as Neutral Fat and Total Fat, which includes neutral fat and fatty acids.

Increased neutral fat suggests pancreatic enzyme deficiency. Increased total fat with normal neutral fat suggests inadequate absorption or impaired bile secretion. This is a qualitative method. Confirmation of steatorrhea is best obtained by a quantitative fecal fat analysis (72 hour stool collection).

**Synonyms:**

- fat, qualitative
- fecal fat globules
- free fat stain
- sudan black
- stool fat
- stool lipids
- fecal lipids

## COLLECTION

**Patient Preparation:**

Administration of barium, bismuth, Metamucil, castor oil or mineral within 1 week prior to collection of the specimen is contraindicated.

Patient should not be taking any synthetic fat substitutes (eg. Olestra) or fat blocking nutritional substitutes.

Patient should be on a fat controlled diet with at least 100 g fat per day prior to testing.

**Sample Type:**

Stool

**Collect:**

Sterile container

**Amount to Collect:**

2 g or 2 mL liquid stool

**Preferred Volume:**

2 g or 2 mL liquid stool

**Minimum Volume:**

1 g or 1 mL liquid stool

**Remarks:**

Do not submit stool in preservative. Deliver to laboratory within 24 hours of collection. Refrigerate if not delivered to laboratory within 2 hours of collection.

**Stability (from collection to initiation):**

24 hours refrigerated, 72 hours frozen at -20C

## PROCESSING

**Test Code:**

P408

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Freeze sample at -20C upon receipt at China Basin.

**Preferred Volume:**

2 g or 2 mL liquid stool

**Minimum Volume:**

1 g or 1 mL liquid stool

**Stability (from collection to initiation):**

24 hours refrigerated, 72 hours frozen at -20C

**RESULT INTERPRETATION****Reference Interval:**

Neural fat: Not increased

Total fat: Not increased

**Additional Information:**

In this microscopic screening technique for determining the presence of fat in stool, Sudan IV stain detects the presence of neutral fats and fatty acids. Neutral fats are composed of one or more fatty acids with an alcohol like glycerol. They include the monoglycerides, diglycerides and triglycerides. Fatty acids are carboxylic acids with a long chain of even numbered carbon atoms. They are usually derived from triglycerides or phospholipids. When they are not attached to other molecules they are known as free fatty acids. Results are reported as Neutral Fat and Total Fat, which includes neutral fat and fatty acids.

Increased neutral fat suggests pancreatic enzyme deficiency. Increased total fat with normal neutral fat suggests inadequate absorption or impaired bile secretion. This is a qualitative method. Confirmation of steatorrhea is best obtained by a quantitative fecal fat analysis (72 hour stool collection).

**ADMINISTRATIVE****CPT Codes:**

89125

**LOINC Codes:**

10753-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P408

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift only

**Methodology:**

Microscopy

**Patient Preparation:**

Administration of barium, bismuth, Metamucil, castor oil or mineral within 1 week prior to collection of the specimen is contraindicated.

Patient should not be taking any synthetic fat substitutes (eg. Olestra) or fat blocking nutritional substitutes.

Patient should be on a fat controlled diet with at least 100 g fat per day prior to testing.

**Remarks:**

Do not submit stool in preservative. Deliver to laboratory within 24 hours of collection. Refrigerate if not delivered to laboratory within 2 hours of collection.

**Collect:**

Sterile container

**Amount to Collect:**

2 g or 2 mL liquid stool

**Sample Type:**

Stool

**Preferred Volume:**

2 g or 2 mL liquid stool

**Minimum Volume:**

1 g or 1 mL liquid stool

**Specimen Preparation:**

Freeze sample at -20C upon receipt at China Basin.

**Reference Interval:**

Neural fat: Not increased

Total fat: Not increased

**Synonyms:**

- fat, qualitative
- fecal fat globules
- free fat stain
- sudan black
- stool fat
- stool lipids
- fecal lipids

**Stability (from collection to initiation):**

24 hours refrigerated, 72 hours frozen at -20C

**Reported:**

Same day or next weekday

**Additional Information:**

In this microscopic screening technique for determining the presence of fat in stool, Sudan IV stain detects the presence of neutral fats and fatty acids. Neutral fats are composed of one or more fatty acids with an alcohol like glycerol. They include the monoglycerides, diglycerides and triglycerides. Fatty acids are carboxylic acids with a long chain of even numbered carbon atoms. They are usually derived from triglycerides or phospholipids. When they are not attached to other molecules they are known as free" fatty acids. Results are reported as Neutral Fat and Total Fat, which includes neutral fat and fatty acids.

Increased neutral fat suggests pancreatic enzyme deficiency. Increased total fat with normal neutral fat suggests inadequate absorption or impaired bile secretion. This is a qualitative method. Confirmation of steatorrhea is best obtained by a quantitative fecal fat analysis (72 hour stool collection).

**CPT Codes:**

89125

**LOINC Codes:**

10753-2

# Fecal Fat, Quantitative

LAB392

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Gravimetric (Quest) or Extraction/spectrophotometry (LabCorp)

**Reported:**

Test performed Monday-Friday. Turnaround time: 7 days.

**Additional Information:**

Collections of 24 or 48 hours are not recommended since results are subject to greater variability.

**Synonyms:**

- stool fat
- stool lipids
- fecal lipids

## COLLECTION

**Patient Preparation:**

Patient should be on a diet including 100 grams of fat per day for 3 days prior to collection and during collection period. In children, the amount of fat in the diet should be constant for 1 day before the test and during the test. The patient should not have had mineral oil as a laxative prior to specimen collection.

**Sample Type:**

Timed stool collection (24, 48 or 72 hour)

**Label Abbreviation:**

FATF

**Collect:**

White plastic 1 gallon container

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

20 gm

**Minimum Volume:**

3 gm

**Remarks:**

Keep specimen refrigerated during collection. Place collection container on ice if refrigeration is not possible. Collect stool directly into collection containers. Do not fill any container more than 2/3 full. If another container is necessary (i.e. liquid stool), request second identical type of container from the clinical laboratory.

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 6 days, frozen at -20°C 2 weeks

**Unacceptable Conditions:**

Container not refrigerated during collection. Containers received &gt; 2/3 full

## PROCESSING

**Test Code:**

FATF

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Record total collection time (24, 48 or 72 hours) on test requisition. Request the performing laboratory to report the weight of the stool collection. Freeze entire collection can at -20°C and ship on dry ice to China Basin for sendout.

Order Quest # 455 for non-B&T patients. Order LabCorp test #001354 for B&T patients

**Preferred Volume:**

20 gm

**Minimum Volume:**

3 gm

**Unacceptable Conditions:**

Container not refrigerated during collection. Containers received &gt; 2/3 full

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 6 days, frozen at -20C 2 weeks

**RESULT INTERPRETATION****Units:**

Total g/24 h

**Reference Interval:**

Breast fed infant: &lt; 1

Child 0-6 years: &lt; 2

&gt;= 18 year old-normal diet: &lt; 7

&gt;= 18 year old-low-fat diet: &lt; 4

**Additional Information:**

Collections of 24 or 48 hours are not recommended since results are subject to greater variability.

**ADMINISTRATIVE****CPT Codes:**

82710-90

**LOINC Codes:**

16142-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FATF

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Gravimetric (Quest) or Extraction/spectrophotometry (LabCorp)

**Patient Preparation:**

Patient should be on a diet including 100 grams of fat per day for 3 days prior to collection and during collection period. In children, the amount of fat in the diet should be constant for 1 day before the test and during the test. The patient should not have had mineral oil as a laxative prior to specimen collection.

**Remarks:**

Keep specimen refrigerated during collection. Place collection container on ice if refrigeration is not possible. Collect stool directly into collection containers. Do not fill any container more than 2/3 full. If another container is necessary (i.e. liquid stool), request second identical type of container from the clinical laboratory.

**Collect:**

White plastic 1 gallon container

**Amount to Collect:**

See preferred volume

**Sample Type:**

Timed stool collection (24, 48 or 72 hour)

**Preferred Volume:**

20 gm

**Minimum Volume:**

3 gm

**Unacceptable Conditions:**

Container not refrigerated during collection. Containers received &gt; 2/3 full

**Specimen Preparation:**

Record total collection time (24, 48 or 72 hours) on test requisition. Request the performing laboratory to report the weight of the stool collection. Freeze entire collection can at -20°C and ship on dry ice to China Basin for sendout.

Order Quest # 455 for non-B&T patients. Order LabCorp test #001354 for B&T patients

**Units:**

Total g/24 h

**Reference Interval:**

Breast fed infant: < 1

Child 0-6 years: < 2

>= 18 year old-normal diet: < 7

>= 18 year old-low-fat diet: < 4

**Synonyms:**

- stool fat
- stool lipids
- fecal lipids

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 6 days, frozen at -20C 2 weeks

**Reported:**

Test performed Monday-Friday. Turnaround time: 7 days.

**Additional Information:**

Collections of 24 or 48 hours are not recommended since results are subject to greater variability.

**CPT Codes:**

82710-90

**LOINC Codes:**

16142-2



# Felbamate Level

LAB686

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC

**Reported:**

Run 2x per week. Turnaround time 3-6 days

**Additional Information:**

Felbamate is an anti-epileptic drug used to treat patients with a variety of seizures. Therapeutic monitoring is useful to optimize dose and avoid toxicity.

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

FELB

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Collect level 1 hour prior to next dose when patient is at steady state.

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

FELB

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Order Quest test # 68999P

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top

## RESULT INTERPRETATION

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

30-50 µg/mL

**Additional Information:**

Felbamate is an anti-epileptic drug used to treat patients with a variety of seizures. Therapeutic monitoring is useful to optimize dose and avoid toxicity.

**ADMINISTRATIVE****CPT Codes:**

80299

**LOINC Codes:**

6899-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FELB

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC

**Remarks:**

Collect level 1 hour prior to next dose when patient is at steady state.

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Order Quest test # 68999P

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

30-50 µg/mL

**Reported:**

Run 2x per week. Turnaround time 3-6 days

**Additional Information:**

Felbamate is an anti-epileptic drug used to treat patients with a variety of seizures. Therapeutic monitoring is useful to optimize dose and avoid toxicity.

**CPT Codes:**

80299

**LOINC Codes:**

6899-9

# Fentanyl Screen, Urine

LAB1758

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus &amp; Mission Bay: Homogeneous competitive enzyme immunoassay method (ARK Diagnostics Fentanyl II)

Saint Francis &amp; Saint Marys: Immunalysis SEFRIA™ Fentanyl Urine Enzyme Immunoassay

**Reported:**

Stat: 2 hours

Routine: 4 hours

**Additional Information:**

The Parnassus and Mission Bay assay detects both fentanyl and norfentanyl. Norfentanyl is the major urine metabolite of fentanyl (Smith HS, Mayo Clinic Proc, 2009, 84(7): 613-624). It also detects fentanyl analogues to varying degrees (e.g. acetyl fentanyl, furanyl fentanyl, carfentanil etc). The Saint Francis and St Marys assay detects fentanyl only.

[For a list of cross-reacting substances of the Parnassus and Mission Bay assay click here](#)

[For a list of cross-reacting substances for the Saint Francis and St Mary's assay click here](#)

A concentration of < 1 µg/L is considered negative by this test. A positive result is ≥ 1 µg/L and indicates presence of fentanyl and/or norfentanyl and/or a fentanyl analogue. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This is a presumptive screen for possible fentanyl use within the past 1-3 days. False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Samples are held for 7 days. Confirmatory testing can be ordered as Fentanyl, Quantitative, Urine in Apex as an add-on to the urine sample collected for this immunoassay (Test code FENQNT).

Note: Ciprofloxacin, ofloxacin and metabolites can cause false-positive results on the Parnassus and Mission Bay fentanyl immunoassay. (Ref: Fitch B, Clin Chem 2023, 69(3): 222-225).

Trazodone, labetalol and haloperidol (Ref: Wang et al, Drug Alcohol Depend 2024, 259:111287) and loperamide and metabolites (Ref: Walsh et al, 2025, J Appl Lab Med, Aug 20:jfaf110) can cause false-positive results on the Saint Francis and Saint Mary's fentanyl immunoassay.

**Synonyms:**

- Fentanyl
- Norfentanyl
- Fentanyl analogues (acetyl fentanyl, furanyl fentanyl)
- Abstral
- Actiq
- Duragesic
- Fentora
- Innovar
- Instanyl
- Ionsys
- Lazanda
- Onsolis
- Sublimaze
- Subsys
- FEN

## COLLECTION

**Sample Type:**

Urine

**Collect:**

Urine cup

**Amount to Collect:**

10 mL

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 6 months

**PROCESSING****Test Code:**

FEN

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 6 months

**RESULT INTERPRETATION****Reference Interval:**

Negative

(Note: a negative result indicates that fentanyl is not present, or it is present at a concentration below the cut-off concentration of 1 µg/L)

**Additional Information:**

The Parnassus and Mission Bay assay detects both fentanyl and norfentanyl. Norfentanyl is the major urine metabolite of fentanyl (Smith HS, Mayo Clinic Proc, 2009, 84(7): 613-624). It also detects fentanyl analogues to varying degrees (e.g. acetyl fentanyl, furanyl fentanyl, carfentanil etc). The Saint Francis and St Marys assay detects fentanyl only.

[For a list of cross-reacting substances of the Parnassus and Mission Bay assay click here](#)

[For a list of cross-reacting substances for the Saint Francis and St Mary's assay click here](#)

A concentration of < 1 µg/L is considered negative by this test. A positive result is ≥ 1 µg/L and indicates presence of fentanyl and/or norfentanyl and/or a fentanyl analogue. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This is a presumptive screen for possible fentanyl use within the past 1-3 days. False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Samples are held for 7 days. Confirmatory testing can be ordered as Fentanyl, Quantitative, Urine in ApeX as an add-on to the urine sample collected for this immunoassay (Test code FENQNT).

Note: Ciprofloxacin, ofloxacin and metabolites can cause false-positive results on the Parnassus and Mission Bay fentanyl immunoassay. (Ref: Fitch B, Clin Chem 2023, 69(3): 222-225).

Trazodone, labetalol and haloperidol (Ref: Wang et al, Drug Alcohol Depend 2024, 259:111287) and loperamide and metabolites (Ref: Walsh et al, 2025, J Appl Lab Med, Aug 20:jfaf110) can cause false-positive results on the Saint Francis and Saint Mary's fentanyl immunoassay.

**ADMINISTRATIVE****CPT Codes:**

80307

**LOINC Codes:**

59673-4

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

FEN

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus & Mission Bay: Homogeneous competitive enzyme immunoassay method (ARK Diagnostics Fentanyl II)

Saint Francis & Saint Marys: Immunalysis SEFRIA™ Fentanyl Urine Enzyme Immunoassay

**Collect:**

Urine cup

**Amount to Collect:**

10 mL

**Sample Type:**

Urine

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Reference Interval:**

Negative

(Note: a negative result indicates that fentanyl is not present, or it is present at a concentration below the cut-off concentration of 1 µg/L)

**Synonyms:**

- Fentanyl
- Norfentanyl
- Fentanyl analogues (acetyl fentanyl, furanyl fentanyl)
- Abstral
- Actiq
- Duragesic
- Fentora
- Innovar
- Instanyl
- Ionsys
- Lazanda
- Onsolis
- Sublimaze
- Subsys
- FEN

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 6 months

**Reported:**

Stat: 2 hours

Routine: 4 hours

**Additional Information:**

The Parnassus and Mission Bay assay detects both fentanyl and norfentanyl. Norfentanyl is the major urine metabolite of fentanyl (Smith HS, Mayo Clinic Proc, 2009, 84(7): 613-624). It also detects fentanyl analogues to varying degrees (e.g. acetyl fentanyl, furanyl fentanyl, carfentanil etc). The Saint Francis and St Marys assay detects fentanyl only.

[For a list of cross-reacting substances of the Parnassus and Mission Bay assay click here](#)

[For a list of cross-reacting substances for the Saint Francis and St Mary's assay click here](#)

A concentration of < 1 µg/L is considered negative by this test. A positive result is ≥ 1 µg/L and indicates presence of fentanyl and/or norfentanyl and/or a fentanyl analogue. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This is a presumptive screen for possible fentanyl use within the past 1-3 days. False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Samples are held for 7 days. Confirmatory testing can be ordered as Fentanyl, Quantitative, Urine in Apex as an add-on to the urine sample collected for this immunoassay (Test code FENQNT).

Note: Ciprofloxacin, ofloxacin and metabolites can cause false-positive results on the Parnassus and Mission Bay fentanyl immunoassay. (Ref: Fitch B, Clin Chem 2023, 69(3): 222-225).

Trazodone, labetalol and haloperidol (Ref: Wang et al, Drug Alcohol Depend 2024, 259:111287) and loperamide and metabolites (Ref: Walsh et al, 2025, J Appl Lab Med, Aug 20:jfaf110) can cause false-positive results on the Saint Francis and Saint Mary's fentanyl immunoassay.

**CPT Codes:**

80307

**LOINC Codes:**

59673-4

**Fentanyl, Quantitative, Urine**  
LAB12072

**ORDERING**

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Mon-Sat

**Methodology:**

Mass Spectrometry

**Reported:**

2-3 days

**Synonyms:**

- Fentanyl confirmation

**COLLECTION**

**Sample Type:**

Urine

**Label Abbreviation:**

FENQNT

**Collect:**

Clean container

**Amount to Collect:**

20 mL

**Preferred Volume:**

20 mL

**Minimum Volume:**

7 mL

**Stability (from collection to initiation):**

Room temperature: 5 days

Refrigerated: 7 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Preserved samples

**PROCESSING**

**Test Code:**

FENQNT

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Order Quest # 39393

**Preferred Volume:**

20 mL

**Minimum Volume:**

7 mL

**Unacceptable Conditions:**

Preserved samples

**Stability (from collection to initiation):**

Room temperature: 5 days

Refrigerated: 7 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

Fentanyl &lt;0.50 ng/mL

Norfentanyl &lt;0.50 ng/mL

**Interpretive Data:**

Drug Monitoring, Fentanyl, Quantitative, Urine - Fentanyl is an opioid analgesic with a potency approximately 80 times that of morphine. The test is a definitive assay using liquid chromatography mass spectroscopy (LC/MS/MS) methodology.

Therapeutic urine drug monitoring of fentanyl is important for ensuring compliance to treatment strategies, as well as ensuring non-diversion for illicit purposes. Urine or oral fluid are the specimens of choice for routine monitoring of patients taking prescription drugs. Use of serum/plasma should be limited to anuretic patients, or where a patient's clinical appearance does not coincide with their prescribed medications. No single monitoring approach provides adequate information about the pattern or dose of patient drug use. Safest prescribing habits should include a combination of tools and laboratory test results to correctly detect drug use patterns. Quantitative values cannot be used to assess the drug dose, because the drug is extensively metabolized and excreted in the urine.

**ADMINISTRATIVE****CPT Codes:**

80354

**LOINC Codes:**

3637-6, 11075-9, 54247-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FENQNT

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Mon-Sat

**Methodology:**

Mass Spectrometry

**Collect:**

Clean container

**Amount to Collect:**

20 mL

**Sample Type:**

Urine

**Preferred Volume:**

20 mL

**Minimum Volume:**

7 mL

**Unacceptable Conditions:**

Preserved samples

**Specimen Preparation:**

Order Quest # 39393

**Units:**

ng/mL



**Reference Interval:**

Fentanyl <0.50 ng/mL  
Norfentanyl <0.50 ng/mL

**Interpretive Data:**

Drug Monitoring, Fentanyl, Quantitative, Urine - Fentanyl is an opioid analgesic with a potency approximately 80 times that of morphine. The test is a definitive assay using liquid chromatography mass spectroscopy (LC/MS/MS) methodology. Therapeutic urine drug monitoring of fentanyl is important for ensuring compliance to treatment strategies, as well as ensuring non-diversion for illicit purposes. Urine or oral fluid are the specimens of choice for routine monitoring of patients taking prescription drugs. Use of serum/plasma should be limited to anuric patients, or where a patient's clinical appearance does not coincide with their prescribed medications. No single monitoring approach provides adequate information about the pattern or dose of patient drug use. Safest prescribing habits should include a combination of tools and laboratory test results to correctly detect drug use patterns. Quantitative values cannot be used to assess the drug dose, because the drug is extensively metabolized and excreted in the urine.

**Synonyms:**

- Fentanyl confirmation

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: 5 days  
Refrigerated: 7 days  
Frozen: 30 days

**Reported:**

2-3 days

**CPT Codes:**

80354

**LOINC Codes:**

3637-6, 11075-9, 54247-2

# Ferritin

LAB68

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay &amp; Mount Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week.

**Methodology:**

Parnassus and Mission Bay: Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000SR)

Mount Zion: Chemiluminescent Microparticle Immunoassay (Abbott Architect ci4100)

**Reported:**

1 day

**Additional Information:**

Ferritin is a more sensitive test of iron stores than serum iron, transferrin saturation (saturation of iron-binding capacity) or RBC indices. Iron-deficient erythropoiesis begins at ferritin levels of 25-40 µg/L, within the reference range; a cutoff level of 16 yields a sensitivity of 75% and a specificity of 98% (Hallberg L et al. Br J Haematol 1993;85:787).

Markedly elevated levels may be seen in some infections, in hemochromatosis, in patients with repeated red cell transfusions (e.g. thalassemia) and in Hemophagocytic Lymphohistiocytosis (HLH)

Grossly hemolyzed samples may give falsely elevated results by as much as 60% due to the release of intracellular ferritin.

If a sample is found to be grossly hemolyzed (>200 mg/dL hemoglobin, (hemolytic index >5)), add an ETC comment "HEMIN" (hemolysis present, may tend to increase result)."

If a sample is found to be grossly icteric (bilirubin > 20 mg/dL, icteric index >20) add an ETC comment ICTUNK" (Specimen grossly icteric or discolored, effect on most assay results is unknown).

**Synonyms:**

- FERR

## COLLECTION

**Sample Type:**

Heparinized plasma (preferred) or Serum.

**Label Abbreviation:**

FERR

**Collect:**

Light green top preferred. Gold or Red top acceptable.

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.25 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature: 24 hours

Refrigerated (2-8°C): 7 days

Freezer (-10°C or colder): 12 months

## PROCESSING

**Test Code:**

FERR

**Performing Lab:**

Parnassus, Mission Bay &amp; Mount Zion Chemistry

**Specimen Preparation:**

Refrigerate

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.25 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature: 24 hours

Refrigerated (2-8°C): 7 days

Freezer (-10°C or colder): 12 months

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:****PEDIATRIC**

| AGE                  | MALE (ng/mL) | FEMALE (ng/mL) |
|----------------------|--------------|----------------|
| 4 - 14 days          | 100 - 717    | 100 - 717      |
| 15 days - < 6 months | 14 - 647     | 14 - 647       |
| 6 months - < 1 year  | 8 - 182      | 8 - 182        |
| 1 - < 5 years        | 5 - 100      | 5 - 100        |
| 5 - < 14 years       | 14 - 79      | 14 - 79        |
| 14 - < 16 years      | 13 - 83      | 5 - 67         |
| 16 - < 19 years      | 11 - 172     | 5 - 67         |

Pediatric reference intervals adopted from UCSF Clinical Laboratories at China Basin based on the Abbott Architect method. China Basin reference intervals originally adopted in 2017 from CALIPER Pediatric Reference Intervals based on method comparison studies performed in 2016 using patient samples run on the Abbott Architect Ferritin assay.

**ADULT**

| AGE                | MALE (ng/mL) | FEMALE (ng/mL) |
|--------------------|--------------|----------------|
| 19 - 29 years      | 38 - 270     | 12 - 114       |
| 30 - 39 years      | 48 - 420     | 12 - 160       |
| 40 - 49 years      | 30 - 490     | 12 - 240       |
| 50 years and older | 30 - 530     | 18 - 340       |

Adult reference intervals adopted from UCSF Clinical Laboratories at China Basin based on the Abbott Architect method. China Basin reference intervals originally adopted in 2017 from ARUP Laboratories based on method comparison studies performed in 2016 using patient samples run on the Abbott Architect Ferritin assay.

**Additional Information:**

Ferritin is a more sensitive test of iron stores than serum iron, transferrin saturation (saturation of iron-binding capacity) or RBC indices. Iron-deficient erythropoiesis begins at ferritin levels of 25-40 µg/L, within the reference range; a cutoff level of 16 yields a sensitivity of 75% and a specificity of 98% (Hallberg L et al. Br J Haematol 1993;85:787).

Markedly elevated levels may be seen in some infections, in hemochromatosis, in patients with repeated red cell transfusions (e.g. thalassemia) and in Hemophagocytic Lymphohistiocytosis (HLH)

Grossly hemolyzed samples may give falsely elevated results by as much as 60% due to the release of intracellular ferritin.

If a sample is found to be grossly hemolyzed (>200 mg/dL hemoglobin, (hemolytic index >5)), add an ETC comment "HEMIN" (hemolysis present, may tend to increase result)."

If a sample is found to be grossly icteric (bilirubin > 20 mg/dL, icteric index >20) add an ETC comment ICTUNK" (Specimen grossly icteric or discolored, effect on most assay results is unknown).

**Interpretive Data:**

Ferritin is a more sensitive test of iron stores than serum iron, transferrin saturation (saturation of iron-binding capacity) or RBC indices. Iron-deficient erythropoiesis begins at ferritin levels of 25-40 µg/L, within the reference range; a cutoff level of 16 yields a sensitivity of 75% and a specificity of 98% (Hallberg L et al. Br J Haematol 1993;85:787).

Markedly elevated levels may be seen in some infections, in hemochromatosis, in patients with repeated red cell transfusions (e.g. thalassemia) and in Hemophagocytic Lymphohistiocytosis (HLH)

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If a sample is found to be grossly icteric (bilirubin > 20 mg/dL, icteric index >20) add an ETC comment ICTUNK" (Specimen grossly icteric or discolored, effect on most assay results is unknown).

**ADMINISTRATIVE****CPT Codes:**

82728

**LOINC Codes:**

2276-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FERR

**Performing Lab:**

Parnassus, Mission Bay & Mount Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week.

**Methodology:**

Parnassus and Mission Bay: Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000SR)

Mount Zion: Chemiluminescent Microparticle Immunoassay (Abbott Architect ci4100)

**Collect:**

Light green top preferred. Gold or Red top acceptable.

**Amount to Collect:**

1 mL blood

**Sample Type:**

Heparinized plasma (preferred) or Serum.

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.25 mL serum or plasma

**Specimen Preparation:**

Refrigerate

**Units:**

ng/mL

**Reference Interval:****PEDIATRIC**

| AGE                  | MALE (ng/mL) | FEMALE (ng/mL) |
|----------------------|--------------|----------------|
| 4 - 14 days          | 100 - 717    | 100 - 717      |
| 15 days - < 6 months | 14 - 647     | 14 - 647       |
| 6 months - < 1 year  | 8 - 182      | 8 - 182        |
| 1 - < 5 years        | 5 - 100      | 5 - 100        |
| 5 - < 14 years       | 14 - 79      | 14 - 79        |
| 14 - < 16 years      | 13 - 83      | 5 - 67         |
| 16 - < 19 years      | 11 - 172     | 5 - 67         |

Pediatric reference intervals adopted from UCSF Clinical Laboratories at China Basin based on the Abbott Architect method. China Basin reference intervals originally adopted in 2017 from CALIPER Pediatric Reference Intervals based on method comparison studies performed in 2016 using patient samples run on the Abbott Architect Ferritin assay.

**ADULT**

| AGE                | MALE (ng/mL) | FEMALE (ng/mL) |
|--------------------|--------------|----------------|
| 19 - 29 years      | 38 - 270     | 12 - 114       |
| 30 - 39 years      | 48 - 420     | 12 - 160       |
| 40 - 49 years      | 30 - 490     | 12 - 240       |
| 50 years and older | 30 - 530     | 18 - 340       |

Adult reference intervals adopted from UCSF Clinical Laboratories at China Basin based on the Abbott Architect method. China Basin reference intervals originally adopted in 2017 from ARUP Laboratories based on method comparison studies performed in 2016 using patient samples run on the Abbott Architect Ferritin assay.

**Interpretive Data:**

Ferritin is a more sensitive test of iron stores than serum iron, transferrin saturation (saturation of iron-binding capacity) or RBC indices. Iron-deficient erythropoiesis begins at ferritin levels of 25-40 µg/L, within the reference range; a cutoff level of 16 yields a sensitivity of 75% and a specificity of 98% (Hallberg L et al. Br J Haematol 1993;85:787).

Markedly elevated levels may be seen in some infections, in hemochromatosis, in patients with repeated red cell transfusions (e.g. thalassemia) and in Hemophagocytic Lymphohistiocytosis (HLH)

Grossly hemolyzed samples may give falsely elevated results by as much as 60% due to the release of intracellular ferritin.

If a sample is found to be grossly hemolyzed (>200 mg/dL hemoglobin, (hemolytic index >200)), add an ETC comment "HEMIN" (hemolysis present, may tend to increase result).

If a sample is found to be grossly icteric (bilirubin > 20 mg/dL, icteric index >20) add an ETC comment ICTUNK" (Specimen grossly icteric or discolored, effect on most assay results is unknown).

**Synonyms:**

- FERR

**Stability (from collection to initiation):**

Room temperature: 24 hours

Refrigerated (2-8°C): 7 days

Freezer (-10°C or colder): 12 months

**Reported:**

1 day

**Additional Information:**

Ferritin is a more sensitive test of iron stores than serum iron, transferrin saturation (saturation of iron-binding capacity) or RBC indices. Iron-deficient erythropoiesis begins at ferritin levels of 25-40 µg/L, within the reference range; a cutoff level of 16 yields a sensitivity of 75% and a specificity of 98% (Hallberg L et al. Br J Haematol 1993;85:787).

Markedly elevated levels may be seen in some infections, in hemochromatosis, in patients with repeated red cell transfusions (e.g. thalassemia) and in Hemophagocytic Lymphohistiocytosis (HLH)

Grossly hemolyzed samples may give falsely elevated results by as much as 60% due to the release of intracellular ferritin.

If a sample is found to be grossly hemolyzed (>200 mg/dL hemoglobin, (hemolytic index >5)), add an ETC comment "HEMIN" (hemolysis present, may tend to increase result)."

If a sample is found to be grossly icteric (bilirubin > 20 mg/dL, icteric index >20) add an ETC comment ICTUNK" (Specimen grossly icteric or discolored, effect on most assay results is unknown).

**CPT Codes:**

82728

**LOINC Codes:**

2276-4

# Fetal Bleed Screen

LAB896

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus &amp; Mission Bay Parnassus &amp; Mission Bay Blood Bankss

**Additional Information:**

A qualitative screening test for **Rh positive** fetal red blood cells in an **Rh negative** mother's circulation. This test is performed automatically by the Blood Bank when Rh Immune Globulin (Rhogam) is ordered.

This test is primarily used to determine the need for additional Rhogan doses and if positive the "Fetal cells, Quantitative" (Kleihauer-Betke) test should be performed in order to calculate the additional Rhogam needed.

This test cannot be used to determine the extent of a fetal-maternal hemorrhage in an Rh positive woman. In that setting the Fetal Cells, Quantitative test should be ordered.

**Reflex Testing:**

If positive, the sample is referred to hematology for Kleihauer-Betke testing to determine the extent of the bleed and to calculate the Rhogam dosage. The Kleihauer-Betke test is billed separately.

**Synonyms:**

- Rosettings test
- Rh positive fetal red cells
- Rh positive fetal RBC's

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled or unlabeled sample

## PROCESSING

**Test Code:**

FBLD

**Performing Lab:**

Parnassus &amp; Mission Bay Parnassus &amp; Mission Bay Blood Bankss

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled or unlabeled sample

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

A qualitative screening test for **Rh positive** fetal red blood cells in an **Rh negative** mother's circulation. This test is performed automatically by the Blood Bank when Rh Immune Globulin (Rhogam) is ordered.

This test is primarily used to determine the need for additional Rhogan doses and if positive the "Fetal cells, Quantitative" (Kleihauer-Betke) test should be performed in order to calculate the additional Rhogam needed.

This test cannot be used to determine the extent of a fetal-maternal hemorrhage in an Rh positive woman. In that setting the Fetal Cells, Quantitative test should be ordered.

**ADMINISTRATIVE****CPT Codes:**

85461

**LOINC Codes:**

33900-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FBLD

**Performing Lab:**

Parnassus &amp; Mission Bay Parnassus &amp; Mission Bay Blood Bankss

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled or unlabeled sample

**Reference Interval:**

Negative

**Synonyms:**

- Rosettings test
- Rh positive fetal red cells
- Rh positive fetal RBC's

**Reflex Testing:**

If positive, the sample is referred to hematology for Kleihauer-Betke testing to determine the extent of the bleed and to calculate the Rhogam dosage. The Kleihauer-Betke test is billed separately.

**Additional Information:**

A qualitative screening test for **Rh positive** fetal red blood cells in an **Rh negative** mother's circulation. This test is performed automatically by the Blood Bank when Rh Immune Globulin (Rhogam) is ordered.

This test is primarily used to determine the need for additional Rhogan doses and if positive the "Fetal cells, Quantitative" (Kleihauer-Betke) test should be performed in order to calculate the additional Rhogam needed.

This test cannot be used to determine the extent of a fetal-maternal hemorrhage in an Rh positive woman. In that setting the Fetal Cells, Quantitative test should be ordered.

**CPT Codes:**

85461

**LOINC Codes:**

33900-2



# Fetal Fibronectin

LAB287

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Immunoassay (Adeza TLi)

**Reported:**

4 hours

**Additional Information:**

Detection of fetal fibronectin in cervico-vaginal secretions is associated with preterm delivery in symptomatic pregnant women between 24 weeks and 34 weeks, 6 days gestation and in asymptomatic pregnant women 22 weeks to 30 weeks, 6 days gestation.

Specimens should be obtained prior to collection of culture specimens, digital cervical examination or vaginal probe by ultrasound examination, as manipulation of the cervix may cause the release of fetal fibronectin.

Fetal fibronectin tests are not intended for use in women with moderate or gross vaginal bleeding, known placental abruption, or placental previa.

Call x3-1501 when more collection tubes and swabs are needed; allow at least 24 hours for delivery of collection kits.

**Synonyms:**

- FFN
- fibronectin, fetal

## COLLECTION

**Patient Preparation:**

Patient specimens should not be tested if the patient has had sexual intercourse within 24 hours prior to sampling time.

**Sample Type:**

Vaginal fluid

**Label Abbreviation:**

FFN

**Collect:**

Special container with holding medium for dacron swab (available from lab x3-1501). The collection tube and swab should be stored at room temperature.

**Remarks:**

Specimens should be obtained prior to collection of culture specimens, digital cervical examination or vaginal probe by ultrasound examination, as manipulation of the cervix may cause the release of fetal fibronectin.

Care must be taken not to contaminate the Dacron collection swab or cervicovaginal secretions with lubricants, soaps, disinfectants or creams.

Fetal fibronectin tests are not intended for use in women with moderate or gross vaginal bleeding, known placental abruption, or placental previa.

Once the specimen is collected, store the collection tube and sample at 4C and transport to laboratory within 24 hours of collection.

**Stability (from collection to initiation):**

Specimens that are not tested within eight (8) hours of collection must be stored refrigerated at 2-8°C  
Room Temperature 8 hours, Refrigerated 3 days, frozen at -20C 3 months

**Unacceptable Conditions:**

Delivered to lab > 24 hours after collection.  
Sample not refrigerated at 2 to 8 °C within 8 hours of collection.

## PROCESSING

**Test Code:**

FFN

**Performing Lab:**

Mission Bay Chemistry

**Specimen Preparation:**

The collection tube and swab should be stored at room temperature.

**Unacceptable Conditions:**

Delivered to lab &gt; 24 hours after collection.

Sample not refrigerated at 2 to 8 °C within 8 hours of collection.

**Stability (from collection to initiation):**

Specimens that are not tested within eight (8) hours of collection must be stored refrigerated at 2-8°C

Room Temperature 8 hours, Refrigerated 3 days, frozen at -20C 3 months

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Detection of fetal fibronectin in cervico-vaginal secretions is associated with preterm delivery in symptomatic pregnant women between 24 weeks and 34 weeks, 6 days gestation and in asymptomatic pregnant women 22 weeks to 30 weeks, 6 days gestation.

Specimens should be obtained prior to collection of culture specimens, digital cervical examination or vaginal probe by ultrasound examination, as manipulation of the cervix may cause the release of fetal fibronectin.

Fetal fibronectin tests are not intended for use in women with moderate or gross vaginal bleeding, known placental abruption, or placental previa.

Call x3-1501 when more collection tubes and swabs are needed; allow at least 24 hours for delivery of collection kits.

**ADMINISTRATIVE****CPT Codes:**

82731

**LOINC Codes:**

20404-0

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

FFN

**Performing Lab:**

Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Immunoassay (Adeza TLi)

**Patient Preparation:**

Patient specimens should not be tested if the patient has had sexual intercourse within 24 hours prior to sampling time.

**Remarks:**

Specimens should be obtained prior to collection of culture specimens, digital cervical examination or vaginal probe by ultrasound examination, as manipulation of the cervix may cause the release of fetal fibronectin.

Care must be taken not to contaminate the Dacron collection swab or cervicovaginal secretions with lubricants, soaps, disinfectants or creams.

Fetal fibronectin tests are not intended for use in women with moderate or gross vaginal bleeding, known placental abruption, or placental previa.

Once the specimen is collected, store the collection tube and sample at 4C and transport to laboratory within 24 hours of collection.

**Collect:**

Special container with holding medium for dacron swab (available from lab x3-1501). The collection tube and swab should be stored at room temperature.

**Sample Type:**

Vaginal fluid

**Unacceptable Conditions:**

- Delivered to lab > 24 hours after collection.
- Sample not refrigerated at 2 to 8 °C within 8 hours of collection.

**Specimen Preparation:**

The collection tube and swab should be stored at room temperature.

**Reference Interval:**

Negative

**Synonyms:**

- FFN
- fibronectin, fetal

**Stability (from collection to initiation):**

Specimens that are not tested within eight (8) hours of collection must be stored refrigerated at 2-8°C  
Room Temperature 8 hours, Refrigerated 3 days, frozen at -20C 3 months

**Reported:**

4 hours

**Additional Information:**

Detection of fetal fibronectin in cervico-vaginal secretions is associated with preterm delivery in symptomatic pregnant women between 24 weeks and 34 weeks, 6 days gestation and in asymptomatic pregnant women 22 weeks to 30 weeks, 6 days gestation.

Specimens should be obtained prior to collection of culture specimens, digital cervical examination or vaginal probe by ultrasound examination, as manipulation of the cervix may cause the release of fetal fibronectin.

Fetal fibronectin tests are not intended for use in women with moderate or gross vaginal bleeding, known placental abruption, or placental previa.

Call x3-1501 when more collection tubes and swabs are needed; allow at least 24 hours for delivery of collection kits.

**CPT Codes:**

82731

**LOINC Codes:**

20404-0

# FGFR1 8p11 Break Apart FISH

FGFR1, BFGFR1

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-Situ Hybridization

**Reported:**

1-2 weeks

**Synonyms:**

- FGFR1 8p Break apart rearrangement FISH
- FGFR1
- BFGFR1

## COLLECTION

**Sample Type:**

Heparinized blood or bone marrow aspirateBone biopsy

**Collect:**

Blood or marrow aspirate: Dark Green top

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow core: 1 cm

**Remarks:**

Mix blood and marrow aspirates well

**Stability (from collection to initiation):**

2 days at room temperature

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin

## PROCESSING

**Test Code:**

BFGFR1: Blood

FGFR1: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature; Do Not Refrigerate or freeze. Do Not centrifuge.

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow core: 1 cm

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin

**Stability (from collection to initiation):**

2 days at room temperature

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BFGFR1: Blood

FGFR1: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-Situ Hybridization

**Remarks:**

Mix blood and marrow aspirates well

**Collect:**

Blood or marrow aspirate: Dark Green top

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Sample Type:**

Heparinized blood or bone marrow aspirateBone biopsy

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow core: 1 cm

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin

**Specimen Preparation:**

Maintain sample at room temperature; Do Not Refrigerate or freeze. Do Not centrifuge.

**Synonyms:**

- FGFR1 8p Break apart rearrangement FISH
- FGFR1
- BFGFR1

**Stability (from collection to initiation):**

2 days at room temperature

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

# Fibrinogen, Antigenic

LAB1121

## ORDERING

### Ordering Recommendations:

Should only be ordered in patients with low levels of fibrinogen by functional assay.

### Approval Required:

No, however antigenic fibrinogen will only be performed if the functional fibrinogen is low.

### Available Stat:

No

### Performing Lab:

Quest

### Methodology:

Nephelometry

### Reported:

Test is run Tuesday and Friday. Turnaround time: 7-10 days

### Additional Information:

Use only to evaluate suspected abnormal fibrinogen.

Rare individuals have a bleeding diathesis or a thrombotic tendency due to the presence of an abnormal fibrinogen (dysfibrinogenemia). This is most commonly hereditary, but dysfibrinogenemia with a bleeding tendency can be acquired in liver disease. In addition to functional fibrinogen and immunologic fibrinogen, thrombin time and reptilase time may be useful in evaluation for hereditary dysfibrinogenemia.

### Reflex Testing:

If an abnormal fibrinogen is suspected, a functional fibrinogen and immunologic fibrinogen (fibrinogen, antigenic) must be run on the same sample. Therefore, if only a fibrinogen antigen is ordered, a functional fibrinogen will be automatically added and separately charged. The Fibrinogen antigen will only be performed if the Functional Fibrinogen is low. If the Functional Fibrinogen is normal, then the Fibrinogen antigen will be cancelled with the notation: Test Not Indicated. In the rare circumstance in which the functional fibrinogen is normal and an assessment for dysfibrinogenemia is nevertheless essential, please contact the hematology laboratory (Parnassus: 3-1747, Mission Bay: call 6-0194) to request that the immunologic fibrinogen be performed.

### Synonyms:

- Factor I
- Fibrinogen antigen
- Immunologic fibrinogen
- Quantitative fibrinogen

## COLLECTION

### Patient Preparation:

Overnight fasting is required

### Sample Type:

Citrated plasma

### Label Abbreviation:

FIBAG

### Collect:

Blue top filled to full extent of vacuum

### Amount to Collect:

2.7 mL blood

### Preferred Volume:

1 mL plasma

### Minimum Volume:

0.5 mL plasma (1.0 mL for LabCorp)

### Remarks:

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

### Stability (from collection to initiation):

Refrigerated 3 days, frozen at -20C 3 months.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Hemolyzed sample.

**Rejection Criteria:**

Sample received unfrozen

**PROCESSING****Test Code:**

FIBAG

**Test Group:**

Fibrinogen

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Central Processing: Deliver whole blood sample to Hematology Lab ASAP.

Hematology: Freeze plasma at -20C. If approved, ship frozen to Quest Nichols, test code #37801X.

For Brown & Toland patient, order BTMOLT. Ship frozen to LabCorp, test # 117052

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma (1.0 mL for LabCorp)

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Hemolyzed sample.

**Rejection Criteria:**

Sample received unfrozen

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen at -20C 3 months.

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

180-350 mg/dL

**Additional Information:**

Use only to evaluate suspected abnormal fibrinogen.

Rare individuals have a bleeding diathesis or a thrombotic tendency due to the presence of an abnormal fibrinogen (dysfibrinogenemia). This is most commonly hereditary, but dysfibrinogenemia with a bleeding tendency can be acquired in liver disease. In addition to functional fibrinogen and immunologic fibrinogen, thrombin time and reptilase time may be useful in evaluation for hereditary dysfibrinogenemia.

**ADMINISTRATIVE****CPT Codes:**

85385-90

**LOINC Codes:**

42772-4

**COMPLETE VIEW****Approval Required:**

No, however antigenic fibrinogen will only be performed if the functional fibrinogen is low.

**Available Stat:**

No

**Ordering Recommendations:**

Should only be ordered in patients with low levels of fibrinogen by functional assay.

**Test Code:**

FIBAG

**Test Group:**

Fibrinogen

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Nephelometry

**Patient Preparation:**

Overnight fasting is required

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma (1.0 mL for LabCorp)

**Rejection Criteria:**

Sample received unfrozen

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Hemolyzed sample.

**Specimen Preparation:**

Central Processing: Deliver whole blood sample to Hematology Lab ASAP.

Hematology: Freeze plasma at -20C. If approved, ship frozen to Quest Nichols, test code #37801X.

For Brown &amp; Toland patient, order BTMOLT. Ship frozen to LabCorp, test # 117052

**Units:**

mg/dL

**Reference Interval:**

180-350 mg/dL

**Synonyms:**

- Factor I
- Fibrinogen antigen
- Immunologic fibrinogen
- Quantitative fibrinogen

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen at -20C 3 months.

**Reported:**

Test is run Tuesday and Friday. Turnaround time: 7-10 days

**Reflex Testing:**

If an abnormal fibrinogen is suspected, a functional fibrinogen and immunologic fibrinogen (fibrinogen, antigenic) must be run on the same sample. Therefore, if only a fibrinogen antigen is ordered, a functional fibrinogen will be automatically added and separately charged. The Fibrinogen antigen will only be performed if the Functional Fibrinogen is low. If the Functional Fibrinogen is normal, then the Fibrinogen antigen will be cancelled with the notation: Test Not Indicated. In the rare circumstance in which the functional fibrinogen is normal and an assessment for dysfibrinogenemia is nevertheless essential, please contact the hematology laboratory (Parnassus: 3-1747, Mission Bay: call 6-0194) to request that the immunologic fibrinogen be performed.

**Additional Information:**

Use only to evaluate suspected abnormal fibrinogen.

Rare individuals have a bleeding diathesis or a thrombotic tendency due to the presence of an abnormal fibrinogen (dysfibrinogenemia). This is most commonly hereditary, but dysfibrinogenemia with a bleeding tendency can be acquired in liver disease. In addition to functional fibrinogen and immunologic fibrinogen, thrombin time and reptilase time may be useful in evaluation for hereditary dysfibrinogenemia.



**CPT Codes:**

85385-90

**LOINC Codes:**

42772-4

# Fibrinogen, Functional

LAB314

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center

Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Fibrinogen results may be inaccurate in patients who have recently received fibrinolytic therapy: 1. Running additional assays can help clarify whether a low functional fibrinogen is due to hypofibrinogenemia, dysfibrinogenemia (abnormal fibrinogen), an unusually high level of heparin contamination, or other problem such as DIC with high fibrin split products.a. If a dysfibrinogenemia is suspected, an immunologic fibrinogen (Fibrinogen, Antigenic) may be added to the same sample if requested within stability period (4 hours after collection).b. If DIC is suspected, FDD (Fibrin D-Dimer) may be added to the same sample if requested within stability period (4 hours after collection).c. Thrombin Time and/or Reptilase Assay may also be useful in evaluation of a low functional fibrinogen.  
2. Direct thrombin inhibitors may interfere with fibrinogen measurement when fibrinogen levels are less than 150 mg/dL. In this setting, the reported fibrinogen may be inaccurately decreased relative to the true value. (As an example: in a patient receiving argatroban, a reported level of 70 mg/dL would indicate that the true fibrinogen level is between 70 and 150 mg/dL). In this setting, an accurate value cannot be determined.  
3. Fibrinogen results may be inaccurate in patients who have recently received fibrinolytic therapy.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Synonyms:**

- Factor I
- Quantitative fibrinogen
- functional fibrinogen

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue (2.7 mL) or Lt. Blue (1.8 mL) top filled to full extent of vacuum

**Amount to Collect:**

Blue top: 2.7 mL blood  
Lt. Blue top: 1.8 mL blood

Note: If hepabsorption is required draw a full Blue top (2.7 mL)

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

1 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap..

For patients with Hct's  $\geq 55\%$  please contact Hematology (For Parnassus patients call 3-1747, for Mission Bay patients call 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

Specimen is stable for up to 24 hours at room temperature.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**PROCESSING****Test Code:**

FIB

**Test Group:**

Fibrinogen

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center

Peninsula Outpatient Center

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Stability (from collection to initiation):**

Specimen is stable for up to 24 hours at room temperature.

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

202-430 mg/dL

**Note::** Fibrinogen results may be inaccurate in patients who have recently received fibrinolytic therapy.

**Critical Values:**

$\leq 100$  mg/dL if new finding within previous 24 hours. A value  $\leq 50$  mg/dL is always phoned.

**Additional Information:**

Fibrinogen results may be inaccurate in patients who have recently received fibrinolytic therapy: 1. Running additional assays can help clarify whether a low functional fibrinogen is due to hypofibrinogenemia, dysfibrinogenemia (abnormal fibrinogen), an unusually high level of heparin contamination, or other problem such as DIC with high fibrin split products.a. If a dysfibrinogenemia is suspected, an immunologic fibrinogen (Fibrinogen, Antigenic) may be added to the same sample if requested within stability period (4 hours after collection).b. If DIC is suspected, FDD (Fibrin D-Dimer) may be added to the same sample if requested within stability period (4 hours after collection).c. Thrombin Time and/or Reptilase Assay may also be useful in evaluation of a low functional fibrinogen.

2. Direct thrombin inhibitors may interfere with fibrinogen measurement when fibrinogen levels are less than 150 mg/dL. In this setting, the reported fibrinogen may be inaccurately decreased relative to the true value. (As an example: in a patient receiving argatroban, a reported level of 70 mg/dL would indicate that the true fibrinogen level is between 70 and 150 mg/dL). In this setting, an accurate value cannot be determined.

3. Fibrinogen results may be inaccurate in patients who have recently received fibrinolytic therapy.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

85384

**LOINC Codes:**

3255-7

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

FIB

**Test Group:**

Fibrinogen

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center

Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap..

For patients with Hct's  $\geq 55\%$  please contact Hematology (For Parnassus patients call 3-1747, for Mission Bay patients call 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue (2.7 mL) or Lt. Blue (1.8 mL) top filled to full extent of vacuum

**Amount to Collect:**

Blue top: 2.7 mL blood  
Lt. Blue top: 1.8 mL blood

Note: If hepabsorption is required draw a full Blue top (2.7 mL)

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Units:**

mg/dL

**Reference Interval:**

202-430 mg/dL

**Note:** Fibrinogen results may be inaccurate in patients who have recently received fibrinolytic therapy.

**Critical Values:**

$\leq 100$  mg/dL if new finding within previous 24 hours. A value  $\leq 50$  mg/dL is always phoned.

**Synonyms:**

- Factor I
- Quantitative fibrinogen
- functional fibrinogen

**Stability (from collection to initiation):**

Specimen is stable for up to 24 hours at room temperature.

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Fibrinogen results may be inaccurate in patients who have recently received fibrinolytic therapy: 1. Running additional assays can help clarify whether a low functional fibrinogen is due to hypofibrinogenemia, dysfibrinogenemia (abnormal fibrinogen), an unusually high level of heparin contamination, or other problem such as DIC with high fibrin split products.a. If a dysfibrinogenemia is suspected, an immunologic fibrinogen (Fibrinogen, Antigenic) may be added to the same sample if requested within stability period (4 hours after collection).b. If DIC is suspected, FDD (Fibrin D-Dimer) may be added to the same sample if requested within stability period (4 hours after collection).c. Thrombin Time and/or Reptilase Assay may also be useful in evaluation of a low functional fibrinogen.

2. Direct thrombin inhibitors may interfere with fibrinogen measurement when fibrinogen levels are less than 150 mg/dL. In this setting, the reported fibrinogen may be inaccurately decreased relative to the true value. (As an example: in a patient receiving argatroban, a reported level of 70 mg/dL would indicate that the true fibrinogen level is between 70 and 150 mg/dL). In this setting, an accurate value cannot be determined.

3. Fibrinogen results may be inaccurate in patients who have recently received fibrinolytic therapy.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

85384

**LOINC Codes:**

3255-7

# Fibrinogen/Fibrin Degradation Products

FFDP

## ORDERING

**Approval Required:**

Yes, contact Hematology (Parnassus: 3-1747, Mission Bay: call 6-0194)

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Latex agglutination

**Reported:**

Test run Tuesday and Thursday evenings. Turnaround time: 1-4 days.

**Additional Information:**

For evaluation of primary fibrinogenolysis only. This test is commonly ordered in error. Fibrin D-Dimers will be performed instead. If a patient is being evaluated for primary fibrinogenolysis, please contact hematology (Parnassus: 3-1747, Mission Bay: call 6-0194) for pre-approval of Fibrin Degradation Products testing.

**Synonyms:**

- Fibrinogen degradation products
- FDP

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

1 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

Obtain a current PT, PTT, Platelet Count, D-dimers for DIC (Test code FDDQ) and Fibrinogen before ordering FFDP.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

FFDP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate plasma at 2500 rpm for at least 10 minutes. FREEZE AT LEAST 1 mL of plasma in a plastic tube at -20C. Order QUEST Test Code #32524P

For Brown and Toland patients, this test will be sent to LabCorp.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**RESULT INTERPRETATION****Units:**

µg/mL (mcg/mL)

**Reference Interval:**

< 5 mcg/mL

**Additional Information:**

For evaluation of primary fibrinogenolysis only. This test is commonly ordered in error. Fibrin D-Dimers will be performed instead. If a patient is being evaluated for primary fibrinogenolysis, please contact hematology (Parnassus: 3-1747, Mission Bay: call 6-0194) for pre-approval of Fibrin Degradation Products testing.

**ADMINISTRATIVE****CPT Codes:**

85362-90

**LOINC Codes:**

3251-6

**COMPLETE VIEW****Approval Required:**

Yes, contact Hematology (Parnassus: 3-1747, Mission Bay: call 6-0194)

**Available Stat:**

No

**Test Code:**

FFDP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Latex agglutination

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

Obtain a current PT, PTT, Platelet Count, D-dimers for DIC (Test code FDDQ) and Fibrinogen before ordering FFDP.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Separate plasma at 2500 rpm for at least 10 minutes. FREEZE AT LEAST 1 mL of plasma in a plastic tube at -20C. Order QUEST Test Code #32524P

For Brown and Toland patients, this test will be sent to LabCorp.

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

< 5 mcg/mL

**Synonyms:**

- Fibrinogen degradation products
- FDP

**Reported:**

Test run Tuesday and Thursday evenings. Turnaround time: 1-4 days.

**Additional Information:**

For evaluation of primary fibrinogenolysis only. This test is commonly ordered in error. Fibrin D-Dimers will be performed instead. If a patient is being evaluated for primary fibrinogenolysis, please contact hematology (Parnassus: 3-1747, Mission Bay: call 6-0194) for pre-approval of Fibrin Degradation Products testing.

**CPT Codes:**

85362-90

**LOINC Codes:**

3251-6



**Filaria IgG4 Antibody**  
MOLT

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Quest

**Methodology:**  
ELISA

**Reported:**  
Set up once per week. Turnaround 7-12 days

**COLLECTION**

**Sample Type:**  
Serum

**Collect:**  
Red top (Gold top acceptable)

**Amount to Collect:**  
2 mL blood

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.8 mL serum

**Stability (from collection to initiation):**  
Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

**PROCESSING**

**Test Code:**  
MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**  
Yes

**Performing Lab:**  
Quest

**Specimen Preparation:**  
Refrigerate sample. Order Quest # 34168X.

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.8 mL serum

**Stability (from collection to initiation):**  
Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

**RESULT INTERPRETATION**

**Reference Interval:**  
< 1.00

**ADMINISTRATIVE**

**CPT Codes:**  
86682-90

**COMPLETE VIEW**

**Available Stat:**  
No

**Test Code:**  
MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**

Red top (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.8 mL serum

**Specimen Preparation:**

Refrigerate sample. Order Quest # 34168X.

**Reference Interval:**

< 1.00

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

**Reported:**

Set up once per week. Turnaround 7-12 days

**CPT Codes:**

86682-90

# First Trimester Screen

LAB1757

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Western Clinical Laboratory, Inc

**Reported:**

10 days from time of receipt at Western Clinical laboratories

**Additional Information:**

For questions, call the California Prenatal Screening Program at (866) 718-7915 Toll Free.

**Synonyms:**

- Triple screen
- Obstetrical screen
- Down's syndrome screen
- Neural tube defect screen
- Alpha-fetoprotein
- alpha-fetoglobulin
- AFP3
- E3
- Expanded AFP screening
- Maternal serum screen
- MSS3
- Maternal tests
- Prenatal screening

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Patient Preparation:**

Have the patient read the Program booklet and sign the consent form. The consent is to remain with the clinic.

**Sample Type:**

Serum is used for testing but the entire unopened tube must be sent.

**Collect:**

Special SST supplied in Prenatal Screening test kit.

**Amount to Collect:**

3.5 mL blood

**Preferred Volume:**

3.5 mL blood (1.5 mL serum)

**Minimum Volume:**

3.5 mL blood (1.5 mL serum)

**Remarks:****Prior to collection:**

Send the remainder of the Program form with the patient to have the sample collected between 10 weeks to 13 weeks 6 days of pregnancy (First Trimester). Include a completed Routine Laboratory requisition listing 'First Trimester Screen' in the lower right corner of the form.

To allow correct billing, provide Medi-Cal information, if applicable. Otherwise, enclose a copy of insurance card.

**At the time of collection:**

Complete Part B (green) at the bottom of form.

Draw the patient's blood using the 3.5 mL serum separator tube supplied in the program kit.

Apply the white collection label from the top of this page to the tube with the patient's name and collection date.

**Rejection Criteria:**

1. No information on tube or in package containing the tube
2. Specimen arrives with no test request form (TRF)
3. Tube arrives damaged or broken
4. Quantity of serum is insufficient for analysis
5. Specimen arrives hemolyzed
6. Specimen arrives over 30 days (1st trimester) or 10 days (2nd trimester) after blood collection date (1st trimester)
7. EDTA contamination in tube
8. 1st trimester specimen is not properly centrifuged
  - Let whole blood stand 1/h hr to 1 hr before centrifuging to aid clot formation.
  - Centrifuge at 1000 x g for minimum of 10 minutes.
9. TRF number on TRF does not match TRF number on tube
10. Patient last name on tube does not match spelling of patient last name on TRF
11. Patient last name or TRF number is absent from either tube or TRF 12. Different middle initials on tube vs TRF

**PROCESSING****Test Code:**

FTS

**Test Group:**

Prenatal screening

**Sendout:**

Yes

**Performing Lab:**

Western Clinical Laboratory, Inc

**Specimen Preparation:**

Let whole blood stand for 1/2 hour to 1 hour after time of collection before centrifuging to aid clot formation. Centrifuge tube and place the centrifuged tube in the blue plastic tray. Place plastic tray in the absorbent pouch. Seal the pouch.

Place the white copy of the completed form, the insurance information in the red mailing box.

Remove the Business Reply label from the top of the form and place it on the red box, mail the same day, if possible.

If specimen is sent by courier, follow the courier's instructions for packaging.

**Preferred Volume:**

3.5 mL blood (1.5 mL serum)

**Minimum Volume:**

3.5 mL blood (1.5 mL serum)

**Rejection Criteria:**

1. No information on tube or in package containing the tube
2. Specimen arrives with no test request form (TRF)
3. Tube arrives damaged or broken
4. Quantity of serum is insufficient for analysis
5. Specimen arrives hemolyzed
6. Specimen arrives over 30 days (1st trimester) or 10 days (2nd trimester) after blood collection date (1st trimester)
7. EDTA contamination in tube
8. 1st trimester specimen is not properly centrifuged
  - Let whole blood stand 1/h hr to 1 hr before centrifuging to aid clot formation.
  - Centrifuge at 1000 x g for minimum of 10 minutes.
9. TRF number on TRF does not match TRF number on tube
10. Patient last name on tube does not match spelling of patient last name on TRF
11. Patient last name or TRF number is absent from either tube or TRF 12. Different middle initials on tube vs TRF

**RESULT INTERPRETATION****Additional Information:**

For questions, call the California Prenatal Screening Program at (866) 718-7915 Toll Free.

**ADMINISTRATIVE****CPT Codes:**

The Prenatal Screening Billing Code is assigned by the Program upon request.

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FTS

**Test Group:**

Prenatal screening

**Performing Lab:**

Western Clinical Laboratory, Inc

**Sendout:**

Yes

**Patient Preparation:**

Have the patient read the Program booklet and sign the consent form. The consent is to remain with the clinic.

**Remarks:**

**Prior to collection:**

Send the remainder of the Program form with the patient to have the sample collected between 10 weeks to 13 weeks 6 days of pregnancy (First Trimester). Include a completed Routine Laboratory requisition listing 'First Trimester Screen' in the lower right corner of the form.

To allow correct billing, provide Medi-Cal information, if applicable. Otherwise, enclose a copy of insurance card.

**At the time of collection:**

Complete Part B (green) at the bottom of form.

Draw the patient's blood using the 3.5 mL serum separator tube supplied in the program kit.

Apply the white collection label from the top of this page to the tube with the patient's name and collection date.

**Collect:**

Special SST supplied in Prenatal Screening test kit.

**Amount to Collect:**

3.5 mL blood

**Sample Type:**

Serum is used for testing but the entire unopened tube must be sent.

**Preferred Volume:**

3.5 mL blood (1.5 mL serum)

**Minimum Volume:**

3.5 mL blood (1.5 mL serum)

**Rejection Criteria:**

1. No information on tube or in package containing the tube
2. Specimen arrives with no test request form (TRF)
3. Tube arrives damaged or broken
4. Quantity of serum is insufficient for analysis
5. Specimen arrives hemolyzed
6. Specimen arrives over 30 days (1st trimester) or 10 days (2nd trimester) after blood collection date (1st trimester)
7. EDTA contamination in tube
8. 1st trimester specimen is not properly centrifuged
  - Let whole blood stand 1/h hr to 1 hr before centrifuging to aid clot formation.
  - Centrifuge at 1000 x g for minimum of 10 minutes.
9. TRF number on TRF does not match TRF number on tube
10. Patient last name on tube does not match spelling of patient last name on TRF
11. Patient last name or TRF number is absent from either tube or TRF 12. Different middle initials on tube vs TRF

**Specimen Preparation:**

Let whole blood stand for 1/2 hour to 1 hour after time of collection before centrifuging to aid clot formation. Centrifuge tube and place the centrifuged tube in the blue plastic tray. Place plastic tray in the absorbent pouch. Seal the pouch.

Place the white copy of the completed form, the insurance information in the red mailing box.

Remove the Business Reply label from the top of the form and place it on the red box, mail the same day, if possible.

If specimen is sent by courier, follow the courier's instructions for packaging.

**Synonyms:**

- Triple screen
- Obstetrical screen
- Down's syndrome screen
- Neural tube defect screen
- Alpha-fetoprotein
- alpha-fetoglobulin
- AFP3
- E3
- Expanded AFP screening
- Maternal serum screen
- MSS3
- Maternal tests
- Prenatal screening

**Reported:**

10 days from time of receipt at Western Clinical laboratories

**Additional Information:**

For questions, call the California Prenatal Screening Program at (866) 718-7915 Toll Free.

**CPT Codes:**

The Prenatal Screening Billing Code is assigned by the Program upon request.

**Supplemental Test Request Form Required:**

Yes

# Flecainide Level

LAB687

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

Test run Tuesday, Thursday, Saturday. Turnaround time: 2-5 days.

**Synonyms:**

- Tambocor

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

FLEC

**Collect:**

Red top

**Amount to Collect:**

8 mL blood

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

1.5 mL serum

**Remarks:**

Do not use serum separator tube

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

FLEC

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 36384P.

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 0.20-1.00 mg/L

Toxic: &gt; 1.00 mg/L

**Critical Values:**

Quest Priority-1: &gt;= 1.0 mg/L

**ADMINISTRATIVE****CPT Codes:**

80299-90

**LOINC Codes:**

3638-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FLEC

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Remarks:**

Do not use serum separator tube

**Collect:**

Red top

**Amount to Collect:**

8 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Refrigerate. Order Quest # 36384P.

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 0.20-1.00 mg/L

Toxic: &gt; 1.00 mg/L

**Critical Values:**

Quest Priority-1: &gt;= 1.0 mg/L

**Synonyms:**

- Tambocor

**Reported:**

Test run Tuesday, Thursday, Saturday. Turnaround time: 2-5 days.

**CPT Codes:**

80299-90

**LOINC Codes:**

3638-4



# FLT3 Mutations, PCR

LAB5410

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Once per week, or as needed

**Methodology:**

Fluorescent PCR, restriction enzyme digestion, capillary electrophoresis, peak integration to determine mutant-to-normal ITD ratios.

**Reported:**

Routine cases reported within 10-14 days. Expedited cases will be reported within 7 days upon request.

**Additional Information:**

FLT3 is a receptor tyrosine kinase expressed on the surface of many types of hematopoietic stem and progenitor cells. It is mutated in approximately one-third of AML patients. Internal tandem in frame duplications (ITD) within its cytoplasmic domain lead to its constitutive activation. ITD mutations represent the most common type of FLT3 mutations and occur in approximately 23% of adult AML cases. Another FLT3 mutation, termed D835, consists of an amino acid substitution in the FLT3 kinase domain and is found in approximately 12% of AML cases. Cytogenetically normal AML without the FLT3-ITD mutation constitutes a more favorable outcome than cytogenetically normal AML with a FLT3-ITD mutation.

This test will determine the presence or absence of the FLT3 ITD and D835 mutations. In addition, it will report the ratio of mutant to normal ITD alleles, which can be used as a guide for the combination treatment of FLT3-positive AML with chemotherapy and the multikinase inhibitor midostaurin.

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- FLT-3
- fms-related tyrosine kinase 3
- fetal liver kinase-2
- FLT3-ITD
- FLT3-D835

## COLLECTION

**Sample Type:**

Blood, bone marrow aspirate, FFPE sections

**Collect:**

Lavender top (EDTA)

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

Blood: 5 mL

Bone marrow aspirate: 3 mL

?FFPE: 10 micron sections x5 on uncharged, unstained, glass slides plus one H&E stained section

**Minimum Volume:**

Blood: 2 mL

Bone marrow aspirate: 3 mL

?FFPE: 10 micron sections x3 on uncharged, unstained, glass slides plus one H&E stained section

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen unacceptable.

## PROCESSING

**Test Code:**

FLT3

**Test Group:**

AML molecular markers

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Do not freeze blood or bone marrow samples. Ship to CB as soon as possible.

**Preferred Volume:**

Blood: 5 mL

Bone marrow aspirate: 3 mL

?FFPE: 10 micron sections x5 on uncharged, unstained, glass slides plus one H&amp;E stained section

**Minimum Volume:**

Blood: 2 mL

Bone marrow aspirate: 3 mL

?FFPE: 10 micron sections x3 on uncharged, unstained, glass slides plus one H&amp;E stained section

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen unacceptable.

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

FLT3 is a receptor tyrosine kinase expressed on the surface of many types of hematopoietic stem and progenitor cells. It is mutated in approximately one-third of AML patients. Internal tandem in frame duplications (ITD) within its cytoplasmic domain lead to its constitutive activation. ITD mutations represent the most common type of FLT3 mutations and occur in approximately 23% of adult AML cases. Another FLT3 mutation, termed D835, consists of an amino acid substitution in the FLT3 kinase domain and is found in approximately 12% of AML cases. Cytogenetically normal AML without the FLT3-ITD mutation constitutes a more favorable outcome than cytogenetically normal AML with a FLT3-ITD mutation.

This test will determine the presence or absence of the FLT3 ITD and D835 mutations. In addition, it will report the ratio of mutant to normal ITD alleles, which can be used as a guide for the combination treatment of FLT3-positive AML with chemotherapy and the multikinase inhibitor midostaurin.

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

**ADMINISTRATIVE****CPT Codes:**

81245, 81246

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FLT3

**Test Group:**

AML molecular markers

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Once per week, or as needed

**Methodology:**

Fluorescent PCR, restriction enzyme digestion, capillary electrophoresis, peak integration to determine mutant-to-normal ITD ratios.

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top (EDTA)

**Amount to Collect:**

See Preferred Volume

**Sample Type:**

Blood, bone marrow aspirate, FFPE sections

**Preferred Volume:**

Blood: 5 mL

Bone marrow aspirate: 3 mL

?FFPE: 10 micron sections x5 on uncharged, unstained, glass slides plus one H&amp;E stained section

**Minimum Volume:**

Blood: 2 mL

Bone marrow aspirate: 3 mL

?FFPE: 10 micron sections x3 on uncharged, unstained, glass slides plus one H&amp;E stained section

**Specimen Preparation:**

Do not freeze blood or bone marrow samples. Ship to CB as soon as possible.

**Reference Interval:**

Negative

**Synonyms:**

- FLT-3
- fms-related tyrosine kinase 3
- fetal liver kinase-2
- FLT3-ITD
- FLT3-D835

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen unacceptable.

**Reported:**

Routine cases reported within 10-14 days. Expedited cases will be reported within 7 days upon request.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

FLT3 is a receptor tyrosine kinase expressed on the surface of many types of hematopoietic stem and progenitor cells. It is mutated in approximately one-third of AML patients. Internal tandem in frame duplications (ITD) within its cytoplasmic domain lead to its constitutive activation. ITD mutations represent the most common type of FLT3 mutations and occur in approximately 23% of adult AML cases. Another FLT3 mutation, termed D835, consists of an amino acid substitution in the FLT3 kinase domain and is found in approximately 12% of AML cases. Cytogenetically normal AML without the FLT3-ITD mutation constitutes a more favorable outcome than cytogenetically normal AML with a FLT3-ITD mutation.

This test will determine the presence or absence of the FLT3 ITD and D835 mutations. In addition, it will report the ratio of mutant to normal ITD alleles, which can be used as a guide for the combination treatment of FLT3-positive AML with chemotherapy and the multikinase inhibitor midostaurin.

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

**CPT Codes:**

81245, 81246

**LDT or Modified FDA:**

Yes

# Fluconazole

FLUC

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

High Performance Liquid Chromatography (HPLC)

**Reported:**

4-6 days

**Additional Information:**

Fluconazole is commonly used in the treatment of various types of fungal infections. Due to the fact it is readily soluble in water it can be administered in relatively large amounts to patients. Measurement of serum drug levels may be helpful to optimize drug dosing regimens, particularly where there is non-compliance, concern about drug interactions, pharmacokinetic variability, or suspected toxicity.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red-top

**Amount to Collect:**

4 mL (blood)

**Preferred Volume:**

2 mL (serum)

**Minimum Volume:**

1 mL (serum)

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 7 days

Frozen: 30 days

**Rejection Criteria:**

Serum Separator Tubes (SST®) • Other body fluids • Other specimen types

## PROCESSING

**Test Code:**

FLUC

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze. Send sample to CB frozen. Order Quest test code 34882

**Preferred Volume:**

2 mL (serum)

**Minimum Volume:**

1 mL (serum)

**Rejection Criteria:**

Serum Separator Tubes (SST®) • Other body fluids • Other specimen types

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 7 days

Frozen: 30 days

## RESULT INTERPRETATION

**Units:**

mcg/mL

**Reference Interval:**

&lt;0.5 mcg/mL

**Additional Information:**

Fluconazole is commonly used in the treatment of various types of fungal infections. Due to the fact it is readily soluble in water it can be administered in relatively large amounts to patients. Measurement of serum drug levels may be helpful to optimize drug dosing regimens, particularly where there is non-compliance, concern about drug interactions, pharmacokinetic variability, or suspected toxicity.

**ADMINISTRATIVE****CPT Codes:**

80299-90

**LOINC Codes:**

10987-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FLUC

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

High Performance Liquid Chromatography (HPLC)

**Collect:**

Red-top

**Amount to Collect:**

4 mL (blood)

**Sample Type:**

Serum

**Preferred Volume:**

2 mL (serum)

**Minimum Volume:**

1 mL (serum)

**Rejection Criteria:**

Serum Separator Tubes (SST®) • Other body fluids • Other specimen types

**Specimen Preparation:**

Aliquot and freeze. Send sample to CB frozen. Order Quest test code 34882

**Units:**

mcg/mL

**Reference Interval:**

&lt;0.5 mcg/mL

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 7 days

Frozen: 30 days

**Reported:**

4-6 days

**Additional Information:**

Fluconazole is commonly used in the treatment of various types of fungal infections. Due to the fact it is readily soluble in water it can be administered in relatively large amounts to patients. Measurement of serum drug levels may be helpful to optimize drug dosing regimens, particularly where there is non-compliance, concern about drug interactions, pharmacokinetic variability, or suspected toxicity.

**CPT Codes:**

80299-90

**LOINC Codes:**

10987-6

# Folate

LAB6205

## ORDERING

**Ordering Recommendations:**

Effective 1/10/18, Serum Folate will be the routine test available for diagnosing folate deficiency instead of RBC Folate. If RBC Folate is required, order as MOLT for sendout testing to ARUP Lab (Collect Lavender (EDTA) or pink (K2EDTA)).

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Tuesday and Friday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

1 - 5 days

**Additional Information:**

To convert ng/mL to nmol/L (SI units) multiply by 2.265.

The ARCHITECT Folate assay is standardized to the World Health Organization (WHO) Serum Folate International Standard 03/178.

Serum specimens from patients with renal impairment or failure (including dialysis patients) may exhibit varying degrees of falsely depressed folate values. Therefore to evaluate patients with renal impairment or failure who also exhibit low folate levels, it is recommended that low ARCHITECT Folate values be confirmed by an alternate folate method.

Methotrexate, aminopterin, and folinic acid (Leucovorin) are chemotherapeutic agents whose molecular structures are similar to folate. These agents cross react with folate binding protein in folate assays. Do not use the ARCHITECT Folate assay or other assays employing folate binding proteins for patients using these drugs.

If RBC Folate is required, order as MOLT for sendout testing to ARUP Lab (Collect Lavender (EDTA) or pink (K2EDTA)).

NOTE: For patients at St Marys or St Francis only, the reference range for this testing was changed on 10/4/2025 to align with the reference range used at UCSF Health. The assay reagents (Abbott Architect) were not changed.

**Synonyms:**

- Folic acid
- SFOL

## COLLECTION

**Patient Preparation:**

An overnight fast is recommended prior to specimen collection for reference ranges to apply.

**Sample Type:**

Serum

**Collect:**

Gold top or Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-10°C or colder): 30 days

Avoid more than 3 freeze/thaw cycles.

## PROCESSING

**Test Code:**

SFOL

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Aliquot and freeze serum at -20°C.

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-10°C or colder): 30 days

Avoid more than 3 freeze/thaw cycles.

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

Adult (age 19 years and older)

| RESULT         | INTERPRETATION                                                                                                                                                                                                                                                                                                  |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| < 2<br>ng/mL   | LOW. Consistent with folate deficiency                                                                                                                                                                                                                                                                          |
| 2 - 4<br>ng/mL | BORDERLINE. Additional testing may be indicated depending on the clinical circumstances.                                                                                                                                                                                                                        |
| > 4<br>ng/mL   | NORMAL. Suggests folate is not deficient, unless the individual has recently consumed a folate-containing meal or supplement. In such cases, RBC folate can be obtained. The RBC folate level is not needed in routine testing because it does not provide additional information and is more costly to obtain. |

Note: If patient was not fasting, the normal ranges may not apply.

Reference interval adopted from <https://www.uptodate.com> and verified in-house with lab donor samples.

Pediatric (age &lt;19 years)

| AGE                | REFERENCE INTERVALS (ng/mL) |
|--------------------|-----------------------------|
| 5 days to < 1 year | > 10.6                      |
| 1 to < 3 years     | > 3.9                       |
| 3 to < 6 years     | > 11.9                      |
| 6 to < 8 years     | > 13.1                      |
| 8 to < 12 years    | > 11.4                      |
| 12 to < 14 years   | > 11.9                      |
| 14 to < 19 years   | > 7.9                       |

Pediatric reference intervals were updated on Sept 17, 2025 to directly align with the reference intervals from the CALIPER study

**Additional Information:**

To convert ng/mL to nmol/L (SI units) multiply by 2.265.

The ARCHITECT Folate assay is standardized to the World Health Organization (WHO) Serum Folate International Standard 03/178.

Serum specimens from patients with renal impairment or failure (including dialysis patients) may exhibit varying degrees of falsely depressed folate values. Therefore to evaluate patients with renal impairment or failure who also exhibit low folate levels, it is recommended that low ARCHITECT Folate values be confirmed by an alternate folate method.

Methotrexate, aminopterin, and folinic acid (Leucovorin) are chemotherapeutic agents whose molecular structures are similar to folate. These agents cross react with folate binding protein in folate assays. Do not use the ARCHITECT Folate assay or other assays employing folate binding proteins for patients using these drugs.

If RBC Folate is required, order as MOLT for sendout testing to ARUP Lab (Collect Lavender (EDTA) or pink (K2EDTA)).

NOTE: For patients at St Marys or St Francis only, the reference range for this testing was changed on 10/4/2025 to align with the reference range used at UCSF Health. The assay reagents (Abbott Architect) were not changed.

**ADMINISTRATIVE**

**CPT Codes:**

82746

**LDT or Modified FDA:**

2284-8

**COMPLETE VIEW**

**Available Stat:**

No

**Ordering Recommendations:**

Effective 1/10/18, Serum Folate will be the routine test available for diagnosing folate deficiency instead of RBC Folate. If RBC Folate is required, order as MOLT for sendout testing to ARUP Lab (Collect Lavender (EDTA) or pink (K2EDTA)).

**Test Code:**

SFOL

**Performing Lab:**

China Basin Chemistry

**Performed:**

Tuesday and Friday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Patient Preparation:**

An overnight fast is recommended prior to specimen collection for reference ranges to apply.

**Collect:**

Gold top or Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Specimen Preparation:**

Aliquot and freeze serum at -20°C.

**Units:**

ng/mL



**Reference Interval:**

Adult (age 19 years and older)

| RESULT         | INTERPRETATION                                                                                                                                                                                                                                                                                                  |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| < 2<br>ng/mL   | LOW. Consistent with folate deficiency                                                                                                                                                                                                                                                                          |
| 2 - 4<br>ng/mL | BORDERLINE. Additional testing may be indicated depending on the clinical circumstances.                                                                                                                                                                                                                        |
| > 4<br>ng/mL   | NORMAL. Suggests folate is not deficient, unless the individual has recently consumed a folate-containing meal or supplement. In such cases, RBC folate can be obtained. The RBC folate level is not needed in routine testing because it does not provide additional information and is more costly to obtain. |

Note: If patient was not fasting, the normal ranges may not apply.

Reference interval adopted from <https://www.uptodate.com> and verified in-house with lab donor samples.

Pediatric (age &lt;19 years)

| AGE                | REFERENCE INTERVALS (ng/mL) |
|--------------------|-----------------------------|
| 5 days to < 1 year | > 10.6                      |
| 1 to < 3 years     | > 3.9                       |
| 3 to < 6 years     | > 11.9                      |
| 6 to < 8 years     | > 13.1                      |
| 8 to < 12 years    | > 11.4                      |
| 12 to < 14 years   | > 11.9                      |
| 14 to < 19 years   | > 7.9                       |

Pediatric reference intervals were updated on Sept 17, 2025 to directly align with the reference intervals from the CALIPER study

**Synonyms:**

- Folic acid
- SFOL

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-10°C or colder): 30 days

Avoid more than 3 freeze/thaw cycles.

**Reported:**

1 - 5 days

**Additional Information:**

To convert ng/mL to nmol/L (SI units) multiply by 2.265.

The ARCHITECT Folate assay is standardized to the World Health Organization (WHO) Serum Folate International Standard 03/178.

Serum specimens from patients with renal impairment or failure (including dialysis patients) may exhibit varying degrees of falsely depressed folate values. Therefore to evaluate patients with renal impairment or failure who also exhibit low folate levels, it is recommended that low ARCHITECT Folate values be confirmed by an alternate folate method.

Methotrexate, aminopterin, and folinic acid (Leucovorin) are chemotherapeutic agents whose molecular structures are similar to folate. These agents cross react with folate binding protein in folate assays. Do not use the ARCHITECT Folate assay or other assays employing folate binding proteins for patients using these drugs.

If RBC Folate is required, order as MOLT for sendout testing to ARUP Lab (Collect Lavender (EDTA) or pink (K2EDTA)).

NOTE: For patients at St Marys or St Francis only, the reference range for this testing was changed on 10/4/2025 to align with the reference range used at UCSF Health. The assay reagents (Abbott Architect) were not changed.

**CPT Codes:**

82746

**LDT or Modified FDA:**

2284-8

# Folate, RBC

LAB9011

## ORDERING

**Ordering Recommendations:**

Aids in the detection of folate deficiency.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Chemiluminescent Immunoassay

**Reported:**

Within 24 hours

**Additional Information:**

In order to obtain the hematocrit needed to calculate the result of the assay, the lab will order a hematocrit if it's not available on the same sample or a sample collected within  $\pm 24$  hours.

Serum test offered in-house (see test SFOL).

**Synonyms:**

- Folate, Red Blood Cell
- Folate, Red Cell
- Folic Acid
- RBC Folate
- Vitamin B9
- RBCFB

## COLLECTION

**Sample Type:**

Whole blood

**Label Abbreviation:**

RBCFB

**Collect:**

Lavender (EDTA) or pink (K<sub>2</sub>EDTA).

**Amount to Collect:**

1 mL

Protect from light during collection, storage, and shipment.

**Minimum Volume:**

1 mL

Protect from light during collection, storage, and shipment.

**Remarks:**

Hematocrit must be performed and indicated on the test request form. If the patient has not received a transfusion or experienced excessive bleeding between the RBC folate draw and the hematocrit draw, any hematocrit drawn within 24 hours of the RBC folate draw is acceptable.

**Stability (from collection to initiation):**

Ambient: 2 hours; Refrigerated: 4 hours; Frozen: 2 months

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Unacceptable Conditions:**

Non-frozen specimens. Clotted specimens.

## PROCESSING

**Test Code:**

MOLT (APeX)  
RBCFB (SunQuest)

**ARUP Test Code:**

0070385

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Protect from light during collection, storage, and shipment. Mix specimen well. Transfer 1 mL whole blood to an ARUP Amber Transport Tube.

**Additional Processing Instructions:**

Order test code RBCFB in Sunquest. Mix specimen well. Transfer 1 mL whole blood to an ARUP Amber Transport Tube and freeze at -20C, then send aliquot with RBCF label to China Basin Sendouts (Order ARUP test code 0070385). Store primary tube in refrigerator. Check for hematocrit (if needed, order HCTF and give primary tube to Hematology).

**Minimum Volume:**

1 mL

Protect from light during collection, storage, and shipment.

**Unacceptable Conditions:**

Non-frozen specimens. Clotted specimens.

**Stability (from collection to initiation):**

Ambient: 2 hours; Refrigerated: 4 hours; Frozen: 2 months

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**RESULT INTERPRETATION****Reference Interval:**

Greater than or equal to 366 ng/mL

**Additional Information:**

In order to obtain the hematocrit needed to calculate the result of the assay, the lab will order a hematocrit if it's not available on the same sample or a sample collected within  $\pm 24$  hours.

Serum test offered in-house (see test SFOL).

**ADMINISTRATIVE****CPT Codes:**

82747

**LOINC:**

- 20570-8
- 2283-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aids in the detection of folate deficiency.

**Test Code:**

MOLT (APeX)  
RBCFB (SunQuest)

**ARUP Test Code:**

0070385

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Chemiluminescent Immunoassay

**Remarks:**

Hematocrit must be performed and indicated on the test request form. If the patient has not received a transfusion or experienced excessive bleeding between the RBC folate draw and the hematocrit draw, any hematocrit drawn within 24 hours of the RBC folate draw is acceptable.

**Collect:**

Lavender (EDTA) or pink (K<sub>2</sub>EDTA).

**Amount to Collect:**

1 mL

Protect from light during collection, storage, and shipment.

**Sample Type:**

Whole blood

**Minimum Volume:**

1 mL

Protect from light during collection, storage, and shipment.

**Unacceptable Conditions:**

Non-frozen specimens. Clotted specimens.

**Specimen Preparation:**

Protect from light during collection, storage, and shipment. Mix specimen well. Transfer 1 mL whole blood to an ARUP Amber Transport Tube.

**Additional Processing Instructions:**

Order test code RBCFB in Sunquest. Mix specimen well. Transfer 1 mL whole blood to an ARUP Amber Transport Tube and freeze at -20C, then send aliquot with RBCF label to China Basin Sendouts (Order ARUP test code 0070385). Store primary tube in refrigerator. Check for hematocrit (if needed, order HCTF and give primary tube to Hematology).

**Reference Interval:**

Greater than or equal to 366 ng/mL

**Synonyms:**

- Folate, Red Blood Cell
- Folate, Red Cell
- Folic Acid
- RBC Folate
- Vitamin B9
- RBCFB

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Stability (from collection to initiation):**

Ambient: 2 hours; Refrigerated: 4 hours; Frozen: 2 months

**Reported:**

Within 24 hours

**Additional Information:**

In order to obtain the hematocrit needed to calculate the result of the assay, the lab will order a hematocrit if it's not available on the same sample or a sample collected within ±24 hours.

Serum test offered in-house (see test SFOL).

**CPT Codes:**

82747

**LOINC:**

- 20570-8
- 2283-0

# Follicle Stimulating Hormone, Adult

LAB86

## ORDERING

**Ordering Recommendations:**

This assay is suitable for use in adult patients to assess general endocrine function. Samples from younger patients are referred to a reference laboratory employing a more sensitive assay (see entry for FSH, Ultrasensitive).

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Thursday, Sunday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

1-3 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 11/27/17. The Abbott Architect method reads approximately 26% lower than the Centaur method. Please note that the reference ranges have changed.

This assay standardization is traceable to the World Health Organization (WHO) FSH 1st International Standard, (92/510).

Medi-Cal Medical Necessity Policy applies.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- FSH
- follitropin
- gonadotropin tests

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold or Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-10°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells, or serum separator gel.

Avoid multiple freeze-thaw cycles.

## PROCESSING

**Test Code:**

FSH

**Test Group:**

FSH

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Aliquot and freeze serum at -20C.

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-10°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells, or serum separator gel.

Avoid multiple freeze-thaw cycles.

**RESULT INTERPRETATION****Units:**

IU/L

**Reference Interval:**Adult males ( $\geq 18$  years): 1.0 - 12.0 IU/LAdult females ( $\geq 18$  years):

|                  |                  |
|------------------|------------------|
| Follicular Phase | 3.0 - 8.1 IU/L   |
| Mid-Cycle Peak   | 2.6 - 16.7 IU/L  |
| Luteal Phase     | 1.4 - 5.5 IU/L   |
| Post-menopausal  | 26.7 -133.4 IU/L |

Reference range adopted from Abbott (vendor) based on in-house verification study of 23 male ( 18 years old) normal volunteers in the UCSF Laboratory and 20 split female sample comparisons with ARUP.

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 11/27/17. The Abbott Architect method reads approximately 26% lower than the Centaur method. Please note that the reference ranges have changed.

This assay standardization is traceable to the World Health Organization (WHO) FSH 1st International Standard, (92/510).

Medi-Cal Medical Necessity Policy applies.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

83001

**LOINC Codes:**

15067-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

This assay is suitable for use in adult patients to assess general endocrine function. Samples from younger patients are referred to a reference laboratory employing a more sensitive assay (see entry for FSH, Ultrasensitive).

**Test Code:**

FSH

**Test Group:**

FSH

**Performing Lab:**

China Basin Chemistry

**Performed:**

Thursday, Sunday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Collect:**

Gold or Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Specimen Preparation:**

Aliquot and freeze serum at -20C.

**Units:**

IU/L

**Reference Interval:**Adult males ( $\geq 18$  years): 1.0 - 12.0 IU/LAdult females ( $\geq 18$  years):

|                  |                  |
|------------------|------------------|
| Follicular Phase | 3.0 - 8.1 IU/L   |
| Mid-Cycle Peak   | 2.6 - 16.7 IU/L  |
| Luteal Phase     | 1.4 - 5.5 IU/L   |
| Post-menopausal  | 26.7 -133.4 IU/L |

Reference range adopted from Abbott (vendor) based on in-house verification study of 23 male ( 18 years old) normal volunteers in the UCSF Laboratory and 20 split female sample comparisons with ARUP.

**Synonyms:**

- FSH
- follitropin
- gonadotropin tests

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-10°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells, or serum separator gel.

Avoid multiple freeze-thaw cycles.

**Reported:**

1-3 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 11/27/17. The Abbott Architect method reads approximately 26% lower than the Centaur method. Please note that the reference ranges have changed.

This assay standardization is traceable to the World Health Organization (WHO) FSH 1st International Standard, (92/510).

Medi-Cal Medical Necessity Policy applies.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

83001

**LOINC Codes:**

15067-2

# Follicle Stimulating Hormone, Pediatric

LAB3343

## ORDERING

**Approval Required:**

Yes, contact Chemistry at x3-1501 if ordered in patients over the age of 20.

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay

**Reported:**

Test performed Tuesday and Friday. Turnaround time: 2-6 days.

**Additional Information:**

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Follicle stimulating hormone" (test code FSH). It requires approval if ordered in patients over the age of 20.

Medi-Cal Medical Necessity Policy applies.

FSH peaks (typically 3.00-6.00 mIU/mL for this assay) in male infants at 4 months of age, falling to prepubertal levels by 1 year of age.

FSH peaks (as high as 30.00 mIU/mL for this assay) in female infants at 3 months of age, falling slowly to prepubertal levels by 1-2 years of age.

(Forest MG, Ducharme JR, Gonadotropic and gonadal hormones, Ch 8, in: Bertrand et al, eds. Pediatric Endocrinology, 2ND Ed. Baltimore: Williams & Wilkins, 1993).

**Synonyms:**

- FSH ultrasensitive
- FSH Pediatric

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

PFSH

**Collect:**

Red top or gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

## PROCESSING

**Test Code:**

PFSH

**Test Group:**

FSH

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze at -20C. Specify age and sex on request form. Order Quest #36087.

**Preferred Volume:**

0.5 mL serum



**Minimum Volume:**  
0.3 mL serum

## RESULT INTERPRETATION

**Units:**  
mIU/mL

**Reference Interval:**

|             |                   |
|-------------|-------------------|
| Males       |                   |
| 0-4 years   | Not established   |
| 5-9 years   | 0.21-4.33 mIU/mL  |
| 10-13 years | 0.53-4.92 mIU/mL  |
| 14-17 years | 0.84-8.74 mIU/mL  |
| Females     |                   |
| 0-4 years   | Not established   |
| 5-9 years   | 0.72-5.33 mIU/mL  |
| 10-13 years | 0.87-9.16 mIU/mL  |
| 14-17 years | 0.64-10.98 mIU/mL |

\*See Additional Information

**Additional Information:**

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Follicle stimulating hormone" (test code FSH). It requires approval if ordered in patients over the age of 20.

Medi-Cal Medical Necessity Policy applies.

FSH peaks (typically 3.00-6.00 mIU/mL for this assay) in male infants at 4 months of age, falling to prepubertal levels by 1 year of age.

FSH peaks (as high as 30.00 mIU/mL for this assay) in female infants at 3 months of age, falling slowly to prepubertal levels by 1-2 years of age.

(Forest MG, Ducharme JR, Gonadotropic and gonadal hormones, Ch 8, in: Bertrand et al, eds. Pediatric Endocrinology, 2ND Ed. Baltimore: Williams & Wilkins, 1993).

## ADMINISTRATIVE

**CPT Codes:**  
83001-90

**LOINC Codes:**  
15067-2

## COMPLETE VIEW

**Approval Required:**

Yes, contact Chemistry at x3-1501 if ordered in patients over the age of 20.

**Available Stat:**

No

**Test Code:**

PFSH

**Test Group:**

FSH

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Immunoassay

**Collect:**

Red top or gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Freeze at -20C. Specify age and sex on request form. Order Quest #36087.

**Units:**

mIU/mL

**Reference Interval:**

|             |                   |
|-------------|-------------------|
| Males       |                   |
| 0-4 years   | Not established   |
| 5-9 years   | 0.21-4.33 mIU/mL  |
| 10-13 years | 0.53-4.92 mIU/mL  |
| 14-17 years | 0.84-8.74 mIU/mL  |
| Females     |                   |
| 0-4 years   | Not established   |
| 5-9 years   | 0.72-5.33 mIU/mL  |
| 10-13 years | 0.87-9.16 mIU/mL  |
| 14-17 years | 0.64-10.98 mIU/mL |

\*See Additional Information

**Synonyms:**

- FSH ultrasensitive
- FSH Pediatric

**Reported:**

Test performed Tuesday and Friday. Turnaround time: 2-6 days.

**Additional Information:**

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Follicle stimulating hormone" (test code FSH). It requires approval if ordered in patients over the age of 20.

Medi-Cal Medical Necessity Policy applies.

FSH peaks (typically 3.00-6.00 mIU/mL for this assay) in male infants at 4 months of age, falling to prepubertal levels by 1 year of age.

FSH peaks (as high as 30.00 mIU/mL for this assay) in female infants at 3 months of age, falling slowly to prepubertal levels by 1-2 years of age.

(Forest MG, Ducharme JR, Gonadotropic and gonadal hormones, Ch 8, in: Bertrand et al, eds. Pediatric Endocrinology, 2ND Ed. Baltimore: Williams & Wilkins, 1993).

**CPT Codes:**

83001-90

**LOINC Codes:**

15067-2

# Free Catecholamines, Fractionated, plasma

LAB870

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC w/ electrochemical detection

**Reported:**

Test run Monday-Friday. Turnaround time: 2-5 days.

**Additional Information:**

Generally recommended ONLY for tumor localization or for special evaluations such as clonidine suppression or glucagon stimulation.

To convert ng/L of Epinephrine or Norepinephrine to pmol/L (SI units) multiply by 5.45 or 5.91, respectively.

Due to the effects of stress, plasma levels are generally unreliable in infants and children, for whom urinary assays are recommended.

**Synonyms:**

- Adrenaline
- catechols
- dopamine
- noradrenaline
- norepinephrine
- epinephrine
- ICE

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred. Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection. Patients should be relaxed in a supine (recommended) or upright position before blood is drawn. States of anxiety and stress can cause fluctuations in the catecholamine levels.

**Sample Type:**

Heparinized plasma

**Label Abbreviation:**

CATP

**Collect:**

Dark Green top (on ice) (Light green top acceptable)

**Amount to Collect:**

8 mL blood

**Preferred Volume:**

4 mL plasma

**Minimum Volume:**

2.5 mL plasma

**Remarks:**

Pre-chill tube. Bring all samples to the laboratory on wet ice immediately for separation and freezing of plasma within 15 minutes of collection. Indicate if patient was supine or upright during collection on the requisition.

**Stability (from collection to initiation):**

Room temperature 6 hours, refrigerated 6 hours, frozen at -20C 1 month.

**Unacceptable Conditions:**

Not delivered on ice or delivered > 15 minutes after collection

## PROCESSING

**Test Code:**

CATP

**Test Group:**

Catecholamines

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Process immediately. Plasma should be separated in a refrigerated centrifuge within 30 minutes of collection and then frozen immediately at -20C in plastic vials. Plasma MUST be RBC free. Order Quest # 8193N. Enter supine or upright information into Misys

**Preferred Volume:**

4 mL plasma

**Minimum Volume:**

2.5 mL plasma

**Unacceptable Conditions:**

Not delivered on ice or delivered &gt; 15 minutes after collection

**Stability (from collection to initiation):**

Room temperature 6 hours, refrigerated 6 hours, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

pg/mL

**Reference Interval:**

Pediatric patient supine:

Children age 3-15 years:

|                |               |
|----------------|---------------|
| Epinephrine    | <= 464 pg/mL  |
| Norepinephrine | <= 1251 pg/mL |
| Dopamine       | < 60 pg/mL    |

&gt;= 18 year olds patient supine:

|                |               |
|----------------|---------------|
| Epinephrine    | < 50 pg/mL    |
| Norepinephrine | 112-658 pg/mL |
| Dopamine       | < 10 pg/mL    |
| Total          | 123-671 pg/mL |

&gt;= 18 year old patient upright (not recommended):

|                |                |
|----------------|----------------|
| Epinephrine    | < 95 pg/mL     |
| Norepinephrine | 217-1109 pg/mL |
| Dopamine       | < 20 pg/mL     |
| Total          | 242-1125 pg/mL |

Pediatric normals from: J Chromatogr 1993 617:304-307

**Additional Information:**

Generally recommended ONLY for tumor localization or for special evaluations such as clonidine suppression or glucagon stimulation.

To convert ng/L of Epinephrine or Norepinephrine to pmol/L (SI units) multiply by 5.45 or 5.91, respectively.

Due to the effects of stress, plasma levels are generally unreliable in infants and children, for whom urinary assays are recommended.

**ADMINISTRATIVE****CPT Codes:**

82384-90

**LOINC Codes:**

42493-7

**COMPLETE VIEW**

**Available Stat:**

No

**Test Code:**

CATP

**Test Group:**

Catecholamines

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC w/ electrochemical detection

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred. Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection. Patients should be relaxed in a supine (recommended) or upright position before blood is drawn. States of anxiety and stress can cause fluctuations in the catecholamine levels.

**Remarks:**

Pre-chill tube. Bring all samples to the laboratory on wet ice immediately for separation and freezing of plasma within 15 minutes of collection. Indicate if patient was supine or upright during collection on the requisition.

**Collect:**

Dark Green top (on ice) (Light green top acceptable)

**Amount to Collect:**

8 mL blood

**Sample Type:**

Heparinized plasma

**Preferred Volume:**

4 mL plasma

**Minimum Volume:**

2.5 mL plasma

**Unacceptable Conditions:**

Not delivered on ice or delivered > 15 minutes after collection

**Specimen Preparation:**

Process immediately. Plasma should be separated in a refrigerated centrifuge within 30 minutes of collection and then frozen immediately at -20C in plastic vials. Plasma MUST be RBC free. Order Quest # 8193N. Enter supine or upright information into Misys

**Units:**

pg/mL

**Reference Interval:**

Pediatric patient supine:

Children age 3-15 years:

|                |               |
|----------------|---------------|
| Epinephrine    | <= 464 pg/mL  |
| Norepinephrine | <= 1251 pg/mL |
| Dopamine       | < 60 pg/mL    |

&gt;= 18 year olds patient supine:

|                |               |
|----------------|---------------|
| Epinephrine    | < 50 pg/mL    |
| Norepinephrine | 112-658 pg/mL |
| Dopamine       | < 10 pg/mL    |
| Total          | 123-671 pg/mL |

&gt;= 18 year old patient upright (not recommended):

|                |                |
|----------------|----------------|
| Epinephrine    | < 95 pg/mL     |
| Norepinephrine | 217-1109 pg/mL |
| Dopamine       | < 20 pg/mL     |
| Total          | 242-1125 pg/mL |

Pediatric normals from: J Chromatogr 1993 617:304-307

**Synonyms:**

- Adrenaline
- catechols
- dopamine
- noradrenaline
- norepinephrine
- epinephrine
- ICE

**Stability (from collection to initiation):**

Room temperature 6 hours, refrigerated 6 hours, frozen at -20C 1 month.

**Reported:**

Test run Monday-Friday. Turnaround time: 2-5 days.

**Additional Information:**

Generally recommended ONLY for tumor localization or for special evaluations such as clonidine suppression or glucagon stimulation.

To convert ng/L of Epinephrine or Norepinephrine to pmol/L (SI units) multiply by 5.45 or 5.91, respectively.

Due to the effects of stress, plasma levels are generally unreliable in infants and children, for whom urinary assays are recommended.

**CPT Codes:**

82384-90

**LOINC Codes:**

42493-7

# Free Catecholamines, Fractionated, Urine, 24 Hour

LAB3389

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC w/ECD

**Reported:**

Test run Monday-Friday. Turnaround time: 2-5 days.

**Additional Information:**

To convert µg/d to nmol/d (SI units), multiply Epinephrine value by 5.46, Norepinephrine by 5.91, Dopamine by 6.53.

A creatinine level is measured on the same sample of urine; if total creatinine excretion is not within normal limits for patient age and sex and the patient has normal renal function, the urine collection is probably incomplete and the results invalid.

**Synonyms:**

- Adrenaline
- catechols
- dopamine
- noradrenaline
- norepinephrine
- epinephrine
- PH, 2~5

## COLLECTION

**Patient Preparation:**

It is preferable for the patient to be off medications for three days prior to collection. However, common antihypertensives (diuretics, ACE inhibitors, calcium channel blockers, alpha and beta blockers) cause minimal or no interference. Patients should avoid alcohol, coffee, tea, tobacco or strenuous exercise during the period of collection.

**Sample Type:**

24 hour urine collection

**Label Abbreviation:**

UCAF

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

## PROCESSING

**Test Code:**

UCAF

**Test Group:**

Catecholamines

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Mix thoroughly and acidify aliquot as needed. pH of the collected urine should be between 2-5. Record total urine volume on request. Refrigerate aliquot promptly. Order Quest # 4168N.

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**RESULT INTERPRETATION****Units:**

µg/24 hours (mcg/24 hours)

**Reference Interval:**

## Epinephrine

|             |            |
|-------------|------------|
| 3-8 years   | 1-7 µg/d   |
| 9-12 years  | <= 8 µg/d  |
| 13-17 years | <= 11 µg/d |
| > 17 years  | 2-24 µg/d  |

## Norepinephrine

|             |             |
|-------------|-------------|
| 3-8 years   | 5-41 µg/d   |
| 9-12 years  | 5-50 µg/d   |
| 13-17 years | 12-88 µg/d  |
| > 17 years  | 15-100 µg/d |

## Dopamine

|             |             |
|-------------|-------------|
| 3-8 years   | 80-378 µg/d |
| 9-12 years  | 51-474 µg/d |
| 13-17 years | 51-645 µg/d |
| > 17 years  | 52-480 µg/d |

## Total Nor + Ep

|             |             |
|-------------|-------------|
| 3-8 years   | 9-51 µg/d   |
| 9-12 years  | 9-71 µg/d   |
| 13-17 years | 13-90 µg/d  |
| > 17 years  | 26-121 µg/d |

**Additional Information:**

To convert µg/d to nmol/d (SI units), multiply Epinephrine value by 5.46, Norepinephrine by 5.91, Dopamine by 6.53.

A creatinine level is measured on the same sample of urine; if total creatinine excretion is not within normal limits for patient age and sex and the patient has normal renal function, the urine collection is probably incomplete and the results invalid.

**ADMINISTRATIVE****CPT Codes:**

82384-90

**LOINC Codes:**

27055-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

UCAF

**Test Group:**

Catecholamines

**Performing Lab:**

Quest

**Sendout:**

Yes



**Methodology:**

HPLC w/ECD

**Patient Preparation:**

It is preferable for the patient to be off medications for three days prior to collection. However, common antihypertensives (diuretics, ACE inhibitors, calcium channel blockers, alpha and beta blockers) cause minimal or no interference. Patients should avoid alcohol, coffee, tea, tobacco or strenuous exercise during the period of collection.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Specimen Preparation:**

Mix thoroughly and acidify aliquot as needed. pH of the collected urine should be between 2-5. Record total urine volume on request. Refrigerate aliquot promptly. Order Quest # 4168N.

**Units:**

µg/24 hours (mcg/24 hours)

**Reference Interval:**

## Epinephrine

|             |            |
|-------------|------------|
| 3-8 years   | 1-7 µg/d   |
| 9-12 years  | <= 8 µg/d  |
| 13-17 years | <= 11 µg/d |
| > 17 years  | 2-24 µg/d  |

## Norepinephrine

|             |             |
|-------------|-------------|
| 3-8 years   | 5-41 µg/d   |
| 9-12 years  | 5-50 µg/d   |
| 13-17 years | 12-88 µg/d  |
| > 17 years  | 15-100 µg/d |

## Dopamine

|             |             |
|-------------|-------------|
| 3-8 years   | 80-378 µg/d |
| 9-12 years  | 51-474 µg/d |
| 13-17 years | 51-645 µg/d |
| > 17 years  | 52-480 µg/d |

## Total Nor + Ep

|             |             |
|-------------|-------------|
| 3-8 years   | 9-51 µg/d   |
| 9-12 years  | 9-71 µg/d   |
| 13-17 years | 13-90 µg/d  |
| > 17 years  | 26-121 µg/d |

**Synonyms:**

- Adrenaline
- catechols
- dopamine
- noradrenaline
- norepinephrine
- epinephrine
- PH, 2~5

**Reported:**

Test run Monday-Friday. Turnaround time: 2-5 days.

**Additional Information:**

To convert  $\mu\text{g/d}$  to  $\text{nmol/d}$  (SI units), multiply Epinephrine value by 5.46, Norepinephrine by 5.91, Dopamine by 6.53.

A creatinine level is measured on the same sample of urine; if total creatinine excretion is not within normal limits for patient age and sex and the patient has normal renal function, the urine collection is probably incomplete and the results invalid.

**CPT Codes:**

82384-90

**LOINC Codes:**

27055-3

# Free Hemoglobin, Plasma

LAB5542

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus Chemistry

**Methodology:**

Spectrophotometric using the hemolytic index on the Abbott Architect c System

**Reported:**

STAT 1 hour, Routine 4 hours

Note: Samples from Mission Bay and Mount Zion may take up to 24 hours.

**Additional Information:**

To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 0.155.

If extreme care is used to avoid hemolysis during phlebotomy and no interfering substances are present, values of  $<10$  mg/dL are expected in normal subjects.

This test is primarily intended to screen for hemolysis during extracorporeal membrane life support (ECLS). In patients on ECLS, it is recommended that plasma hemoglobin levels  $> 50$  mg/dL be investigated to determine whether it is being caused by a condition of the patient or by components of the ECLS circuit. See ELSO Guidelines for Cardiopulmonary Extracorporeal Life Support. Extracorporeal Life Support Organization, Version 1:1. April 2009, [www.else.med.umich.edu](http://www.else.med.umich.edu)

Warning: Plasma free hemoglobin results may be falsely decreased by propofol infusions and falsely increased by infusions of hydroxocobalamin or methylene blue. Lipid containing infusions may also affect results depending on blood concentrations. If possible, samples should not be drawn during administration of these agents or through their infusion lines.

**Synonyms:**

- Hemoglobin, free
- Free Hgb
- Free Hb
- Hemoglobin
- Plasma hemoglobin

## COLLECTION

**Sample Type:**

Heparinized plasma

**Collect:**

Light green top preferred, Dark green top acceptable

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.3 mL plasma

**Remarks:**

Results are highly dependent upon meticulous technique employed in collecting the specimen. To avoid hemolysis use an 18-19 ga. butterfly needle and discard the first 4 mL. Alternatively, apply a tourniquet and perform a venipuncture with an 18-19 gauge needle or draw blood from an indwelling line; collect any other tubes which are needed before releasing the tourniquet with the vacutainer still in the vein and before collecting the sample for the hemoglobin assay. If no other samples are being collected at the same time, draw and discard one tube, release the tourniquet, then draw a second tube and submit the second tube for analysis. Note that the plasma free hemoglobin results may be falsely decreased by propofol infusions and falsely increased by infusions of hydroxocobalamin or methylene blue. Lipid containing infusions may also affect results depending on blood concentrations. If possible, samples should not be drawn during administration of these agents or through their infusion lines.

## PROCESSING

**Test Code:**

PHGBS

**Performing Lab:**  
Parnassus Chemistry

**Preferred Volume:**  
0.5 mL plasma

**Minimum Volume:**  
0.3 mL plasma

## RESULT INTERPRETATION

**Units:**  
mg/dL

**Reference Interval:**  
<10 mg/dL

Adopted from ARUP laboratories based on comparison studies and verified by running 50 samples from normal volunteers working in the UCSF Clinical Laboratories.

**Additional Information:**

To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 0.155.

If extreme care is used to avoid hemolysis during phlebotomy and no interfering substances are present, values of <10 mg/dL are expected in normal subjects.

This test is primarily intended to screen for hemolysis during extracorporeal membrane life support (ECLS). In patients on ECLS, it is recommended that plasma hemoglobin levels > 50 mg/dL be investigated to determine whether it is being caused by a condition of the patient or by components of the ECLS circuit. See ELSO Guidelines for Cardiopulmonary Extracorporeal Life Support. Extracorporeal Life Support Organization, Version 1:1. April 2009, [www.elseo.med.umich.edu](http://www.elseo.med.umich.edu)

Warning: Plasma free hemoglobin results may be falsely decreased by propofol infusions and falsely increased by infusions of hydroxocobalamin or methylene blue. Lipid containing infusions may also affect results depending on blood concentrations. If possible, samples should not be drawn during administration of these agents or through their infusion lines.

## ADMINISTRATIVE

**CPT Codes:**  
83051

**LOINC Codes:**  
721-1

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
PHGBS

**Performing Lab:**  
Parnassus Chemistry

**Methodology:**  
Spectrophotometric using the hemolytic index on the Abbott Architect c System

**Remarks:**

Results are highly dependent upon meticulous technique employed in collecting the specimen. To avoid hemolysis use an 18-19 ga. butterfly needle and discard the first 4 mL. Alternatively, apply a tourniquet and perform a venipuncture with an 18-19 gauge needle or draw blood from an indwelling line; collect any other tubes which are needed before releasing the tourniquet with the vacutainer still in the vein and before collecting the sample for the hemoglobin assay. If no other samples are being collected at the same time, draw and discard one tube, release the tourniquet, then draw a second tube and submit the second tube for analysis. Note that the plasma free hemoglobin results may be falsely decreased by propofol infusions and falsely increased by infusions of hydroxocobalamin or methylene blue. Lipid containing infusions may also affect results depending on blood concentrations. If possible, samples should not be drawn during administration of these agents or through their infusion lines.

**Collect:**  
Light green top preferred, Dark green top acceptable

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Heparinized plasma

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.3 mL plasma

**Units:**

mg/dL

**Reference Interval:**

&lt;10 mg/dL

Adopted from ARUP laboratories based on comparison studies and verified by running 50 samples from normal volunteers working in the UCSF Clinical Laboratories.

**Synonyms:**

- Hemoglobin, free
- Free Hgb
- Free Hb
- Hemoglobin
- Plasma hemoglobin

**Reported:**

STAT 1 hour, Routine 4 hours

Note: Samples from Mission Bay and Mount Zion may take up to 24 hours.

**Additional Information:**

To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 0.155.

If extreme care is used to avoid hemolysis during phlebotomy and no interfering substances are present, values of <10 mg/dL are expected in normal subjects.

This test is primarily intended to screen for hemolysis during extracorporeal membrane life support (ECLS). In patients on ECLS, it is recommended that plasma hemoglobin levels > 50 mg/dL be investigated to determine whether it is being caused by a condition of the patient or by components of the ECLS circuit. See ELSO Guidelines for Cardiopulmonary Extracorporeal Life Support. Extracorporeal Life Support Organization, Version 1:1. April 2009, [www.else.med.umich.edu](http://www.else.med.umich.edu)

Warning: Plasma free hemoglobin results may be falsely decreased by propofol infusions and falsely increased by infusions of hydroxocobalamin or methylene blue. Lipid containing infusions may also affect results depending on blood concentrations. If possible, samples should not be drawn during administration of these agents or through their infusion lines.

**CPT Codes:**

83051

**LOINC Codes:**

721-1

# Free Sialic Acid, urine

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

JMC

**Reported:**

Turnaround: 2-4 weeks.

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

5 mL urine

**Remarks:**

A detailed clinical history must accompany the test request or be sent by fax to (215) 955-9554.

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Sialic acid

**Sendout:**

Yes

**Performing Lab:**

JMC

**Specimen Preparation:**

Ship by Federal Express at room temperature: Dr. David A. Wenger, Jefferson Medical College, Jefferson Alumni Hall, Rm. 394, 1024 Locust St., Philadelphia, PA 19107, ph: (215) 955-4923, fax: 955-9554, david.wenger@mail.tju.edu

**Preferred Volume:**

5 mL urine

## RESULT INTERPRETATION

**Reference Interval:**

Negative

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Sialic acid

**Performing Lab:**

JMC

**Sendout:**

Yes

**Remarks:**

A detailed clinical history must accompany the test request or be sent by fax to (215) 955-9554.

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

5 mL urine

**Specimen Preparation:**

Ship by Federal Express at room temperature: Dr. David A. Wenger, Jefferson Medical College, Jefferson Alumni Hall, Rm. 394, 1024 Locust St., Philadelphia, PA 19107, ph: (215) 955-4923, fax: 955-9554, david.wenger@mail.tju.edu

**Reference Interval:**

Negative

**Reported:**

Turnaround: 2-4 weeks.

# Free T3, Adult

LAB3017

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus and Mission Bay and Mt Zion Chemistry

**Performed:**

Parnassus and Mission Bay: 24 hours per day, 7 days per week

Mt Zion: Monday - Friday

**Methodology:**

Two step chemiluminescent Microparticle Immunoassay (Abbott Architect i2000 and ci4100)

**Reported:**

0 to 2 days

**Additional Information:**

T3 circulates in the blood as an equilibrium mixture of free and protein bound hormone. T3 is bound to thyroxine binding globulin (TBG), prealbumin, and albumin. The binding of these proteins is such that only 0.2-0.4% of the total T3 is present in solution as unbound or free T3. This free fraction represents the physiologically active thyroid hormone. Occasionally, FT3 alone is elevated (T3 thyrotoxicosis) in about 5% of the hyperthyroid population. FT3 may also be important in monitoring patients on antithyroid therapy where treatment is focused on reducing the T3 production and the T4 conversion to T3. Serum FT3 may also be useful in assessing the severity of the thyrotoxic state.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- Triiodothyronine
- FT3

## COLLECTION

**Sample Type:**

Plasma

**Collect:**

Light Green top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

## PROCESSING

**Test Code:**

FT3

**Test Group:**

Thyroid tests

**Performing Lab:**

Parnassus and Mission Bay and Mt Zion Chemistry

**Specimen Preparation:**

Refrigerate

Gold top and red top tubes should not be rejected. Gold top and red top tubes are acceptable tube types as long as the tube has been allowed to sit for at least 30 minutes before centrifugation.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma



**RESULT INTERPRETATION****Units:**

pmol/L

**Reference Interval:**

Adults (18 years and older): 2.6-5.7 pmol/L

For children, order test Free T3, Pediatric (code PFT3)

Adult reference ranges adopted from manufacturer reference range studies (95% CI) and verified in-house using blood donor (N=124) (excluding autologous donors) on no medications and negative for anti-Tg and TPO antibodies.

**Additional Information:**

T3 circulates in the blood as an equilibrium mixture of free and protein bound hormone. T3 is bound to thyroxine binding globulin (TBG), prealbumin, and albumin. The binding of these proteins is such that only 0.2-0.4% of the total T3 is present in solution as unbound or free T3. This free fraction represents the physiologically active thyroid hormone. Occasionally, FT3 alone is elevated (T3 thyrotoxicosis) in about 5% of the hyperthyroid population. FT3 may also be important in monitoring patients on antithyroid therapy where treatment is focused on reducing the T3 production and the T4 conversion to T3. Serum FT3 may also be useful in assessing the severity of the thyrotoxic state.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

84481

**LOINC Codes:**

3051-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FT3

**Test Group:**

Thyroid tests

**Performing Lab:**

Parnassus and Mission Bay and Mt Zion Chemistry

**Performed:**

Parnassus and Mission Bay: 24 hours per day, 7 days per week

Mt Zion: Monday - Friday

**Methodology:**

Two step chemiluminescent Microparticle Immunoassay (Abbott Architect i2000 and ci4100)

**Collect:**

Light Green top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Specimen Preparation:**

Refrigerate

Gold top and red top tubes should not be rejected. Gold top and red top tubes are acceptable tube types as long as the tube has been allowed to sit for at least 30 minutes before centrifugation.

**Units:**

pmol/L

**Reference Interval:**

Adults (18 years and older): 2.6-5.7 pmol/L

For children, order test Free T3, Pediatric (code PFT3)

Adult reference ranges adopted from manufacturer reference range studies (95% CI) and verified in-house using blood donor (N=124) (excluding autologous donors) on no medications and negative for anti-Tg and TPO antibodies.

**Synonyms:**

- Triiodothyronine
- FT3

**Reported:**

0 to 2 days

**Additional Information:**

T3 circulates in the blood as an equilibrium mixture of free and protein bound hormone. T3 is bound to thyroxine binding globulin (TBG), prealbumin, and albumin. The binding of these proteins is such that only 0.2-0.4% of the total T3 is present in solution as unbound or free T3. This free fraction represents the physiologically active thyroid hormone. Occasionally, FT3 alone is elevated (T3 thyrotoxicosis) in about 5% of the hyperthyroid population. FT3 may also be important in monitoring patients on antithyroid therapy where treatment is focused on reducing the T3 production and the T4 conversion to T3. Serum FT3 may also be useful in assessing the severity of the thyrotoxic state.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

84481

**LOINC Codes:**

3051-0

# Free T3, Pediatric

LAB3374

## ORDERING

**Approval Required:**

Yes, contact Chemistry/Immunology Resident at x3-1438. for patients &gt; 20 years old.

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

ICMA

**Reported:**

4 days.

**Additional Information:**

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Free T3, Adult" (test code FT3). It requires approval if ordered in patients over the age of 20.

**Synonyms:**

- Triiodothyronine

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

PFT3

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

## PROCESSING

**Test Code:**

PFT3

**Test Group:**

Thyroid tests

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze serum. Order Quest test #34429X

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

## RESULT INTERPRETATION

**Units:**

pg/dL

**Reference Interval:**

< 1 year: Not Established  
1-9 years: 337-506 pg/dL  
10-13 years: 335-480 pg/dL  
14-18 years: 287-455 pg/dL

**Additional Information:**

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Free T3, Adult" (test code FT3). It requires approval if ordered in patients over the age of 20.

**ADMINISTRATIVE****CPT Codes:**

84481-90

**LOINC Codes:**

3051-0

**COMPLETE VIEW****Approval Required:**

Yes, contact Chemistry/Immunology Resident at x3-1438. for patients > 20 years old.

**Available Stat:**

No

**Test Code:**

PFT3

**Test Group:**

Thyroid tests

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

ICMA

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Freeze serum. Order Quest test #34429X

**Units:**

pg/dL

**Reference Interval:**

< 1 year: Not Established  
1-9 years: 337-506 pg/dL  
10-13 years: 335-480 pg/dL  
14-18 years: 287-455 pg/dL

**Synonyms:**

- Triiodothyronine

**Reported:**

4 days.

**Additional Information:**

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Free T3, Adult" (test code FT3). It requires approval if ordered in patients over the age of 20.

**CPT Codes:**

84481-90

**LOINC Codes:**  
3051-0

# Free T4

LAB3005

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys: 24 hours per day, 7 days per week

Mt Zion: Monday - Friday

**Methodology:**

Two step chemiluminescent Microparticle Immunoassay (Abbott Architect i2000 and ci4100)

**Reported:**

0 to 2 days

**Synonyms:**

- tetraiodothyronine
- free thyroxine
- FT4

## COLLECTION

**Sample Type:**

Plasma

**Collect:**

Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.25 mL plasma

## PROCESSING

**Test Code:**

FT4

**Test Group:**

Thyroid tests

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Specimen Preparation:**

Refrigerate

Gold top and red top tubes should not be rejected. Gold top and red top tubes are acceptable tube types as long as the tube has been allowed to sit for at least 30 minutes before centrifugation.

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.25 mL plasma

## RESULT INTERPRETATION

**Units:**

pmol/L

**Reference Interval:**

| Age         | Male (pmol/L) | Female (pmol/L) |
|-------------|---------------|-----------------|
| 1-3 days    | 10-36         | 11-25           |
| 4-30 days   | 6-30          | 8-25            |
| 1-12 months | 10-26         | 11-24           |
| 1-5 years   | 11-21         | 12-19           |
| 6-10 years  | 11-19         | 11-19           |
| >10 years   | 10-18         | 10-18           |

Pediatric reference ranges adopted from Pediatric Reference Intervals seventh edition (Soldin, Steven J. et al) and Canadian Laboratory Initiative on Reference Interval Database (CALIPER) Clin Biochem 2009;42:885-991

Adult 95% reference range from the manufacturer (personal communication, Abbott Labs) was verified by running 148 non-autologous donor samples from subjects on no medications and neg. for TgAb and TPO Ab

**ADMINISTRATIVE****CPT Codes:**

84439

**LOINC Codes:**

3024-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FT4

**Test Group:**

Thyroid tests

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay, Saint Francis, & Saint Marys: 24 hours per day, 7 days per week  
 Mt Zion: Monday - Friday

**Methodology:**

Two step chemiluminescent Microparticle Immunoassay (Abbott Architect i2000 and ci4100)

**Collect:**

Light Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.25 mL plasma

**Specimen Preparation:**

Refrigerate

Gold top and red top tubes should not be rejected. Gold top and red top tubes are acceptable tube types as long as the tube has been allowed to sit for at least 30 minutes before centrifugation.

**Units:**

pmol/L

**Reference Interval:**

| Age         | Male (pmol/L) | Female (pmol/L) |
|-------------|---------------|-----------------|
| 1-3 days    | 10-36         | 11-25           |
| 4-30 days   | 6-30          | 8-25            |
| 1-12 months | 10-26         | 11-24           |
| 1-5 years   | 11-21         | 12-19           |
| 6-10 years  | 11-19         | 11-19           |
| >10 years   | 10-18         | 10-18           |

Pediatric reference ranges adopted from Pediatric Reference Intervals seventh edition (Soldin, Steven J. et al) and Canadian Laboratory Initiative on Reference Interval Database (CALIPER) Clin Biochem 2009;42:885-991

Adult 95% reference range from the manufacturer (personal communication, Abbott Labs) was verified by running 148 non-autologous donor samples from subjects on no medications and neg. for TgAb and TPO Ab

**Synonyms:**

- tetraiodothyronine
- free thyroxine
- FT4

**Reported:**

0 to 2 days

**CPT Codes:**

84439

**LOINC Codes:**

3024-7



# Fructosamine

LAB1013

## ORDERING

**Ordering Recommendations:**

Test should be ordered only on patients whose diabetic control cannot be monitored with Glycohemoglobin.

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Colorimetric

**Reported:**

Test run Monday-Saturday. Turnaround time: 2-4 days.

**Synonyms:**

- glycalbumin
- glycated albumin
- glycosylated albumin

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

FRUT

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 ml serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

**Unacceptable Conditions:**

Hemolysis, moderate or gross icterus

**Rejection Criteria:**

Hemolysis, moderate or gross icterus

## PROCESSING

**Test Code:**

FRUT

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 8340

**Preferred Volume:**

2 ml serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Hemolysis, moderate or gross icterus

**Rejection Criteria:**

Hemolysis, moderate or gross icterus

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:** $\mu\text{mol/L}$ **Reference Interval:**190-270  $\mu\text{mol/L}$ **ADMINISTRATIVE****CPT Codes:**

82985-90

**LOINC Codes:**

15069-8

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Test should be ordered only on patients whose diabetic control cannot be monitored with Glycohemoglobin.

**Test Code:**

FRUT

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Colorimetric

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 ml serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Hemolysis, moderate or gross icterus

**Unacceptable Conditions:**

Hemolysis, moderate or gross icterus

**Specimen Preparation:**

Refrigerate. Order Quest # 8340

**Units:** $\mu\text{mol/L}$ **Reference Interval:**190-270  $\mu\text{mol/L}$ **Synonyms:**

- glycalbumin
- glycated albumin
- glycosylated albumin

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

**Reported:**

Test run Monday-Saturday. Turnaround time: 2-4 days.

**CPT Codes:**

82985-90

**LOINC Codes:**

15069-8

**FTA-ABS**

LAB3513

**ORDERING****Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Indirect Fluorescence Assay

**Reported:**

Test performed Monday-Friday, turnaround time: 1-4 days

**Additional Information:**

The VDRL test is the only serological assay which is approved for use in CSF. In patients suspected of neurosyphilis but with a non-reactive VDRL result, the FTA-ABS test may be useful in some cases. The FTA-ABS test has high sensitivity but is nonspecific with a high rate of false positive results in CSF.

**References:**

Birnbaum NR, Goldschmidt RH and Buffett WO. 1999. Resolving the common clinical dilemmas of syphilis. Amer. Fam. Physician 59(8):2230-2240, 2245-2246. Sexually transmitted diseases treatment guidelines 2002. MMWR May 10, 2002, Vol. 51, No. RR-6, Center for Disease Control and Prevention.

**Synonyms:**

- Fluorescent Treponemal Antibody Adsorption

**COLLECTION****Sample Type:**

CSF

**Label Abbreviation:**

TPA CSF

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.3 mL CSF

**PROCESSING****Test Code:**

FTAC

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order test Quest test # 17088X

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.3 mL CSF

**RESULT INTERPRETATION****Reference Interval:**

Nonreactive

**Additional Information:**

The VDRL test is the only serological assay which is approved for use in CSF. In patients suspected of neurosyphilis but with a non-reactive VDRL result, the FTA-ABS test may be useful in some cases. The FTA-ABS test has high sensitivity but is nonspecific with a high rate of false positive results in CSF.

**References:**

Birnbaum NR, Goldschmidt RH and Buffett WO. 1999. Resolving the common clinical dilemmas of syphilis. Amer. Fam. Physician 59(8):2230-2240, 2245-2246. Sexually transmitted diseases treatment guidelines 2002. MMWR May 10, 2002, Vol. 51, No. RR-6, Center for Disease Control and Prevention.

**ADMINISTRATIVE****CPT Codes:**

86592-90

**LOINC Codes:**

9826-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FTAC

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Indirect Fluorescence Assay

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Sample Type:**

CSF

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.3 mL CSF

**Specimen Preparation:**

Refrigerate. Order test Quest test # 17088X

**Reference Interval:**

Nonreactive

**Synonyms:**

- Fluorescent Treponemal Antibody Adsorption

**Reported:**

Test performed Monday-Friday, turnaround time: 1-4 days

**Additional Information:**

The VDRL test is the only serological assay which is approved for use in CSF. In patients suspected of neurosyphilis but with a non-reactive VDRL result, the FTA-ABS test may be useful in some cases. The FTA-ABS test has high sensitivity but is nonspecific with a high rate of false positive results in CSF.

**References:**

Birnbaum NR, Goldschmidt RH and Buffett WO. 1999. Resolving the common clinical dilemmas of syphilis. Amer. Fam. Physician 59(8):2230-2240, 2245-2246. Sexually transmitted diseases treatment guidelines 2002. MMWR May 10, 2002, Vol. 51, No. RR-6, Center for Disease Control and Prevention.

**CPT Codes:**

86592-90

**LOINC Codes:**

9826-9

# Fungal Culture with KOH Fungal Stain

LAB240

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, all shifts

**Methodology:**

Culture

**Reported:**

Up to 30 days

**Additional Information:**

Includes KOH-Calcofluor White Stain, except on urine and bone marrow.

For diagnosis of yeast and Cryptococcal meningitis, recommended tests are: CSF bacterial culture (yeast, including *Cryptococcus neoformans* grow well on routine bacterial culture) CSF and serum Cryptococcal Antigen (CrAg).

The yield of CSF cultures for other dimorphic fungi and invasive molds, including *Aspergillus*, *Blastomyces*, *Histoplasma* and the *Zygomycetes* (*Mucor* and *Rhizopus*) is extremely low. Tissue biopsy, if possible, is the recommended specimen for fungal diagnosis by culture.

**Synonyms:**

- *H. capsulatum*
- *Histoplasma capsulatum*
- Fungal Cx

## COLLECTION

**Sample Type:**

Unfixed tissue, BAL, Sputum, Body fluid, Urine, Bone marrow

**Collect:**

Body fluid, Tissue, BAL: Sterile container

Sputum: Clean container (urine cup)

Bone marrow: SPS tube (available from Hematology laboratory)

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

BAL: 10-20 mL

Tissue: 5 mm<sup>3</sup>

Urine: 10-20 mL

Body fluid: 5-10 mL

Sputum: &gt; 1 mL

Bone marrow: 1 mL

**Minimum Volume:**

Tissue: 1-2 cu mm

BAL, Urine, Body fluid: 2 mL

Sputum: 1 mL

Bone marrow: 0.5 mL

**Remarks:**

Swab specimens are not acceptable as they have very low fungal yields.

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Unacceptable Conditions:**

Samples on swabs, stool samples

## PROCESSING

**Test Code:**

P256

**Test Group:**

Fungal Culture

**Performing Lab:**

Microbiology

**Preferred Volume:**

BAL: 10-20 mL

Tissue: 5 mm<sup>3</sup>

Urine: 10-20 mL

Body fluid: 5-10 mL

Sputum: &gt; 1 mL

Bone marrow: 1 mL

**Minimum Volume:**

Tissue: 1-2 cu mm

BAL, Urine, Body fluid: 2 mL

Sputum: 1 mL

Bone marrow: 0.5 mL

**Unacceptable Conditions:**

Samples on swabs, stool samples

**Stability (from collection to initiation):**

Refrigerated 24 hours

**RESULT INTERPRETATION****Reference Interval:**

No fungus isolated

**Critical Values:**

KOH if *C. immitis* spherules present or non-septate hyphae suggestive of Zygomycetes; Biphasic fungus (e.g. *Coccidioides immitis*) isolated. Zygomycete (e.g. mucormycosis) isolated. Positive cultures from CSF. Positive culture from a sample submitted for sterility testing

**Additional Information:**

Includes KOH-Calcofluor White Stain, except on urine and bone marrow.

For diagnosis of yeast and Cryptococcal meningitis, recommended tests are: CSF bacterial culture (yeast, including *Cryptococcus neoformans* grow well on routine bacterial culture) CSF and serum Cryptococcal Antigen (CrAg).

The yield of CSF cultures for other dimorphic fungi and invasive molds, including *Aspergillus*, *Blastomyces*, *Histoplasma* and the Zygomycetes (*Mucor* and *Rhizopus*) is extremely low. Tissue biopsy, if possible, is the recommended specimen for fungal diagnosis by culture.

**ADMINISTRATIVE****CPT Codes:**

Fungal culture 87102

KOH (If performed) 87206

**LOINC Codes:**

580-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P256

**Test Group:**

Fungal Culture

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, all shifts

**Methodology:**

Culture

**Remarks:**

Swab specimens are not acceptable as they have very low fungal yields.

**Collect:**

Body fluid, Tissue, BAL: Sterile container

Sputum: Clean container (urine cup)

Bone marrow: SPS tube (available from Hematology laboratory)

**Amount to Collect:**

See Preferred Volume

**Sample Type:**

Unfixed tissue, BAL, Sputum, Body fluid, Urine, Bone marrow

**Preferred Volume:**

BAL: 10-20 mL

Tissue: 5 mm<sup>3</sup>

Urine: 10-20 mL

Body fluid: 5-10 mL

Sputum: > 1 mL

Bone marrow: 1 mL

**Minimum Volume:**

Tissue: 1-2 cu mm

BAL, Urine, Body fluid: 2 mL

Sputum: 1 mL

Bone marrow: 0.5 mL

**Unacceptable Conditions:**

Samples on swabs, stool samples

**Reference Interval:**

No fungus isolated

**Critical Values:**

KOH if *C. immitis* spherules present or non-septate hyphae suggestive of Zygomycetes; Biphasic fungus (e.g. *Coccidioides immitis*) isolated. Zygomycete (e.g. mucormycosis) isolated. Positive cultures from CSF. Positive culture from a sample submitted for sterility testing

**Synonyms:**

- *H. capsulatum*
- *Histoplasma capsulatum*
- Fungal Cx

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Reported:**

Up to 30 days

**Additional Information:**

Includes KOH-Calcofluor White Stain, except on urine and bone marrow.

For diagnosis of yeast and Cryptococcal meningitis, recommended tests are: CSF bacterial culture (yeast, including *Cryptococcus neoformans* grow well on routine bacterial culture) CSF and serum Cryptococcal Antigen (CrAg).

The yield of CSF cultures for other dimorphic fungi and invasive molds, including *Aspergillus*, *Blastomyces*, *Histoplasma* and the Zygomycetes (*Mucor* and *Rhizopus*) is extremely low. Tissue biopsy, if possible, is the recommended specimen for fungal diagnosis by culture.

**CPT Codes:**

Fungal culture 87102

KOH (If performed) 87206

**LOINC Codes:**

580-1

# Fungal Culture, CSF

LAB5040

## ORDERING

### Ordering Recommendations:

For diagnosis of yeast and Cryptococcal meningitis, recommended tests are: CSF bacterial culture (yeast, including *Cryptococcus neoformans* grow well on routine bacterial culture) CSF and serum Cryptococcal Antigen (CrAg)

Sensitivity of CSF Culture for *Coccidioides immitis* is limited. Serum and / or CSF serology for *Coccidioides* (*Coccidioides immitis* Antibody, Immunodiffusion) are more sensitive than culture and are the recommended first-line diagnostic tests.

The yield of CSF cultures for other dimorphic fungi and invasive molds, including *Aspergillus*, *Blastomyces*, *Histoplasma* and the *Zygomycetes* (*Mucor* and *Rhizopus*) is extremely low. Tissue biopsy, if possible, is the recommended specimen for fungal diagnosis by culture.

### Available Stat:

No

### Performing Lab:

Microbiology

### Performed:

Set up daily, day and evening shifts

### Methodology:

Culture

### Reported:

Up to 30 days

### Additional Information:

Differentiation of *Candida dublinensis* from the biochemically and clinically similar species *Candida albicans* is performed on request only.

### Synonyms:

- *C. immitis*
- San Joaquin valley Fever
- Fung CSF

## COLLECTION

### Sample Type:

CSF

### Collect:

CSF tube or sterile collection tube

### Amount to Collect:

5-10 mL CSF

### Preferred Volume:

5-10 mL CSF

### Minimum Volume:

5 mL CSF

### Stability (from collection to initiation):

Refrigerated 24 hours

## PROCESSING

### Test Code:

P256N

### Test Group:

Fungal

### Performing Lab:

Microbiology

### Preferred Volume:

5-10 mL CSF

### Minimum Volume:

5 mL CSF

### Stability (from collection to initiation):

Refrigerated 24 hours



**RESULT INTERPRETATION****Reference Interval:**

No Coccidioides isolated

**Critical Values:**

Positive culture

**Additional Information:**

Differentiation of *Candida dublinensis* from the biochemically and clinically similar species *Candida albicans* is performed on request only.

**ADMINISTRATIVE****CPT Codes:**

87102

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

For diagnosis of yeast and Cryptococcal meningitis, recommended tests are: CSF bacterial culture (yeast, including *Cryptococcus neoformans* grow well on routine bacterial culture) CSF and serum Cryptococcal Antigen (CrAg)

Sensitivity of CSF Culture for *Coccidioides immitis* is limited. Serum and / or CSF serology for *Coccidioides* (*Coccidioides immitis* Antibody, Immunodiffusion) are more sensitive than culture and are the recommended first-line diagnostic tests.

The yield of CSF cultures for other dimorphic fungi and invasive molds, including *Aspergillus*, *Blastomyces*, *Histoplasma* and the *Zygomycetes* (*Mucor* and *Rhizopus*) is extremely low. Tissue biopsy, if possible, is the recommended specimen for fungal diagnosis by culture.

**Test Code:**

P256N

**Test Group:**

Fungal

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Culture

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

5-10 mL CSF

**Sample Type:**

CSF

**Preferred Volume:**

5-10 mL CSF

**Minimum Volume:**

5 mL CSF

**Reference Interval:**No *Coccidioides* isolated**Critical Values:**

Positive culture

**Synonyms:**

- *C. immitis*
- San Joaquin valley Fever
- Fung CSF

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Reported:**

Up to 30 days

**Additional Information:**

Differentiation of *Candida dublinensis* from the biochemically and clinically similar species *Candida albicans* is performed on request only.

**CPT Codes:**

87102

# Fungal Culture, Dermatophytes with KOH Fungal Stain

LAB5041

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Additional Information:**

Includes culture for dermatophytes and KOH-Calcofluor white stain. See also Mycology section in text at front of Lab Manual.

**Synonyms:**

- Derm Cx KOH

## COLLECTION

**Sample Type:**

Skin

**Collect:**

Sterile container or Red top vacuatiner

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Unacceptable Conditions:**

Samples on swabs

## PROCESSING

**Test Code:**

P257

**Test Group:**

Fungal Culture

**Performing Lab:**

Microbiology

**Unacceptable Conditions:**

Samples on swabs

**Stability (from collection to initiation):**

Refrigerated 24 hours

## RESULT INTERPRETATION

**Additional Information:**

Includes culture for dermatophytes and KOH-Calcofluor white stain. See also Mycology section in text at front of Lab Manual.

## ADMINISTRATIVE

**CPT Codes:**

87101, 87206

**LOINC Codes:**

575-1

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P257

**Test Group:**

Fungal Culture

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Collect:**

Sterile container or Red top vacuatiner

**Sample Type:**

Skin

**Unacceptable Conditions:**

Samples on swabs

**Synonyms:**

- Derm Cx KOH

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Additional Information:**

Includes culture for dermatophytes and KOH-Calcofluor white stain. See also Mycology section in text at front of Lab Manual.

**CPT Codes:**

87101, 87206

**LOINC Codes:**

575-1

# Fungus Culture, Blood

LAB242

## ORDERING

### Ordering Recommendations:

Fungal blood cultures are indicated primarily for *Histoplasma capsulatum*; however, bone marrow is the preferred specimen for this organism. On rare occasions in very advanced infections, invasive molds including *Histoplasma*, *Fusarium* and *Scedosporium* grow in blood fungal cultures. For these organisms, a tissue specimen is highly recommended and negative blood fungal culture results do not exclude the possibility disseminated infection. Infectious disease consult is recommended to guide appropriate ordering of additional serology and antigen tests.

For patients on total parenteral nutrition (TPN) with suspicion for lipophilic yeasts (*Malassezia* species) notify the lab to set up appropriate culture media. Other yeasts such as *Candida* and *Cryptococcus* species grow well in routine blood cultures and a specific 'fungal culture' order is unnecessary.

### Available Stat:

No

### Performing Lab:

Microbiology

### Performed:

Set up daily, all shifts

### Reported:

Up to 4 weeks

### Additional Information:

Routine blood cultures are incubated for 5 days, sufficient to detect yeast.

### Synonyms:

- *H. capsulatum*
- *Histoplasma capsulatum*
- Fung Bld Cx

## COLLECTION

### Sample Type:

Heparinized blood

### Collect:

Dark green top x 2 (DO NOT use Lithium heparin i.e. Light Green top tube.)

### Amount to Collect:

8 mL blood

### Preferred Volume:

8 mL blood

### Minimum Volume:

4 mL blood

### Stability (from collection to initiation):

Refrigerated 24 hours

### Unacceptable Conditions:

Blood submitted in Lithium heparin (Lt. Green top) vacutainer.

## PROCESSING

### Test Code:

P258

### Test Group:

Fungal Culture

### Performing Lab:

Microbiology

### Preferred Volume:

8 mL blood

### Minimum Volume:

4 mL blood

### Unacceptable Conditions:

Blood submitted in Lithium heparin (Lt. Green top) vacutainer.

**Stability (from collection to initiation):**

Refrigerated 24 hours

**RESULT INTERPRETATION****Critical Values:**Biphasic fungus (e.g. *Coccidioides immitis*) or zygomycetes (e.g. mucromycosis) isolated.**Additional Information:**

Routine blood cultures are incubated for 5 days, sufficient to detect yeast.

**ADMINISTRATIVE****CPT Codes:**

87103

**LOINC Codes:**

572-8

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Fungal blood cultures are indicated primarily for *Histoplasma capsulatum*; however, bone marrow is the preferred specimen for this organism. On rare occasions in very advanced infections, invasive molds including *Histoplasma*, *Fusarium* and *Scedosporium* grow in blood fungal cultures. For these organisms, a tissue specimen is highly recommended and negative blood fungal culture results do not exclude the possibility disseminated infection. Infectious disease consult is recommended to guide appropriate ordering of additional serology and antigen tests.

For patients on total parenteral nutrition (TPN) with suspicion for lipophilic yeasts (*Malassezia* species) notify the lab to set up appropriate culture media. Other yeasts such as *Candida* and *Cryptococcus* species grow well in routine blood cultures and a specific 'fungal culture' order is unnecessary.

**Test Code:**

P258

**Test Group:**

Fungal Culture

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, all shifts

**Collect:**

Dark green top x 2 (DO NOT use Lithium heparin i.e. Light Green top tube.)

**Amount to Collect:**

8 mL blood

**Sample Type:**

Heparinized blood

**Preferred Volume:**

8 mL blood

**Minimum Volume:**

4 mL blood

**Unacceptable Conditions:**

Blood submitted in Lithium heparin (Lt. Green top) vacutainer.

**Critical Values:**Biphasic fungus (e.g. *Coccidioides immitis*) or zygomycetes (e.g. mucromycosis) isolated.**Synonyms:**

- *H. capsulatum*
- *Histoplasma capsulatum*
- Fung Bld Cx

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Reported:**

Up to 4 weeks

**Additional Information:**

Routine blood cultures are incubated for 5 days, sufficient to detect yeast.

**CPT Codes:**

87103

**LOINC Codes:**

572-8

# GAD-65 Autoantibodies

LAB650

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Radio Binding

**Reported:**

Test performed Wednesday and Friday. Turnaround 3-6 days

**Synonyms:**

- Glutamic acid decarboxylase
- GAD 65 AB
- anti-GAD65 antibody
- GADA

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

GAD

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

## PROCESSING

**Test Code:**

GAD

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze sample. Quest test # 139261P

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

## RESULT INTERPRETATION

**Units:**

U/mL

**Reference Interval:**

&lt;= 1.0 U/mL

## ADMINISTRATIVE

**CPT Codes:**

86341

**LOINC Codes:**

13926-1



**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GAD

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Radio Binding

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Freeze sample. Quest test # 139261P

**Units:**

U/mL

**Reference Interval:**

&lt;= 1.0 U/mL

**Synonyms:**

- Glutamic acid decarboxylase
- GAD 65 AB
- anti-GAD65 antibody
- GADA

**Reported:**

Test performed Wednesday and Friday. Turnaround 3-6 days

**CPT Codes:**

86341

**LOINC Codes:**

13926-1

# Galactomannan Antigen, CSF

LAB3347

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Viracor

**Methodology:**

EIA

**Reported:**

Set up 6x per week. Turnaround 3-5 days

**Additional Information:**

This assay detects a cell wall antigen of *Aspergillus* species and other fungi. It may be helpful in identifying patients with disseminated aspergillosis. Sensitivity 67-100%, Specificity 81-99%. However, given low incidence of disseminated aspergillosis, the positive predictive value is low unless the pre-test probability is relatively high. Should be limited to febrile, neutropenic patients with pulmonary infiltrates in whom no other cause for fever can be found.

**Synonyms:**

- *Aspergillus* Ag

## COLLECTION

**Sample Type:**

Serum, Bronchoalveolar lavage (BAL)  
CSF by approval only, call x31268  
Sputum samples are not acceptable.

**Collect:**

Blood: Gold top (Must be separate tube)  
BAL: Capped Plastic tube  
CSF: CSF tube or sterile collection tube (By approval only)

**Amount to Collect:**

Blood: 3 mL  
BAL: 3 mL  
CSF: 2 mL

**Preferred Volume:**

Serum: 1 mL  
BAL: 3 mL  
CSF: 2 mL

**Minimum Volume:**

Serum: 0.5 mL  
BAL: 1 mL  
CSF: 2 mL

**Remarks:**

To avoid environmental contamination cap tube immediately after collection and do not re-open. Bring samples to lab for processing asap

**Unacceptable Conditions:**

Sputum received

## PROCESSING

**Test Code:**

GMAN

**Sendout:**

Yes

**Performing Lab:**

Viracor

**Specimen Preparation:**

**Serum:** Do not open primary tube. Centrifuge sample within 2 hours of collection to pellet cells under gel and freeze entire tube at -20C until shipped. Sample is shipped frozen

**BAL:** Do not open collection container except in Biosafety cabinet. Freeze sample at -20C upon receipt. Sample is shipped frozen

Order Viracor test #1600

**Preferred Volume:**

Serum: 1 mL

BAL: 3 mL

CSF: 2 mL

**Minimum Volume:**

Serum: 0.5 mL

BAL: 1 mL

CSF: 2 mL

**Unacceptable Conditions:**

Sputum received

**RESULT INTERPRETATION****Units:**

Index

**Reference Interval:**

Negative: &lt; 0.5 Index

Positive: &gt;= 0.5 Index

**Additional Information:**

This assay detects a cell wall antigen of Aspergillus species and other fungi. It may be helpful in identifying patients with disseminated Aspergillosis. Sensitivity 67-100%, Specificity 81-99%. However, given low incidence of disseminated aspergillosis, the positive predictive value is low unless the pre-test probability is relatively high. Should be limited to febrile, neutropenic patients with pulmonary infiltrates in whom no other cause for fever can be found.

**ADMINISTRATIVE****CPT Codes:**

87305-90

**LOINC Codes:**

35383-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GMAN

**Performing Lab:**

Viracor

**Sendout:**

Yes

**Methodology:**

EIA

**Remarks:**

To avoid environmental contamination cap tube immediately after collection and do not re-open. Bring samples to lab for processing asap

**Collect:**

Blood: Gold top (Must be separate tube)

BAL: Capped Plastic tube

CSF: CSF tube or sterile collection tube (By approval only)

**Amount to Collect:**

Blood: 3 mL

BAL: 3 mL

CSF: 2 mL

**Sample Type:**

Serum, Bronchoalveolar lavage (BAL)

CSF by approval only, call x31268

Sputum samples are not acceptable.

**Preferred Volume:**

Serum: 1 mL

BAL: 3 mL

CSF: 2 mL

**Minimum Volume:**

Serum: 0.5 mL

BAL: 1 mL

CSF: 2 mL

**Unacceptable Conditions:**

Sputum received

**Specimen Preparation:**

**Serum:** Do not open primary tube. Centrifuge sample within 2 hours of collection to pellet cells under gel and freeze entire tube at -20C until shipped. Sample is shipped frozen

**BAL:** Do not open collection container except in Biosafety cabinet. Freeze sample at -20C upon receipt. Sample is shipped frozen

Order Viracor test #1600

**Units:**

Index

**Reference Interval:**

Negative: < 0.5 Index

Positive: >= 0.5 Index

**Synonyms:**

- Aspergillus Ag

**Reported:**

Set up 6x per week. Turnaround 3-5 days

**Additional Information:**

This assay detects a cell wall antigen of Aspergillus species and other fungi. it may be helpful in identifying patients with disseminated Aspergillosis. Sensitivity 67-100%, Specificity 81-99%. However, given low incidence of disseminated aspergillosis, the positive predictive value is low unless the pre-test probability is relatively high. Should be limited to febrile, neutropenic patients with pulmonary infiltrates in whom no other cause for fever can be found.

**CPT Codes:**

87305-90

**LOINC Codes:**

35383-9

# Galactose

GALAC

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Spectrophotometric, kinetic

**Reported:**

8-15 days

**Additional Information:**

Galactosemia is an autosomal recessive disorder that results from a deficiency of 1 of the 3 enzymes catalyzing the conversion of galactose to glucose: galactose-1-phosphate uridylyltransferase (GALT), galactokinase (GALK), and uridine diphosphate galactose-4-epimerase (GALE). GALT deficiency is the most common cause of galactosemia and is often referred to as classic galactosemia. The complete or near-complete deficiency of GALT enzyme is life-threatening if left untreated. Complications in the neonatal period include failure to thrive, liver failure, sepsis, and death; even with survival, long-term intellectual disability can result.

Galactosemia is treated by a galactose-restricted diet, which allows for rapid recovery from the acute symptoms and a generally good prognosis. Despite adequate treatment from an early age, individuals with galactosemia remain at increased risk for developmental delays, speech problems, and abnormalities of motor function. Females with galactosemia are at increased risk for premature ovarian failure. Based upon reports by newborn screening programs, the frequency of classic galactosemia in the United States is 1 in 30,000, although literature reports range from 1 in 10,000 to 1 in 60,000 live births.

## COLLECTION

**Sample Type:**

Heparinized plasma

**Collect:**

Dark Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Stability (from collection to initiation):**

Room temperature 20 days, refrigerated 20 days, frozen 1 year

## PROCESSING

**Test Code:**

GALAC

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Aliquot plasma and freeze. Transport to CB frozen. Order Mayo test code GALP.

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Stability (from collection to initiation):**

Room temperature 20 days, refrigerated 20 days, frozen 1 year

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

1-7 days: < 5.4 mg/dL  
8-14 days: < 3.6 mg/dL  
>14 days: < 2.0 mg/dL

**Additional Information:**

Galactosemia is an autosomal recessive disorder that results from a deficiency of 1 of the 3 enzymes catalyzing the conversion of galactose to glucose: galactose-1-phosphate uridylyltransferase (GALT), galactokinase (GALK), and uridine diphosphate galactose-4-epimerase (GALE). GALT deficiency is the most common cause of galactosemia and is often referred to as classic galactosemia. The complete or near-complete deficiency of GALT enzyme is life-threatening if left untreated. Complications in the neonatal period include failure to thrive, liver failure, sepsis, and death; even with survival, long-term intellectual disability can result.

Galactosemia is treated by a galactose-restricted diet, which allows for rapid recovery from the acute symptoms and a generally good prognosis. Despite adequate treatment from an early age, individuals with galactosemia remain at increased risk for developmental delays, speech problems, and abnormalities of motor function. Females with galactosemia are at increased risk for premature ovarian failure. Based upon reports by newborn screening programs, the frequency of classic galactosemia in the United States is 1 in 30,000, although literature reports range from 1 in 10,000 to 1 in 60,000 live births.

**ADMINISTRATIVE****CPT Codes:**

82760-90

**LOINC Codes:**

25426-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GALAC

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Spectrophotometric, kinetic

**Collect:**

Dark Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Heparinized plasma

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Specimen Preparation:**

Aliquot plasma and freeze. Transport to CB frozen. Order Mayo test code GALP.

**Units:**

mg/dL

**Reference Interval:**

1-7 days: < 5.4 mg/dL  
8-14 days: < 3.6 mg/dL  
>14 days: < 2.0 mg/dL

**Stability (from collection to initiation):**

Room temperature 20 days, refrigerated 20 days, frozen 1 year

**Reported:**

8-15 days

**Additional Information:**

Galactosemia is an autosomal recessive disorder that results from a deficiency of 1 of the 3 enzymes catalyzing the conversion of galactose to glucose: galactose-1-phosphate uridylyltransferase (GALT), galactokinase (GALK), and uridine diphosphate galactose-4-epimerase (GALE). GALT deficiency is the most common cause of galactosemia and is often referred to as classic galactosemia. The complete or near-complete deficiency of GALT enzyme is life-threatening if left untreated. Complications in the neonatal period include failure to thrive, liver failure, sepsis, and death; even with survival, long-term intellectual disability can result.

Galactosemia is treated by a galactose-restricted diet, which allows for rapid recovery from the acute symptoms and a generally good prognosis. Despite adequate treatment from an early age, individuals with galactosemia remain at increased risk for developmental delays, speech problems, and abnormalities of motor function. Females with galactosemia are at increased risk for premature ovarian failure. Based upon reports by newborn screening programs, the frequency of classic galactosemia in the United States is 1 in 30,000, although literature reports range from 1 in 10,000 to 1 in 60,000 live births.

**CPT Codes:**

82760-90

**LOINC Codes:**

25426-8

# Galactose-1-Phosphate Uridyl Transferase, RBC

G1PUT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Ultraviolet, kinetic

**Reported:**

4-8 days

**Additional Information:**

Galactosemia is an autosomal recessive disorder that results from a deficiency of 1 of the 3 enzymes catalyzing the conversion of galactose to glucose: galactose-1-phosphate uridylyltransferase (GALT), galactokinase (GALK), and uridine diphosphate galactose-4-epimerase (GALE). GALT deficiency is the most common cause of galactosemia and is often referred to as classic galactosemia. The complete or near-complete deficiency of GALT enzyme is life-threatening if left untreated. Complications in the neonatal period include failure to thrive, liver failure, sepsis, and death; even with survival, long-term intellectual disability can result. Galactosemia is treated by a galactose-restricted diet, which allows for rapid recovery from the acute symptoms and a generally good prognosis. Despite adequate treatment from an early age, individuals with galactosemia remain at increased risk for developmental delays, speech problems, and abnormalities of motor function. Females with galactosemia are at increased risk for premature ovarian failure. Based upon reports by newborn screening programs, the frequency of classic galactosemia in the United States is approximately 1 in 30,000, although literature reports range from 1 in 10,000 to 1 in 60,000 live births.

Galactose-1-phosphate (Gal-1-P) accumulates in the erythrocytes of patients with galactosemia. The quantitative measurement of Gal-1-P is useful for monitoring compliance with dietary therapy. Gal-1-P is thought to be the causative factor for development of liver disease in these patients and, because of this, patients should maintain low levels and be monitored on a regular basis.

Duarte-variant galactosemia (compound heterozygosity for the Duarte mutation, N314D, and a classic mutation) is generally associated with higher levels of enzyme activity (5%-20%) than classic galactosemia (<5%); however, this may be indistinguishable by newborn screening assays. Typically, individuals with Duarte-variant galactosemia have a milder phenotype, but are also often treated with a low galactose diet during infancy. The LA variant, which consists of N314D and a second mutation, L218L, is associated with higher levels of GALT enzyme activity than the Duarte-variant allele.

Newborn screening, which identifies potentially affected individuals by measuring total galactose (galactose and Gal-1-P) and/or determining the activity of the GALT enzyme, varies from state to state. The diagnosis of galactosemia is established by follow-up quantitative measurement of GALT enzyme activity. If enzyme levels are indicative of carrier or affected status, molecular testing for common GALT mutations may be performed. If 1 or both disease-causing mutations are not detected by targeted mutation analysis and biochemical testing has confirmed the diagnosis of galactosemia, sequencing of the GALT gene is available to identify private mutations.

The GALT gene maps to 9p13. Several disease-causing mutations are common in patients with classic galactosemia (G/G genotype). The most frequently observed is the Q188R classic mutation. This mutation accounts for 60% to 70% of classical galactosemia alleles. The S135L mutation is the most frequently observed mutation in African Americans and accounts for approximately 50% of the mutant alleles in this population. The K285N mutation is common in those of eastern European descent and accounts for 25% to 40% of the alleles in this population. The L195P mutation is observed in 5% to 7% of classical galactosemia. The Duarte mutation (N314D) is observed in 5% of the general US population.

**Synonyms:**

- Phosphogalactose transferase
- Gal-1-P uridylyl transferase

## COLLECTION

**Patient Preparation:**

The patient should not be transfused prior to obtaining samples. If transfused sampling should be delayed for at least 1 month to make sure the transfused cells have predominantly cleared and we are only testing the patient's own cells.

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

5 mL blood

**Preferred Volume:**

5 mL blood



**Minimum Volume:**

2 mL blood

**Remarks:**

Maintain sample at room temperature.

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 4 weeks

**PROCESSING****Test Code:**

G1PUT

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Transport sample refrigerated to CB. Order Mayo test code GALT.

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

2 mL blood

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 4 weeks

**RESULT INTERPRETATION****Units:**

U/g Hgb

**Reference Interval:**

&gt; 18.4 U/g Hgb

**Additional Information:**

Galactosemia is an autosomal recessive disorder that results from a deficiency of 1 of the 3 enzymes catalyzing the conversion of galactose to glucose: galactose-1-phosphate uridylyltransferase (GALT), galactokinase (GALK), and uridine diphosphate galactose-4-epimerase (GALE). GALT deficiency is the most common cause of galactosemia and is often referred to as classic galactosemia. The complete or near-complete deficiency of GALT enzyme is life-threatening if left untreated. Complications in the neonatal period include failure to thrive, liver failure, sepsis, and death; even with survival, long-term intellectual disability can result. Galactosemia is treated by a galactose-restricted diet, which allows for rapid recovery from the acute symptoms and a generally good prognosis. Despite adequate treatment from an early age, individuals with galactosemia remain at increased risk for developmental delays, speech problems, and abnormalities of motor function. Females with galactosemia are at increased risk for premature ovarian failure. Based upon reports by newborn screening programs, the frequency of classic galactosemia in the United States is approximately 1 in 30,000, although literature reports range from 1 in 10,000 to 1 in 60,000 live births.

Galactose-1-phosphate (Gal-1-P) accumulates in the erythrocytes of patients with galactosemia. The quantitative measurement of Gal-1-P is useful for monitoring compliance with dietary therapy. Gal-1-P is thought to be the causative factor for development of liver disease in these patients and, because of this, patients should maintain low levels and be monitored on a regular basis.

Duarte-variant galactosemia (compound heterozygosity for the Duarte mutation, N314D, and a classic mutation) is generally associated with higher levels of enzyme activity (5%-20%) than classic galactosemia (<5%); however, this may be indistinguishable by newborn screening assays. Typically, individuals with Duarte-variant galactosemia have a milder phenotype, but are also often treated with a low galactose diet during infancy. The LA variant, which consists of N314D and a second mutation, L218L, is associated with higher levels of GALT enzyme activity than the Duarte-variant allele.

Newborn screening, which identifies potentially affected individuals by measuring total galactose (galactose and Gal-1-P) and/or determining the activity of the GALT enzyme, varies from state to state. The diagnosis of galactosemia is established by follow-up quantitative measurement of GALT enzyme activity. If enzyme levels are indicative of carrier or affected status, molecular testing for common GALT mutations may be performed. If 1 or both disease-causing mutations are not detected by targeted mutation analysis and biochemical testing has confirmed the diagnosis of galactosemia, sequencing of the GALT gene is available to identify private mutations.

The GALT gene maps to 9p13. Several disease-causing mutations are common in patients with classic galactosemia (G/G genotype). The most frequently observed is the Q188R classic mutation. This mutation accounts for 60% to 70% of classical galactosemia alleles. The S135L mutation is the most frequently observed mutation in African Americans and accounts for approximately 50% of the mutant alleles in this population. The K285N mutation is common in those of eastern European descent and accounts for 25% to 40% of the alleles in this population. The L195P mutation is observed in 5% to 7% of classical galactosemia. The Duarte mutation (N314D) is observed in 5% of the general US population.

**ADMINISTRATIVE****CPT Codes:**

82275-90

**LOINC Codes:**

2314-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

G1PUT

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Ultraviolet, kinetic

**Patient Preparation:**

The patient should not be transfused prior to obtaining samples. If transfused sampling should be delayed for at least 1 month to make sure the transfused cells have predominantly cleared and we are only testing the patient's own cells.

**Remarks:**

Maintain sample at room temperature.

**Collect:**

Lavender top

**Amount to Collect:**

5 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

2 mL blood

**Specimen Preparation:**

Transport sample refrigerated to CB. Order Mayo test code GALT.

**Units:**

U/g Hgb

**Reference Interval:**

&gt; 18.4 U/g Hgb

**Synonyms:**

- Phosphogalactose transferase
- Gal-1-P uridyl transferase

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 4 weeks

**Reported:**

4-8 days

**Additional Information:**

Galactosemia is an autosomal recessive disorder that results from a deficiency of 1 of the 3 enzymes catalyzing the conversion of galactose to glucose: galactose-1-phosphate uridylyltransferase (GALT), galactokinase (GALK), and uridine diphosphate galactose-4-epimerase (GALE). GALT deficiency is the most common cause of galactosemia and is often referred to as classic galactosemia. The complete or near-complete deficiency of GALT enzyme is life-threatening if left untreated. Complications in the neonatal period include failure to thrive, liver failure, sepsis, and death; even with survival, long-term intellectual disability can result. Galactosemia is treated by a galactose-restricted diet, which allows for rapid recovery from the acute symptoms and a generally good prognosis. Despite adequate treatment from an early age, individuals with galactosemia remain at increased risk for developmental delays, speech problems, and abnormalities of motor function. Females with galactosemia are at increased risk for premature ovarian failure. Based upon reports by newborn screening programs, the frequency of classic galactosemia in the United States is approximately 1 in 30,000, although literature reports range from 1 in 10,000 to 1 in 60,000 live births.

Galactose-1-phosphate (Gal-1-P) accumulates in the erythrocytes of patients with galactosemia. The quantitative measurement of Gal-1-P is useful for monitoring compliance with dietary therapy. Gal-1-P is thought to be the causative factor for development of liver disease in these patients and, because of this, patients should maintain low levels and be monitored on a regular basis.

Duarte-variant galactosemia (compound heterozygosity for the Duarte mutation, N314D, and a classic mutation) is generally associated with higher levels of enzyme activity (5%-20%) than classic galactosemia (<5%); however, this may be indistinguishable by newborn screening assays. Typically, individuals with Duarte-variant galactosemia have a milder phenotype, but are also often treated with a low galactose diet during infancy. The LA variant, which consists of N314D and a second mutation, L218L, is associated with higher levels of GALT enzyme activity than the Duarte-variant allele.

Newborn screening, which identifies potentially affected individuals by measuring total galactose (galactose and Gal-1-P) and/or determining the activity of the GALT enzyme, varies from state to state. The diagnosis of galactosemia is established by follow-up quantitative measurement of GALT enzyme activity. If enzyme levels are indicative of carrier or affected status, molecular testing for common GALT mutations may be performed. If 1 or both disease-causing mutations are not detected by targeted mutation analysis and biochemical testing has confirmed the diagnosis of galactosemia, sequencing of the GALT gene is available to identify private mutations.

The GALT gene maps to 9p13. Several disease-causing mutations are common in patients with classic galactosemia (G/G genotype). The most frequently observed is the Q188R classic mutation. This mutation accounts for 60% to 70% of classical galactosemia alleles. The S135L mutation is the most frequently observed mutation in African Americans and accounts for approximately 50% of the mutant alleles in this population. The K285N mutation is common in those of eastern European descent and accounts for 25% to 40% of the alleles in this population. The L195P mutation is observed in 5% to 7% of classical galactosemia. The Duarte mutation (N314D) is observed in 5% of the general US population.

**CPT Codes:**

82275-90

**LOINC Codes:**

2314-3

# Galactose-1-Phosphate, RBC

GLT1P

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Ultraviolet, enzymatic

**Reported:**

8-15 days

**Additional Information:**

Galactosemia is an autosomal recessive disorder that results from a deficiency of 1 of the 3 enzymes catalyzing the conversion of galactose to glucose: galactose-1-phosphate uridylyltransferase (GALT), galactokinase (GALK), and uridine diphosphate galactose-4-epimerase (GALE). GALT deficiency is the most common cause of galactosemia and is often referred to as classic galactosemia. The complete or near-complete deficiency of GALT enzyme is life-threatening if left untreated. Complications in the neonatal period include failure to thrive, liver failure, sepsis, and death; even with survival, long-term intellectual disability can result. Galactosemia is treated by a galactose-restricted diet, which allows for rapid recovery from the acute symptoms and a generally good prognosis. Despite adequate treatment from an early age, individuals with galactosemia remain at increased risk for developmental delays, speech problems, and abnormalities of motor function. Females with galactosemia are at increased risk for premature ovarian failure. Based upon reports by newborn screening programs, the frequency of classic galactosemia in the United States is approximately 1 in 30,000, although literature reports range from 1 in 10,000 to 1 in 60,000 live births.

Galactose-1-phosphate (Gal-1-P) accumulates in the erythrocytes of patients with galactosemia. The quantitative measurement of Gal-1-P is useful for monitoring compliance with and effectiveness of dietary therapy. Gal-1-P is thought to be the causative factor for development of liver disease in these patients and, because of this, patients should maintain low levels and be monitored on a regular basis. The concentration of Gal-1-P in erythrocytes is the most sensitive index of dietary control.

**Synonyms:**

- Gal-1-P

## COLLECTION

**Patient Preparation:**

The patient should not be transfused prior to obtaining samples. If transfused sampling should be delayed for at least 1 month to make sure the transfused cells have predominantly cleared and we are only testing the patient's own cells.

Specimens collected following a meal can exhibit postprandial elevations. For infants, collect a specimen immediately prior to feeding to avoid this.

**Sample Type:**

Heparinized whole blood

**Collect:**

Lavender top preferred, dark Green top acceptable

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

3 mL blood

**Remarks:**

Samples should only be collected Monday-Friday on the day shift, before noon. If received after 12:00 noon we can not guarantee the sample will be processed.

Do not collect these samples on weekends, holidays, or evenings.

**Stability (from collection to initiation):**

Refrigerated: 72 hours

## PROCESSING

**Test Code:**

GLT1P

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

3 mL blood

**Stability (from collection to initiation):**

Refrigerated: 72 hours

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**Reference interval:  $\leq 0.9$  mg/dLTherapeutic range:  $\leq 4.9$  mg/dL**Additional Information:**

Galactosemia is an autosomal recessive disorder that results from a deficiency of 1 of the 3 enzymes catalyzing the conversion of galactose to glucose: galactose-1-phosphate uridylyltransferase (GALT), galactokinase (GALK), and uridine diphosphate galactose-4-epimerase (GALE). GALT deficiency is the most common cause of galactosemia and is often referred to as classic galactosemia. The complete or near-complete deficiency of GALT enzyme is life-threatening if left untreated. Complications in the neonatal period include failure to thrive, liver failure, sepsis, and death; even with survival, long-term intellectual disability can result. Galactosemia is treated by a galactose-restricted diet, which allows for rapid recovery from the acute symptoms and a generally good prognosis. Despite adequate treatment from an early age, individuals with galactosemia remain at increased risk for developmental delays, speech problems, and abnormalities of motor function. Females with galactosemia are at increased risk for premature ovarian failure. Based upon reports by newborn screening programs, the frequency of classic galactosemia in the United States is approximately 1 in 30,000, although literature reports range from 1 in 10,000 to 1 in 60,000 live births.

Galactose-1-phosphate (Gal-1-P) accumulates in the erythrocytes of patients with galactosemia. The quantitative measurement of Gal-1-P is useful for monitoring compliance with and effectiveness of dietary therapy. Gal-1-P is thought to be the causative factor for development of liver disease in these patients and, because of this, patients should maintain low levels and be monitored on a regular basis. The concentration of Gal-1-P in erythrocytes is the most sensitive index of dietary control.

**ADMINISTRATIVE****CPT Codes:**

84378-90

**LOINC Codes:**

2312-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GLT1P

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Ultraviolet, enzymatic

**Patient Preparation:**

The patient should not be transfused prior to obtaining samples. If transfused sampling should be delayed for at least 1 month to make sure the transfused cells have predominantly cleared and we are only testing the patient's own cells.

Specimens collected following a meal can exhibit postprandial elevations. For infants, collect a specimen immediately prior to feeding to avoid this.

**Remarks:**

Samples should only be collected Monday-Friday on the day shift, before noon. If received after 12:00 noon we can not guarantee the sample will be processed.

Do not collect these samples on weekends, holidays, or evenings.

**Collect:**

Lavender top preferred, dark Green top acceptable

**Amount to Collect:**

3 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

3 mL blood

**Units:**

mg/dL

**Reference Interval:**

Reference interval:  $\leq 0.9$  mg/dL

Therapeutic range:  $\leq 4.9$  mg/dL

**Synonyms:**

- Gal-1-P

**Stability (from collection to initiation):**

Refrigerated: 72 hours

**Reported:**

8-15 days

**Additional Information:**

Galactosemia is an autosomal recessive disorder that results from a deficiency of 1 of the 3 enzymes catalyzing the conversion of galactose to glucose: galactose-1-phosphate uridylyltransferase (GALT), galactokinase (GALK), and uridine diphosphate galactose-4-epimerase (GALE). GALT deficiency is the most common cause of galactosemia and is often referred to as classic galactosemia. The complete or near-complete deficiency of GALT enzyme is life-threatening if left untreated. Complications in the neonatal period include failure to thrive, liver failure, sepsis, and death; even with survival, long-term intellectual disability can result. Galactosemia is treated by a galactose-restricted diet, which allows for rapid recovery from the acute symptoms and a generally good prognosis. Despite adequate treatment from an early age, individuals with galactosemia remain at increased risk for developmental delays, speech problems, and abnormalities of motor function. Females with galactosemia are at increased risk for premature ovarian failure. Based upon reports by newborn screening programs, the frequency of classic galactosemia in the United States is approximately 1 in 30,000, although literature reports range from 1 in 10,000 to 1 in 60,000 live births.

Galactose-1-phosphate (Gal-1-P) accumulates in the erythrocytes of patients with galactosemia. The quantitative measurement of Gal-1-P is useful for monitoring compliance with and effectiveness of dietary therapy. Gal-1-P is thought to be the causative factor for development of liver disease in these patients and, because of this, patients should maintain low levels and be monitored on a regular basis. The concentration of Gal-1-P in erythrocytes is the most sensitive index of dietary control.

**CPT Codes:**

84378-90

**LOINC Codes:**

2312-7

# Gamma-Glutamyl Transpeptidase

LAB85

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzymatic (L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate)

**Reported:**

4 hours

**Additional Information:**

Hemolysis may artifactually lower the result.

**Synonyms:**

- GGT

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated (2-8C): 7 days

Frozen (-20C or colder): 3 months

## PROCESSING

**Test Code:**

GGT

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated (2-8C): 7 days

Frozen (-20C or colder): 3 months

## RESULT INTERPRETATION

**Units:**

U/L

**Reference Interval:**

| Age                     | Male (U/L) | Female (U/L) |
|-------------------------|------------|--------------|
| 0 up to 15 days         | 23-219     | 23-219       |
| 15 days up to 1 year    | 8-127      | 8-127        |
| 1 year up to 11 years   | 6-16       | 6-16         |
| 11 years up to 19 years | 7-21       | 7-21         |
| >19 years               | 11-84      | 8-59         |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/#/search>.

The adult reference ranges were established by running 45 normal male and 49 normal female volunteers from UCSF Clinical Labs.

**Additional Information:**

Hemolysis may artifactually lower the result.

**ADMINISTRATIVE****CPT Codes:**

82977

**LOINC Codes:**

2324-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GGT

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzymatic (L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate)

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

U/L

**Reference Interval:**

| Age                     | Male (U/L) | Female (U/L) |
|-------------------------|------------|--------------|
| 0 up to 15 days         | 23-219     | 23-219       |
| 15 days up to 1 year    | 8-127      | 8-127        |
| 1 year up to 11 years   | 6-16       | 6-16         |
| 11 years up to 19 years | 7-21       | 7-21         |
| >19 years               | 11-84      | 8-59         |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/#/search>.

The adult reference ranges were established by running 45 normal male and 49 normal female volunteers from UCSF Clinical Labs.

**Synonyms:**

- GGT



**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated (2-8C): 7 days

Frozen (-20C or colder): 3 months

**Reported:**

4 hours

**Additional Information:**

Hemolysis may artifactually lower the result.

**CPT Codes:**

82977

**LOINC Codes:**

2324-2

# Gastric Parietal Cell Antibody

LAB3422

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

ELISA

**Additional Information:**

Pernicious anemia is a chronic disease and is the end stage of type A (autoimmune) chronic atrophic gastritis. The type A chronic atrophic gastritis affects the fundus and body of the stomach, while type B (nonimmune, associated with *H. pylori* infection) affects the antrum as well as the secretory canaliculi and the tubulovesicles of the gastric parietal cells. This antigen has been identified as the gastric H<sup>+</sup>/K<sup>+</sup> ATPase (gastric proton pump). GPA bind to both the alpha and beta subunits of the H<sup>+</sup>/K<sup>+</sup> ATPase.

GPA prevalence increases with age and has been reported in 2.5% of a normal population 30-39 years old and in 9.6% of a population in their 8th decade.

**Synonyms:**

- anti-parietal cell antibody
- parietal cell antibodies

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

GPCA

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

## PROCESSING

**Test Code:**

GPCA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze sample. Order Quest #15114X

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

## RESULT INTERPRETATION

**Units:**

Units

**Reference Interval:**

Negative: &lt;= 20.0 Units

Equivocal: 20.1-24.9 Units

Positive: &gt;= 25.0 Units

**Additional Information:**

Pernicious anemia is a chronic disease and is the end stage of type A (autoimmune) chronic atrophic gastritis. The type A chronic atrophic gastritis affects the fundus and body of the stomach, while type B (nonimmune, associated with *H. pylori* infection) affects the antrum as well as the secretory canaliculi and the tubulovesicles of the gastric parietal cells. This antigen has been identified as the gastric H+/K+ ATPase (gastric proton pump). GPA bind to both the alpha and beta subunits of the H+/K+ ATPase.

GPA prevalence increases with age and has been reported in 2.5% of a normal population 30-39 years old and in 9.6% of a population in their 8th decade.

**ADMINISTRATIVE****CPT Codes:**

83516-90

**LOINC Codes:**

56147-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GPCA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Freeze sample. Order Quest #15114X

**Units:**

Units

**Reference Interval:**

Negative: &lt;= 20.0 Units

Equivocal: 20.1-24.9 Units

Positive: &gt;= 25.0 Units

**Synonyms:**

- anti-parietal cell antibody
- parietal cell antibodies

**Additional Information:**

Pernicious anemia is a chronic disease and is the end stage of type A (autoimmune) chronic atrophic gastritis. The type A chronic atrophic gastritis affects the fundus and body of the stomach, while type B (nonimmune, associated with *H. pylori* infection) affects the antrum as well as the secretory canaliculi and the tubulovesicles of the gastric parietal cells. This antigen has been identified as the gastric H+/K+ ATPase (gastric proton pump). GPA bind to both the alpha and beta subunits of the H+/K+ ATPase.

GPA prevalence increases with age and has been reported in 2.5% of a normal population 30-39 years old and in 9.6% of a population in their 8th decade.

**CPT Codes:**

83516-90

**LOINC Codes:**

56147-2

# Gastrin

LAB80

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Chemiluminescence

**Reported:**

Test performed 3 days a week. Turnaround time: 6-7 days.

**Synonyms:**

- Secretin stimulation test
- ICE

## COLLECTION

**Patient Preparation:**Overnight fasting is required, preferably  $\geq 12$  hours.**Sample Type:**

Serum

**Label Abbreviation:**

GAST

**Collect:**

Red top, or Gold top (on ice)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Chill tube on ice prior to collection. Bring to lab on ice immediately after collection.

**Stability (from collection to initiation):**Refrigerated 5 hours, frozen at  $-20^{\circ}\text{C}$  1 month.**Unacceptable Conditions:**

Not delivered on ice. Sample hemolyzed or lipemic.

**Rejection Criteria:**

Received thawed.

## PROCESSING

**Test Code:**

GAST

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**Process immediately. Freeze at  $-20^{\circ}\text{C}$ . Order Quest # 478X.**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Not delivered on ice. Sample hemolyzed or lipemic.

**Rejection Criteria:**

Received thawed.

**Stability (from collection to initiation):**Refrigerated 5 hours, frozen at  $-20^{\circ}\text{C}$  1 month.

**RESULT INTERPRETATION****Units:**

pg/mL

**Reference Interval:**

&lt; 5 years: Not established

5-17 years: 13-64 pg/mL

&gt;= 18 year old: &lt;= 100 pg/mL

Note: reference ranges apply to fasting samples only.

**ADMINISTRATIVE****CPT Codes:**

82941-90

**LOINC Codes:**

2333-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GAST

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Chemiluminescence

**Patient Preparation:**

Overnight fasting is required, preferably &gt;= 12 hours.

**Remarks:**

Chill tube on ice prior to collection. Bring to lab on ice immediately after collection.

**Collect:**

Red top, or Gold top (on ice)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Received thawed.

**Unacceptable Conditions:**

Not delivered on ice. Sample hemolyzed or lipemic.

**Specimen Preparation:**

Process immediately. Freeze at -20°C. Order Quest # 478X.

**Units:**

pg/mL

**Reference Interval:**

&lt; 5 years: Not established

5-17 years: 13-64 pg/mL

&gt;= 18 year old: &lt;= 100 pg/mL

Note: reference ranges apply to fasting samples only.

**Synonyms:**

- Secretin stimulation test
- ICE

**Stability (from collection to initiation):**

Refrigerated 5 hours, frozen at -20C 1 month.

**Reported:**

Test performed 3 days a week. Turnaround time: 6-7 days.

**CPT Codes:**

82941-90

**LOINC Codes:**

2333-3

# GD1A Antibody, IgG

LAB5823

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enzyme Immunoassay

**Reported:**

5-7 days

**Additional Information:**

Ganglioside GD1a antibody IgG is associated with acute motor axonal neuropathy, sometimes followed by Campylobacter jejuni infections. Ganglioside GD1a antibody IgG can aid in the diagnosis of acute motor axonal neuropathy variant of Guillain-Barre syndrome.

**Synonyms:**

- Ganglioside GD1a antibody
- Guillian-Barre

## COLLECTION

**Patient Preparation:**

Overnight fasting preferred but not required

**Sample Type:**

Serum

**Label Abbreviation:**

GD1AG

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperture 1 day, refrigerated 1 week, frozen 1 month

## PROCESSING

**Test Code:**

GD1AG

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot serum and freeze. Transport to CB frozen. Order Quest test code 38916

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperture 1 day, refrigerated 1 week, frozen 1 month

## RESULT INTERPRETATION

**Units:**

Titer

**Reference Interval:**

&lt; 1:100

**Additional Information:**

Ganglioside GD1a antibody IgG is associated with acute motor axonal neuropathy, sometimes followed by Campylobacter jejuni infections. Ganglioside GD1a antibody IgG can aid in the diagnosis of acute motor axonal neuropathy variant of Guillain-Barre syndrome.

**ADMINISTRATIVE****CPT Codes:**

83520-90

**LOINC Codes:**

21283-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GD1AG

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Enzyme Immunoassay

**Patient Preparation:**

Overnight fasting preferred but not required

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Aliquot serum and freeze. Transport to CB frozen. Order Quest test code 38916

**Units:**

Titer

**Reference Interval:**

&lt; 1:100

**Synonyms:**

- Ganglioside GD1a antibody
- Guillian-Barre

**Stability (from collection to initiation):**

Room temperture 1 day, refrigerated 1 week, frozen 1 month

**Reported:**

5-7 days

**Additional Information:**

Ganglioside GD1a antibody IgG is associated with acute motor axonal neuropathy, sometimes followed by Campylobacter jejuni infections. Ganglioside GD1a antibody IgG can aid in the diagnosis of acute motor axonal neuropathy variant of Guillain-Barre syndrome.

**CPT Codes:**

83520-90

**LOINC Codes:**

21283-7



# GD1A Antibody, IgM

LAB5824

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enzyme Immunoassay

**Reported:**

5-7 days

**Additional Information:**

Ganglioside GD1a antibody IgM is associated with acute motor axonal neuropathy, sometimes followed by Campylobacter jejuni infections. Ganglioside GD1a antibody IgG can aid in the diagnosis of acute motor axonal neuropathy variant of Guillain-Barre syndrome.

**Synonyms:**

- Ganglioside GD1a antibody

## COLLECTION

**Patient Preparation:**

Overnight fasting preferred but not required

**Sample Type:**

Serum

**Label Abbreviation:**

GD1AM

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperture 1 day, refrigerated 1 week, frozen 1 month

## PROCESSING

**Test Code:**

GD1AM

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot serum and freeze. Transport to CB frozen. Order Quest test code 389644

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperture 1 day, refrigerated 1 week, frozen 1 month

## RESULT INTERPRETATION

**Units:**

Titer

**Reference Interval:**

&lt; 1:800

**Additional Information:**

Ganglioside GD1a antibody IgM is associated with acute motor axonal neuropathy, sometimes followed by Campylobacter jejuni infections. Ganglioside GD1a antibody IgG can aid in the diagnosis of acute motor axonal neuropathy variant of Guillain-Barre syndrome.

**ADMINISTRATIVE****CPT Codes:**

83520-90

**LOINC Codes:**

21282-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GD1AM

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Enzyme Immunoassay

**Patient Preparation:**

Overnight fasting preferred but not required

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Aliquot serum and freeze. Transport to CB frozen. Order Quest test code 389644

**Units:**

Titer

**Reference Interval:**

&lt; 1:800

**Synonyms:**

- Ganglioside GD1a antibody

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 1 week, frozen 1 month

**Reported:**

5-7 days

**Additional Information:**

Ganglioside GD1a antibody IgM is associated with acute motor axonal neuropathy, sometimes followed by Campylobacter jejuni infections. Ganglioside GD1a antibody IgG can aid in the diagnosis of acute motor axonal neuropathy variant of Guillain-Barre syndrome.

**CPT Codes:**

83520-90

**LOINC Codes:**

21282-9

# Gentamicin (Peak, Trough, Random)

see Test Code

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus and Mission Bay Chemistry

**Performed:**

24 hours per day and 7 days per week

**Methodology:**

Particle-enhanced turbidimetric inhibition immunoassay (PETINIA)

**Reported:**

4 hours

**Additional Information:**

For desired peak and trough levels in special situations, [Click here](#)

Toxicity associated with trough levels > 2 mg/L or peak levels > 10-12 mg/L.

The aminoglycoside sisomicin cross-reacts with this gentamicin assay due to their structural similarity. Therefore, the results of this assay cannot be used to accurately quantitate gentamicin serum or plasma levels in patients receiving sisomicin in combination with gentamicin.

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**Synonyms:**

- LAB5447
- LAB5449
- LAB5448
- GENPK
- GENTH
- GENRN

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Remarks:**

Time to Steady State: 2-3 doses (1 dose for ICN extended interval dosing).

Collect trough samples 30 minutes prior to 3rd or 4th dose.

For patients on hemodialysis collect just prior to and/or 1 hour post dialysis.

For standard dosing draw peak samples 30 minutes after the end of infusion. For ICN extended interval dosing draw peak 30 minutes after end of 4th dose.

Note the exact time of collection on BOTH the sample and the requisition.

Bring to lab immediately for processing if patient also receiving carbenicillin or other high dose penicillin or cephalosporin because prolonged interactions with these drugs (8 hours or more) at room temperature can modify amino groups and interfere with aminoglycoside assay.

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 14 days

Samples containing carbenicillin or piperacillin should be stored frozen if a delay in analysis of more than 8 hours is anticipated. Failure to freeze samples containing these antibiotics may result in falsely low gentamicin levels due to in vitro inactivation.

**PROCESSING****Test Code:**

LAB5447 - GENPK (Peak)  
 LAB5449 - GENTH (Trough)  
 LAB5448 - GENRN (Random)

**Performing Lab:**

Parnassus and Mission Bay Chemistry

**Specimen Preparation:**

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 14 days

Samples containing carbenicillin or piperacillin should be stored frozen if a delay in analysis of more than 8 hours is anticipated. Failure to freeze samples containing these antibiotics may result in falsely low gentamicin levels due to in vitro inactivation.

**RESULT INTERPRETATION****Units:**

mg/L

**Reference Interval:**

Therapeutic Peak Levels: Bacteremia, pneumonia, sepsis: 8-10 mg/L  
 Urinary tract infection: 4-8 mg/L  
 Trough Levels: Standard dosing: <2 mg/L (<1 mg/L optimum)  
 Once daily, high dose: <1 mg/L (<0.3 mg/L optimum)

Toxicity associated with trough levels > 2 mg/L or peak levels > 10-12 mg/L.

Peak levels of <5 or >10 mg/L will be flagged as abnormal.

Trough levels >2 mg/L will be flagged as abnormal.

Source of reference range: UCSF Medical Center Aminoglycoside Dosing and Monitoring Recommendations (Accessed November 2020). <https://idmp.ucsf.edu/content/gentamicin>

**Additional Information:**

For desired peak and trough levels in special situations, [Click here](#)

Toxicity associated with trough levels > 2 mg/L or peak levels > 10-12 mg/L.

The aminoglycoside sisomicin cross-reacts with this gentamicin assay due to their structural similarity. Therefore, the results of this assay cannot be used to accurately quantitate gentamicin serum or plasma levels in patients receiving sisomicin in combination with gentamicin.

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**ADMINISTRATIVE****CPT Codes:**

80170

**LOINC Codes:**

35668-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LAB5447 - GENPK (Peak)  
 LAB5449 - GENTH (Trough)  
 LAB5448 - GENRN (Random)

**Performing Lab:**

Parnassus and Mission Bay Chemistry

**Performed:**

24 hours per day and 7 days per week

**Methodology:**

Particle-enhanced turbidimetric inhibition immunoassay (PETINIA)

**Remarks:**

Time to Steady State: 2-3 doses (1 dose for ICN extended interval dosing).

Collect trough samples 30 minutes prior to 3rd or 4th dose.

For patients on hemodialysis collect just prior to and/or 1 hour post dialysis.

For standard dosing draw peak samples 30 minutes after the end of infusion. For ICN extended interval dosing draw peak 30 minutes after end of 4th dose.

Note the exact time of collection on BOTH the sample and the requisition.

Bring to lab immediately for processing if patient also receiving carbenicillin or other high dose penicillin or cephalosporin because prolonged interactions with these drugs (8 hours or more) at room temperature can modify amino groups and interfere with aminoglycoside assay.

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Specimen Preparation:**

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry

**Units:**

mg/L

**Reference Interval:**

Therapeutic Peak Levels: Bacteremia, pneumonia, sepsis: 8-10 mg/L

Urinary tract infection: 4-8 mg/L

Trough Levels: Standard dosing: <2 mg/L (<1 mg/L optimum)

Once daily, high dose: <1 mg/L (<0.3 mg/L optimum)

Toxicity associated with trough levels > 2 mg/L or peak levels > 10-12 mg/L.

Peak levels of <5 or >10 mg/L will be flagged as abnormal.

Trough levels >2 mg/L will be flagged as abnormal.

Source of reference range: UCSF Medical Center Aminoglycoside Dosing and Monitoring Recommendations (Accessed November 2020). <https://idmp.ucsf.edu/content/gentamicin>

**Synonyms:**

- LAB5447
- LAB5449
- LAB5448
- GENPK
- GENTH
- GENRN

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 14 days

Samples containing carbenicillin or piperacillin should be stored frozen if a delay in analysis of more than 8 hours is anticipated. Failure to freeze samples containing these antibiotics may result in falsely low gentamicin levels due to in vitro inactivation.

**Reported:**

4 hours

**Additional Information:**

For desired peak and trough levels in special situations, [Click here](#)

Toxicity associated with trough levels > 2 mg/L or peak levels > 10-12 mg/L.

The aminoglycoside sisomicin cross-reacts with this gentamicin assay due to their structural similarity. Therefore, the results of this assay cannot be used to accurately quantitate gentamicin serum or plasma levels in patients receiving sisomicin in combination with gentamicin.

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**CPT Codes:**

80170

**LOINC Codes:**

35668-3

# GI Bacteria Panel PCR

LAB9105

## ORDERING

**Ordering Recommendations:**

This test is primarily intended for diagnosis of community-acquired diarrhea.

**Approval Required:**

Yes, consultation required for samples submitted > 72 hours after inpatient admission. Contact Microbiology at 415-353-1268 or specify the reason for testing in the order comment field.

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday, Wednesday, Friday

**Methodology:**

PCR

**Reported:**

3 days

**Additional Information:**

Detects *Campylobacter* (*C. jejuni*, *C. coli*, and *C. lari*), *Escherichia coli* O157, Enterotoxigenic *E. coli* (ETEC) LT/ST, *Salmonella*, Shiga-like Toxin producing *E. coli* (STEC) stx 1/stx 2, *Shigella* (*S. boydii*, *S. sonnei*, *S. flexneri*, and *S. dysenteriae*), *Vibrio cholera* cholera toxin gene (ctx).

**Reflex Testing:**

Cultures will be performed on samples with PCR results positive for *Campylobacter*, *E. coli* O157, *Salmonella*, *Shigella*, and *Vibrio cholera*.

**Synonyms:**

- *Campylobacter*
- *Escherichia coli* O157
- ETEC
- *Salmonella*
- STEC
- *Vibrio cholera*
- *Shigella*
- GI Pathogen Panel PCR
- GPP B

## COLLECTION

**Sample Type:**

Stool

**Collect:**

Urine cup, FecalSwab or C & S (Cary-Blair) transport medium

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh unpreserved stool : 0.5 mL or size of pea  
Stool in C & S (Cary-Blair) transport medium: 5 mL

**Remarks:**

Submit unpreserved stool to laboratory within 3 hours of collection.

If specimen will be submitted to the laboratory more than 3 hours after collection, or after 11 pm when Microbiology is closed, submit stool in C & S (Cary-Blair) Medium. Add stool to red line on vial and mix well with spoon.

C & S (Cary-Blair) Medium is available from Material Services. Outpatients can obtain these from the laboratories' draw stations. For patient collect samples, order PMM 68902 C & S Medium Cary Blair 2805-05-WB (with bag and instructions). PMM 49206 C & S Medium 2805-05 (without bag or instructions) also available.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Stool in C & S (Cary-Blair) Medium or FecalSwab: Room Temp or refrigerated  
 Fresh unpreserved stool: Refrigerated or Frozen at -70 degrees C

**Rejection Criteria:**

Samples received >48 hours after collection.  
 Reject if more than two samples submitted per day.

**PROCESSING****Test Code:**

P366

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Transfer unpreserved stool to Cary Blair as soon as possible after receipt in lab. Do not reject unpreserved samples unless received >48 hours after collection.

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh unpreserved stool : 0.5 mL or size of pea  
 Stool in C & S (Cary-Blair) transport medium: 5 mL

**Rejection Criteria:**

Samples received >48 hours after collection.  
 Reject if more than two samples submitted per day.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Stool in C & S (Cary-Blair) Medium or FecalSwab: Room Temp or refrigerated  
 Fresh unpreserved stool: Refrigerated or Frozen at -70 degrees C

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning.

E. coli O157 DETECTED

Vibrio cholera DETECTED

**Additional Information:**

Detects Campylobacter (*C. jejuni*, *C. coli*, and *C. lari*), Escherichia coli O157, Enterotoxigenic *E. coli* (ETEC) LT/ST, Salmonella, Shiga-like Toxin producing *E. coli* (STEC) stx 1/stx 2, Shigella (*S. boydii*, *S. sonnei*, *S. flexneri*, and *S. dysenteriae*), Vibrio cholera cholera toxin gene (ctx).

**ADMINISTRATIVE****CPT Codes:**

87506

**LOINC Codes:**

79381-0

**COMPLETE VIEW****Approval Required:**

Yes, consultation required for samples submitted > 72 hours after inpatient admission. Contact Microbiology at 415-353-1268 or specify the reason for testing in the order comment field.

**Available Stat:**

No

**Ordering Recommendations:**

This test is primarily intended for diagnosis of community-acquired diarrhea.

**Test Code:**

P366

**Performing Lab:**

Microbiology



**Performed:**

Monday, Wednesday, Friday

**Methodology:**

PCR

**Remarks:**

Submit unpreserved stool to laboratory within 3 hours of collection.

If specimen will be submitted to the laboratory more than 3 hours after collection, or after 11 pm when Microbiology is closed, submit stool in C & S (Cary-Blair) Medium. Add stool to red line on vial and mix well with spoon.

C & S (Cary-Blair) Medium is available from Material Services. Outpatients can obtain these from the laboratories' draw stations. For patient collect samples, order PMM 68902 C & S Medium Cary Blair 2805-05-WB (with bag and instructions). PMM 49206 C & S Medium 2805-05 (without bag or instructions) also available.

**Collect:**

Urine cup, FecalSwab or C &amp; S (Cary-Blair) transport medium

**Amount to Collect:**

See Preferred Volume

**Sample Type:**

Stool

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh unpreserved stool : 0.5 mL or size of pea

Stool in C &amp; S (Cary-Blair) transport medium: 5 mL

**Rejection Criteria:**

Samples received &gt;48 hours after collection.

Reject if more than two samples submitted per day.

**Specimen Preparation:**

Transfer unpreserved stool to Cary Blair as soon as possible after receipt in lab. Do not reject unpreserved samples unless received >48 hours after collection.

**Reference Interval:**

Not detected

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning.

E. coli O157 DETECTED

Vibrio cholera DETECTED

**Synonyms:**

- Campylobacter
- Escherichia coli O157
- ETEC
- Salmonella
- STEC
- Vibrio cholera
- Shigella
- GI Pathogen Panel PCR
- GPP B

**Storage/Transport Temperature:**

Stool in C &amp; S (Cary-Blair) Medium or FecalSwab: Room Temp or refrigerated

Fresh unpreserved stool: Refrigerated or Frozen at -70 degrees C

**Stability (from collection to initiation):**

2 days

**Reported:**

3 days

**Reflex Testing:**

Cultures will be performed on samples with PCR results positive for Campylobacter, E. coli O157, Salmonella, Shigella, and Vibrio cholera.

**Additional Information:**

Detects Campylobacter (*C. jejuni*, *C. coli*, and *C. lari*), Escherichia coli O157, Enterotoxigenic E. coli (ETEC) LT/ST, Salmonella, Shiga-like Toxin producing E. coli (STEC) stx 1/stx 2, Shigella (*S. boydii*, *S. sonnei*, *S. flexneri*, and *S. dysenteriae*), Vibrio cholera cholera toxin gene (ctx).

**CPT Codes:**

87506

**LOINC Codes:**  
79381-0

# GI Parasite Panel PCR

LAB9103

## ORDERING

**Ordering Recommendations:**

This test is primarily intended for diagnosis of community-acquired diarrhea.

**Approval Required:**

Yes, consultation required for samples submitted > 72 hours after inpatient admission. Contact Microbiology at 415-353-1268 or specify the reason for testing in the order comment field.

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday, Wednesday, Friday

**Methodology:**

PCR

**Reported:**

3 days

**Additional Information:**

Detects *Cryptosporidium* (*C. parvum* and *C. hominis*), *Entamoeba histolytica*, and *Giardia* (*G. lamblia*, also known as *G. intestinalis* and *G. duodenalis*).

**Synonyms:**

- *Cryptosporidium*
- *Entamoeba histolytica*
- *Giardia*
- GI Pathogen Panel PCR
- GPP P

## COLLECTION

**Sample Type:**

Stool

**Collect:**

Urine cup, FecalSwab or C & S (Cary-Blair) transport medium

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh unpreserved stool : 0.5 mL or size of pea

Stool in C & S (Cary-Blair) transport medium: 5 mL

**Remarks:**

Submit unpreserved stool to laboratory within 3 hours of collection.

If specimen will be submitted to the laboratory more than 3 hours after collection, or after 11 pm when Microbiology is closed, submit stool in C & S (Cary-Blair) Medium. Add stool to red line on vial and mix well with spoon.

C & S (Cary-Blair) Medium is available from Material Services. Outpatients can obtain these from the laboratories' draw stations. For patient collect samples, order PMM 68902 C & S Medium Cary Blair 2805-05-WB (with bag and instructions). PMM 49206 C & S Medium 2805-05 (without bag or instructions) also available.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Stool in C & S (Cary-Blair) Medium or FecalSwab: Room Temp or refrigerated

Fresh unpreserved stool: Refrigerated or Frozen at -70 degrees C

**Rejection Criteria:**

Samples received >48 hours after collection.

Reject if more than two samples submitted per day.

## PROCESSING

**Test Code:**

P368

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Transfer unpreserved stool to Cary Blair as soon as possible after receipt in lab. Do not reject unpreserved samples unless received >48 hours after collection.

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh unpreserved stool : 0.5 mL or size of pea

Stool in C &amp; S (Cary-Blair) transport medium: 5 mL

**Rejection Criteria:**

Samples received &gt;48 hours after collection.

Reject if more than two samples submitted per day.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Stool in C &amp; S (Cary-Blair) Medium or FecalSwab: Room Temp or refrigerated

Fresh unpreserved stool: Refrigerated or Frozen at -70 degrees C

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**Additional Information:**

Detects *Cryptosporidium* (*C. parvum* and *C. hominis*), *Entamoeba histolytica*, and *Giardia* (*G. lamblia*, also known as *G. intestinalis* and *G. duodenalis*).

**ADMINISTRATIVE****CPT Codes:**

87505

**LOINC Codes:**

79381-0

**COMPLETE VIEW****Approval Required:**

Yes, consultation required for samples submitted > 72 hours after inpatient admission. Contact Microbiology at 415-353-1268 or specify the reason for testing in the order comment field.

**Available Stat:**

No

**Ordering Recommendations:**

This test is primarily intended for diagnosis of community-acquired diarrhea.

**Test Code:**

P368

**Performing Lab:**

Microbiology

**Performed:**

Monday, Wednesday, Friday

**Methodology:**

PCR

**Remarks:**

Submit unpreserved stool to laboratory within 3 hours of collection.

If specimen will be submitted to the laboratory more than 3 hours after collection, or after 11 pm when Microbiology is closed, submit stool in C & S (Cary-Blair) Medium. Add stool to red line on vial and mix well with spoon.

C & S (Cary-Blair) Medium is available from Material Services. Outpatients can obtain these from the laboratories' draw stations. For patient collect samples, order PMM 68902 C & S Medium Cary Blair 2805-05-WB (with bag and instructions). PMM 49206 C & S Medium 2805-05 (without bag or instructions) also available.

**Collect:**

Urine cup, FecalSwab or C & S (Cary-Blair) transport medium

**Amount to Collect:**

See Preferred Volume

**Sample Type:**

Stool

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh unpreserved stool : 0.5 mL or size of pea

Stool in C & S (Cary-Blair) transport medium: 5 mL

**Rejection Criteria:**

Samples received >48 hours after collection.

Reject if more than two samples submitted per day.

**Specimen Preparation:**

Transfer unpreserved stool to Cary Blair as soon as possible after receipt in lab. Do not reject unpreserved samples unless received >48 hours after collection.

**Reference Interval:**

Not detected

**Synonyms:**

- Cryptosporidium
- Entamoeba histolytica
- Giardia
- GI Pathogen Panel PCR
- GPP P

**Storage/Transport Temperature:**

Stool in C & S (Cary-Blair) Medium or FecalSwab: Room Temp or refrigerated

Fresh unpreserved stool: Refrigerated or Frozen at -70 degrees C

**Stability (from collection to initiation):**

2 days

**Reported:**

3 days

**Additional Information:**

Detects Cryptosporidium (*C. parvum* and *C. hominis*), Entamoeba histolytica, and Giardia (*G. lamblia*, also known as *G. intestinalis* and *G. duodenalis*).

**CPT Codes:**

87505

**LOINC Codes:**

79381-0

# GI Viral Panel PCR

LAB9104

## ORDERING

**Ordering Recommendations:**

This test is primarily intended for diagnosis of community-acquired diarrhea.

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday, Wednesday, Friday

**Methodology:**

PCR

**Reported:**

3 days

**Additional Information:**

Detects Adenovirus 40/41, Norovirus GI/GII, Rotavirus A.

**Synonyms:**

- Adenovirus
- Norovirus
- Rotavirus
- GI Pathogen Panel PCR
- GPP V

## COLLECTION

**Sample Type:**

Stool

**Collect:**

Urine cup, FecalSwab or C & S (Cary-Blair) transport medium

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh unpreserved stool : 0.5 mL or size of pea

Stool in C & S (Cary-Blair) transport medium: 5 mL

**Remarks:**

Submit unpreserved stool to laboratory within 3 hours of collection.

If specimen will be submitted to the laboratory more than 3 hours after collection, or after 11 pm when Microbiology is closed, submit stool in C & S (Cary-Blair) Medium. Add stool to red line on vial and mix well with spoon.

C & S (Cary-Blair) Medium is available from Material Services. Outpatients can obtain these from the laboratories' draw stations. For patient collect samples, order PMM 68902 C & S Medium Cary Blair 2805-05-WB (with bag and instructions). PMM 49206 C & S Medium 2805-05 (without bag or instructions) also available.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Stool in C & S (Cary-Blair) Medium or FecalSwab: Room Temp or refrigerated

Fresh unpreserved stool: Refrigerated or Frozen at -70 degrees C

**Rejection Criteria:**

Samples received >48 hours after collection.

Reject if more than two samples submitted per day.

## PROCESSING

**Test Code:**

P367

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Transfer unpreserved stool to Cary Blair as soon as possible after receipt in lab. Do not reject unpreserved samples unless received >48 hours after collection.

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh unpreserved stool : 0.5 mL or size of pea

Stool in C & S (Cary-Blair) transport medium: 5 mL

**Rejection Criteria:**

Samples received >48 hours after collection.

Reject if more than two samples submitted per day.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Stool in C & S (Cary-Blair) Medium or FecalSwab: Room Temp or refrigerated

Fresh unpreserved stool: Refrigerated or Frozen at -70 degrees C

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**Additional Information:**

Detects Adenovirus 40/41, Norovirus GI/GII, Rotavirus A.

**ADMINISTRATIVE****CPT Codes:**

87505

**LOINC Codes:**

79381-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

This test is primarily intended for diagnosis of community-acquired diarrhea.

**Test Code:**

P367

**Performing Lab:**

Microbiology

**Performed:**

Monday, Wednesday, Friday

**Methodology:**

PCR

**Remarks:**

Submit unpreserved stool to laboratory within 3 hours of collection.

If specimen will be submitted to the laboratory more than 3 hours after collection, or after 11 pm when Microbiology is closed, submit stool in C & S (Cary-Blair) Medium. Add stool to red line on vial and mix well with spoon.

C & S (Cary-Blair) Medium is available from Material Services. Outpatients can obtain these from the laboratories' draw stations. For patient collect samples, order PMM 68902 C & S Medium Cary Blair 2805-05-WB (with bag and instructions). PMM 49206 C & S Medium 2805-05 (without bag or instructions) also available.

**Collect:**

Urine cup, FecalSwab or C & S (Cary-Blair) transport medium

**Amount to Collect:**

See Preferred Volume

**Sample Type:**

Stool

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh unpreserved stool : 0.5 mL or size of pea

Stool in C & S (Cary-Blair) transport medium: 5 mL

**Rejection Criteria:**

Samples received >48 hours after collection.  
Reject if more than two samples submitted per day.

**Specimen Preparation:**

Transfer unpreserved stool to Cary Blair as soon as possible after receipt in lab. Do not reject unpreserved samples unless received >48 hours after collection.

**Reference Interval:**

Not detected

**Synonyms:**

- Adenovirus
- Norovirus
- Rotavirus
- GI Pathogen Panel PCR
- GPP V

**Storage/Transport Temperature:**

Stool in C & S (Cary-Blair) Medium or FecalSwab: Room Temp or refrigerated  
Fresh unpreserved stool: Refrigerated or Frozen at -70 degrees C

**Stability (from collection to initiation):**

2 days

**Reported:**

3 days

**Additional Information:**

Detects Adenovirus 40/41, Norovirus GI/GII, Rotavirus A.

**CPT Codes:**

87505

**LOINC Codes:**

79381-0



# Gliadin Antibodies, Deamidated

LAB725

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Tuesday (day shift)

**Methodology:**

Chemiluminescence

**Reported:**

2-8 days

**Additional Information:**

Anti-gliadin antibodies are associated with Celiac Disease (also called gluten-sensitive enteropathy). IgG and/or IgA antibodies can be found, but generally, IgA antibodies are considered more specific for disease, while IgG antibodies are considered more sensitive. This assay uses the deamidated form of gliadin as a substrate, which is considered to have greater diagnostic accuracy in comparison with traditional assays. Testing for antibodies to TTG (tissue transglutaminase) are usually performed in addition to testing for antibodies to gliadin.

Note: Since IgA deficiency is common in patients with celiac disease, serum IgA levels may be useful in patients with negative results for the IgA anti-gliadin assay.

**Synonyms:**

- Celiac disease
- gluten sensitive enteropathy
- anti deamidated gliadin antibodies

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Avoid hemolysis

**Unacceptable Conditions:**

Grossly hemolyzed or icteric samples

## PROCESSING

**Test Code:**

GLIA

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze serum at -20°C

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed or icteric samples

## RESULT INTERPRETATION

**Units:**

Chemiluminescence units (CU)

**Reference Interval:**

Gliadin antibody (IgG)

|               |              |
|---------------|--------------|
| Negative      | < 20.0 CU    |
| Weak Positive | 20.0-30.0 CU |
| Positive      | > 30.0 CU    |

Gliadin Antibody (IgA)

|               |              |
|---------------|--------------|
| Negative      | < 20.0 CU    |
| Weak Positive | 20.0-30.0 CU |
| Positive      | > 30.0 CU    |

**Additional Information:**

Anti-gliadin antibodies are associated with Celiac Disease (also called gluten-sensitive enteropathy). IgG and/or IgA antibodies can be found, but generally, IgA antibodies are considered more specific for disease, while IgG antibodies are considered more sensitive. This assay uses the deamidated form of gliadin as a substrate, which is considered to have greater diagnostic accuracy in comparison with traditional assays. Testing for antibodies to TTG (tissue transglutaminase) are usually performed in addition to testing for antibodies to gliadin.

Note: Since IgA deficiency is common in patients with celiac disease, serum IgA levels may be useful in patients with negative results for the IgA anti-gliadin assay.

**ADMINISTRATIVE****CPT Codes:**

86258 X 2

**LOINC Codes:**

57776-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GLIA

**Performing Lab:**

Immunology

**Performed:**

Tuesday (day shift)

**Methodology:**

Chemiluminescence

**Remarks:**

Avoid hemolysis

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed or icteric samples

**Specimen Preparation:**

Freeze serum at -20°C

**Units:**

Chemiluminescence units (CU)

**Reference Interval:**

## Gliadin antibody (IgG)

|               |              |
|---------------|--------------|
| Negative      | < 20.0 CU    |
| Weak Positive | 20.0-30.0 CU |
| Positive      | > 30.0 CU    |

## Gliadin Antibody (IgA)

|               |              |
|---------------|--------------|
| Negative      | < 20.0 CU    |
| Weak Positive | 20.0-30.0 CU |
| Positive      | > 30.0 CU    |

**Synonyms:**

- Celiac disease
- gluten sensitive enteropathy
- anti deamidated gliadin antibodies

**Reported:**

2-8 days

**Additional Information:**

Anti-gliadin antibodies are associated with Celiac Disease (also called gluten-sensitive enteropathy). IgG and/or IgA antibodies can be found, but generally, IgA antibodies are considered more specific for disease, while IgG antibodies are considered more sensitive. This assay uses the deamidated form of gliadin as a substrate, which is considered to have greater diagnostic accuracy in comparison with traditional assays. Testing for antibodies to TTG (tissue transglutaminase) are usually performed in addition to testing for antibodies to gliadin.

Note: Since IgA deficiency is common in patients with celiac disease, serum IgA levels may be useful in patients with negative results for the IgA anti-gliadin assay.

**CPT Codes:**

86258 X 2

**LOINC Codes:**

57776-7

# Global Hemostasis TEG

GHTEG

## ORDERING

**Approval Required:**

Test is only available for cardiac patients in the OR.

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

24-hours per day, 7-days per week

**Methodology:**

Thromboelastography

**Reported:**

4 hours

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- TEG6S
- Citrated K
- KH
- RT
- FF

## COLLECTION

**Sample Type:**

citrated whole blood

**Collect:**

Blue (2.7 mL) top filled to full extent of vacuum

**Amount to Collect:**

Blue top: 2.7 mL blood

**Preferred Volume:**

2.7mL

**Minimum Volume:**

2.7mL

**Remarks:**

Test available for intraoperative patients only.

Use a 21G needle to perform the venipuncture.

Draw and discard the first 3 mL of blood or fill another tube. Blue top cannot be the first tube drawn .

After collection, mix each tube by gently inverting 3 to 4 times.

Discard the sample if there is a venous collapse or stoppage of blood flow during collection. Likewise, avoid prolonged placement of the tourniquet or a traumatic phlebotomy.

Dedicated specimen required. Do not combine with other tests.

Specimens MUST BE HAND DELIVERED to M524 and clarify to the recipient that the item is a TEG sample.

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection, Stable for 2 hours post collection..

**Storage/Transport Temperature:**

Ambient Temperature

**Unacceptable Conditions:**

Orders outside of the OR or Cardiac Transplant Team. Specimens that are under or over filled

Specimen sent in pneumatic tube system.

Combined with other tests.

Specimen received past stability.

## PROCESSING

**Test Code:**

GHTEG

**Performing Lab:**

Parnassus Hematology

**Preferred Volume:**

2.7mL

**Minimum Volume:**

2.7mL

**Unacceptable Conditions:**

Orders outside of the OR or Cardiac Transplant Team. Specimens that are under or over filled  
 Specimen sent in pneumatic tube system.  
 Combined with other tests.  
 Specimen received past stability.

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection, Stable for 2 hours post collection..

**Storage/Transport Temperature:**

Ambient Temperature

**RESULT INTERPRETATION****Units:**

Kaolin TEG R (min) Kaolin TEG K (min) Kaolin TEG Angle (deg) Kaolin TEG MA (mm) Citrated TEG MA (mm) Kaolin TEG + Heparinase R (min) CFF MA (mm) CFF FLEV (mg/dL)

**Reference Interval:**

| Test ID | Reference Range |
|---------|-----------------|
| CKR     | 4.6-9.1 min     |
| CKK     | 0.8-2.1 min     |
| CKANG   | 63-78 degrees   |
| CKMA    | 52-69 mm        |
| CRTMA   | 52-70 mm        |
| CKHR    | 4.3-8.3 min     |
| CFFMA   | 15-32 mm        |
| CFFFL   | 278-581 mg/dl   |

NOTE: Reference ranges are not established for patients under 18 years old.

**ADMINISTRATIVE****CPT Codes:**

85347, 85347-59, 85384, 85576, 85576-59, 85390, 85396, 85397

**LOINC Codes:**

99761-9, 99763-5, 99762-7, 97005-3, 97007-9, 97014-5, 97016-0

**COMPLETE VIEW****Approval Required:**

Test is only available for cardiac patients in the OR.

**Available Stat:**

No

**Test Code:**

GHTEG

**Performing Lab:**

Parnassus Hematology

**Performed:**

24-hours per day, 7-days per week

**Methodology:**

Thromboelastography

**Remarks:**

Test available for intraoperative patients only.  
 Use a 21G needle to perform the venipuncture.  
 Draw and discard the first 3 mL of blood or fill another tube. Blue top cannot be the first tube drawn .  
 After collection, mix each tube by gently inverting 3 to 4 times.  
 Discard the sample if there is a venous collapse or stoppage of blood flow during collection. Likewise, avoid prolonged placement of the tourniquet or a traumatic phlebotomy.  
 Dedicated specimen required. Do not combine with other tests.  
 Specimens MUST BE HAND DELIVERED to M524 and clarify to the recipient that the item is a TEG sample.

**Collect:**

Blue (2.7 mL) top filled to full extent of vacuum

**Amount to Collect:**

Blue top: 2.7 mL blood

**Sample Type:**

citrated whole blood

**Preferred Volume:**

2.7mL

**Minimum Volume:**

2.7mL

**Unacceptable Conditions:**

Orders outside of the OR or Cardiac Transplant Team. Specimens that are under or over filled

Specimen sent in pneumatic tube system.

Combined with other tests.

Specimen received past stability.

**Units:**

Kaolin TEG R (min) Kaolin TEG K (min) Kaolin TEG Angle (deg) Kaolin TEG MA (mm) Citrated TEG MA (mm) Kaolin TEG + Heparinase R (min) CFF MA (mm) CFF FLEV (mg/dL)

**Reference Interval:**

| Test ID | Reference Range |
|---------|-----------------|
| CKR     | 4.6-9.1 min     |
| CKK     | 0.8-2.1 min     |
| CKANG   | 63-78 degrees   |
| CKMA    | 52-69 mm        |
| CRTMA   | 52-70 mm        |
| CKHR    | 4.3-8.3 min     |
| CFFMA   | 15-32 mm        |
| CFFFL   | 278-581 mg/dl   |

NOTE: Reference ranges are not established for patients under 18 years old.

**Synonyms:**

- TEG6S
- Citrated K
- KH
- RT
- FF

**Storage/Transport Temperature:**

Ambient Temperature

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection, Stable for 2 hours post collection..

**Reported:**

4 hours

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**CPT Codes:**

85347, 85347-59, 85384, 85576, 85576-59, 85390, 85396, 85397

**LOINC Codes:**

99761-9, 99763-5, 99762-7, 97005-3, 97007-9, 97014-5, 97016-0

# Global Hemostasis TEG with Lysis

LYTEG

## ORDERING

**Approval Required:**

Test is only available for Liver transplant patients in the OR.

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

24/7

**Methodology:**

Thromboelastography

**Reported:**

4 hours

**Synonyms:**

- TEG6S
- Citrated K
- RT
- FF

## COLLECTION

**Sample Type:**

Citrated whole blood

**Collect:**

Citrated Blue Top

**Amount to Collect:**

2.7 mL

**Preferred Volume:**

2.7mL

**Minimum Volume:**

2.7mL

**Remarks:**

Test available for intraoperative patients only.

Use a 21G needle to perform the venipuncture.

Draw and discard the first 3 mL of blood or fill another tube. Blue top cannot be the first tube drawn .

After collection, mix each tube by gently inverting 3 to 4 times.

Discard the sample if there is a venous collapse or stoppage of blood flow during collection. Likewise, avoid prolonged placement of the tourniquet or a traumatic phlebotomy.

Dedicated specimen required. Do not combine with other tests.

Specimens MUST BE HAND DELIVERED to M524 and clarify to the recipient that the item is a TEG sample.

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection and is stable for 2 hours..

**Storage/Transport Temperature:**

Ambient temperature

**Unacceptable Conditions:**

Orders outside of OR or Liver Transplant Team. Specimens that are under or over filled

Specimen sent in pneumatic tube system.

Combined with other tests.

Specimen received past stability.

## PROCESSING

**Test Code:**

LYTEG

**Performing Lab:**

Parnassus Hematology

**Preferred Volume:**

2.7mL

**Minimum Volume:**

2.7mL

**Unacceptable Conditions:**

Orders outside of OR or Liver Transplant Team. Specimens that are under or over filled  
 Specimen sent in pneumatic tube system.  
 Combined with other tests.  
 Specimen received past stability.

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection and is stable for 2 hours..

**Storage/Transport Temperature:**

Ambient temperature

**RESULT INTERPRETATION****Reference Interval:**

| Parameter        | Reference Range |
|------------------|-----------------|
| CK R (LYCKR)     | 4.6-9.1 minutes |
| CK LY30 (LYLY30) | 0.0-2.6 %       |
| CRT (LRTMA)      | 52-70 mm        |
| CFF (LFFMA)      | 15-32 mm        |

NOTE: Reference ranges are not established for patients under 18 years old.

**ADMINISTRATIVE****CPT Codes:**

85576, 85347, 85390, 85397, 85384

**LOINC Codes:**

99761-9, 97013-7, 97005-3, 97014-5

**COMPLETE VIEW****Approval Required:**

Test is only available for Liver transplant patients in the OR.

**Available Stat:**

No

**Test Code:**

LYTEG

**Performing Lab:**

Parnassus Hematology

**Performed:**

24/7

**Methodology:**

Thromboelastography

**Remarks:**

Test available for intraoperative patients only.  
 Use a 21G needle to perform the venipuncture.  
 Draw and discard the first 3 mL of blood or fill another tube. Blue top cannot be the first tube drawn .  
 After collection, mix each tube by gently inverting 3 to 4 times.  
 Discard the sample if there is a venous collapse or stoppage of blood flow during collection. Likewise, avoid prolonged placement of the tourniquet or a traumatic phlebotomy.  
 Dedicated specimen required. Do not combine with other tests.  
 Specimens MUST BE HAND DELIVERED to M524 and clarify to the recipient that the item is a TEG sample.

**Collect:**

Citrated Blue Top

**Amount to Collect:**

2.7 mL

**Sample Type:**

Citrated whole blood

**Preferred Volume:**

2.7mL

**Minimum Volume:**

2.7mL



**Unacceptable Conditions:**

Orders outside of OR or Liver Transplant Team. Specimens that are under or over filled  
 Specimen sent in pneumatic tube system.  
 Combined with other tests.  
 Specimen received past stability.

**Reference Interval:**

| Parameter        | Reference Range |
|------------------|-----------------|
| CK R (LYCKR)     | 4.6-9.1 minutes |
| CK LY30 (LYLY30) | 0.0-2.6 %       |
| CRT (LRTMA)      | 52-70 mm        |
| CFF (LFFMA)      | 15-32 mm        |

NOTE: Reference ranges are not established for patients under 18 years old.

**Synonyms:**

- TEG6S
- Citrated K
- RT
- FF

**Storage/Transport Temperature:**

Ambient temperature

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection and is stable for 2 hours..

**Reported:**

4 hours

**CPT Codes:**

85576, 85347, 85390, 85397, 85384

**LOINC Codes:**

99761-9, 97013-7, 97005-3, 97014-5

# Glomerular Basement Membrane Antibody

LAB727

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

EIA

**Reported:**

Test run Tuesday and Thursday. Turnaround time: 2-7 days.

**Synonyms:**

- anti-GBM
- anti-glomerular basement membrane antibody
- Good pasture's syndrome

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

AGBM

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.2 mL serum

## PROCESSING

**Test Code:**

AGBM

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 93294P.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.2 mL serum

## RESULT INTERPRETATION

**Units:**

EU/mL

**Reference Interval:**

Negative: &lt; 3.0 EU/mL

Positive: &gt;= 3.0 EU/mL

## ADMINISTRATIVE

**CPT Codes:**

83520-90

**LOINC Codes:**

30343-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AGBM

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

EIA

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Refrigerate. Order Quest # 93294P.

**Units:**

EU/mL

**Reference Interval:**

Negative: &lt; 3.0 EU/mL

Positive: &gt;= 3.0 EU/mL

**Synonyms:**

- anti-GBM
- anti-glomerular basement membrane antibody
- Good pasture's syndrome

**Reported:**

Test run Tuesday and Thursday. Turnaround time: 2-7 days.

**CPT Codes:**

83520-90

**LOINC Codes:**

30343-8

# Glucagon

LAB1005

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Extraction, RIA

**Reported:**

Set up 2x per week. Turnaround time: 5-7 days.

**Synonyms:**

- PANCREATIC HYPERCALCEMIC FACTOR
- GLUCA
- ICE

## COLLECTION

**Patient Preparation:**

Overnight fasting before specimen collection is required.

**Sample Type:**

EDTA Plasma

**Label Abbreviation:**

GLGN

**Collect:**

Lavender top (on ice)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.1 mL plasma

**Remarks:**

Collect EDTA plasma, invert several times to mix, centrifuge, and immediately transfer the plasma into a clean, plastic screw-cap vial and freeze. There should be no delay in freezing as the analyte is very unstable and samples must be kept frozen until testing.

To avoid delays in turnaround time when requesting multiple tests on frozen samples, please submit separate frozen specimens for each test requested.

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week, frozen at -20C 4 weeks.

**Unacceptable Conditions:**

Not delivered on ice

## PROCESSING

**Test Code:**

GLGN

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze plasma at -20°C. Order Quest # 519

Collect EDTA plasma, invert several times to mix, centrifuge, and immediately transfer the plasma into a clean, plastic screw-cap vial and freeze. There should be no delay in freezing as the analyte is very unstable and samples must be kept frozen until testing.

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.1 mL plasma

**Unacceptable Conditions:**

Not delivered on ice

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week, frozen at -20C 4 weeks.

**RESULT INTERPRETATION****Units:**

pg/mL

**Reference Interval:**

Cord Blood: <= 215 pg/mL

Day 1: <= 240 pg/mL

Day 2: <= 400 pg/mL

Day 3: <= 420 pg/mL

Days 4-14: <= 148 pg/mL

Adults: <= 60 pg/mL

**ADMINISTRATIVE****CPT Codes:**

82943-90

**LOINC Codes:**

2338-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GLGN

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Extraction, RIA

**Patient Preparation:**

Overnight fasting before specimen collection is required.

**Remarks:**

Collect EDTA plasma, invert several times to mix, centrifuge, and immediately transfer the plasma into a clean, plastic screw-cap vial and freeze. There should be no delay in freezing as the analyte is very unstable and samples must be kept frozen until testing.

To avoid delays in turnaround time when requesting multiple tests on frozen samples, please submit separate frozen specimens for each test requested.

**Collect:**

Lavender top (on ice)

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA Plasma

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.1 mL plasma

**Unacceptable Conditions:**

Not delivered on ice

**Specimen Preparation:**

Freeze plasma at -20°C. Order Quest # 519

Collect EDTA plasma, invert several times to mix, centrifuge, and immediately transfer the plasma into a clean, plastic screw-cap vial and freeze. There should be no delay in freezing as the analyte is very unstable and samples must be kept frozen until testing.

**Units:**

pg/mL

**Reference Interval:**

Cord Blood: ≤ 215 pg/mL

Day 1: ≤ 240 pg/mL

Day 2: ≤ 400 pg/mL

Day 3: ≤ 420 pg/mL

Days 4-14: ≤ 148 pg/mL

Adults: ≤ 60 pg/mL

**Synonyms:**

- PANCREATIC HYPERCALCEMIC FACTOR
- GLUCA
- ICE

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week, frozen at -20C 4 weeks.

**Reported:**

Set up 2x per week. Turnaround time: 5-7 days.

**CPT Codes:**

82943-90

**LOINC Codes:**

2338-2

# Glucose Loading Screen

LAB3020

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Parnassus ACC, 0730-1530 weekdays

Mission Bay, 0700-1530 weekdays

Mount Zion 2330 Post St. 0800-1530 weekdays

**Methodology:**

Hexokinase/G-6-PDH

**Additional Information:**

This 1-hour glucose loading screen is part of a two-step screening approach used to screen pregnant patients for gestational diabetes (GDM). When this step is abnormal, it is followed by the second step "3 hour 100 gram Glucose Tolerance Test, Pregnancy."

**Synonyms:**

- Diabetes mellitus
- GCT
- Glucose challenge test

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gray top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Remarks:**

This screening test may be given at any time of day, without regard to prior meals.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

## PROCESSING

**Test Code:**

GLT1

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

1 hour post-50 g po glucose, without regard to whether patient had been fasting: 70 -129 mg/dL

**Additional Information:**

This 1-hour glucose loading screen is part of a two-step screening approach used to screen pregnant patients for gestational diabetes (GDM). When this step is abnormal, it is followed by the second step "3 hour 100 gram Glucose Tolerance Test, Pregnancy."

**ADMINISTRATIVE****CPT Codes:**

82950

**LOINC Codes:**

1504-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GLT1

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Parnassus ACC, 0730-1530 weekdays

Mission Bay, 0700-1530 weekdays

Mount Zion 2330 Post St. 0800-1530 weekdays

**Methodology:**

Hexokinase/G-6-PDH

**Remarks:**

This screening test may be given at any time of day, without regard to prior meals.

**Collect:**

Gray top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Units:**

mg/dL

**Reference Interval:**

1 hour post-50 g po glucose, without regard to whether patient had been fasting: 70 -129 mg/dL

**Synonyms:**

- Diabetes mellitus
- GCT
- Glucose challenge test

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

**Additional Information:**

This 1-hour glucose loading screen is part of a two-step screening approach used to screen pregnant patients for gestational diabetes (GDM). When this step is abnormal, it is followed by the second step "3 hour 100 gram Glucose Tolerance Test, Pregnancy."

**CPT Codes:**

82950

**LOINC Codes:**

1504-0



# Glucose Tolerance Test (Pregnant) 2 Hour

LAB5583

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Parnassus ACC 0730-1400 weekdays.

Mission Bay 0700-1400 weekdays

Mount Zion 2230 Post St. 0800-1400 weekdays.

**Methodology:**

Hexokinase/G-6-PDH

**Additional Information:**

For further information on the "2 Hour, 75 gram Glucose Tolerance Test, Pregnancy," refer to the UpToDate section on screening and diagnosis of diabetes mellitus during pregnancy and also the International Association of Diabetes and Pregnancy Study Groups Recommendations on the Diagnosis and Classification of Hyperglycemia in Pregnancy, Diabetes Care, 33:676-682, 2010

**Synonyms:**

- Diabetes mellitus
- OGTP2
- GT60
- GT120

## COLLECTION

**Patient Preparation:**

The patient should be instructed by the care-giver to eat a normal diet containing at least 150 g of carbohydrate per day and carry out normal physical activity for at least 3 days prior to the morning of the test. An 8-10 hour fast is required before initial baseline sample collection.

**Sample Type:**

Serum

**Collect:**

Gray top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Remarks:**

The patient should be seated for the test and should not smoke.

Collect all samples in Gray top tubes

Obtain a fasting sample and send to lab for stat glucose testing. If the fasting glucose result is  $\geq 92$  mg/dL, the glucose dose is not given to the patient. The outpatient personnel must contact the Diabetes Clinic (3-2868) to inform them of the fasting glucose result and ask for instructions to provide to the patient.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

## PROCESSING

**Test Code:**

OGTP2. GT60 &amp; GT120

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

Fasting: 70-91 mg/dL 1

1 hour (post glucose): &lt; 180 mg/dL

2 hour (post glucose): &lt; 153 mg/dL

**Additional Information:**

For further information on the "2 Hour, 75 gram Glucose Tolerance Test, Pregnancy," refer to the UpToDate section on screening and diagnosis of diabetes mellitus during pregnancy and also the International Association of Diabetes and Pregnancy Study Groups Recommendations on the Diagnosis and Classification of Hyperglycemia in Pregnancy, Diabetes Care, 33:676-682, 2010

**ADMINISTRATIVE****CPT Codes:**

82947

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

OGTP2. GT60 &amp; GT120

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Parnassus ACC 0730-1400 weekdays.

Mission Bay 0700-1400 weekdays

Mount Zion 2230 Post St. 0800-1400 weekdays.

**Methodology:**

Hexokinase/G-6-PDH

**Patient Preparation:**

The patient should be instructed by the care-giver to eat a normal diet containing at least 150 g of carbohydrate per day and carry out normal physical activity for at least 3 days prior to the morning of the test. An 8-10 hour fast is required before initial baseline sample collection.

**Remarks:**

The patient should be seated for the test and should not smoke.

Collect all samples in Gray top tubes

Obtain a fasting sample and send to lab for stat glucose testing. If the fasting glucose result is  $\geq 92$  mg/dL, the glucose dose is not given to the patient. The outpatient personnel must contact the Diabetes Clinic (3-2868) to inform them of the fasting glucose result and ask for instructions to provide to the patient.

**Collect:**

Gray top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Units:**

mg/dL

**Reference Interval:**

Fasting: 70-91 mg/dL 1

1 hour (post glucose): < 180 mg/dL

2 hour (post glucose): < 153 mg/dL

**Synonyms:**

- Diabetes mellitus
- OGTP2
- GT60
- GT120

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

**Additional Information:**

For further information on the "2 Hour, 75 gram Glucose Tolerance Test, Pregnancy," refer to the UpToDate section on screening and diagnosis of diabetes mellitus during pregnancy and also the International Association of Diabetes and Pregnancy Study Groups Recommendations on the Diagnosis and Classification of Hyperglycemia in Pregnancy, Diabetes Care, 33:676-682, 2010

**CPT Codes:**

82947

# Glucose Tolerance Test, Pregnancy

LAB3041

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Parnassus ACC 0730-1330 weekdays.

Mission Bay 0700-1330 weekdays.

Mount Zion 2230 Post St. 0800-1330 weekdays.

**Methodology:**

Hexokinase/G-6-PDH

**Additional Information:**

Glucose tolerance screening for gestational diabetes mellitus (GDM) may be performed as a one step approach or as a two step approach. This "3 hour 100 gram glucose tolerance test, pregnancy" is the second test in the two step screening approach for GDM. For the first test in the two step screening approach, see the "1 hour 50 gram glucose loading screen." A positive diagnosis in this second step test requires that two or more reference range thresholds be met or exceeded. For a discussion on the reference range for this test, see UpToDate section on "Screening for and diagnosis of diabetes mellitus during pregnancy."

For the one step approach to screening for GDM, see "2 Hour, 75 gram Glucose Tolerance Test, Pregnant."

"Glucose tolerance beverages are available in 100 g bottles (10 g/fl. oz. at 10 oz.) at ACC, and 100 g and 50 g bottles (10 g/fl. oz., 5 g/fl. oz. both 10 oz.) at Post St.

Source of reference range: UpToDate and the 4th International Workshop on Gestational Diabetes

**Synonyms:**

- Diabetes mellitus
- OGTP
- 3GT60
- 3GT120
- 3GT180

## COLLECTION

**Patient Preparation:**

The patient should be instructed by the care-giver to eat a normal diet containing at least 150 g of carbohydrate and carry out normal physical activity for at least 3 days prior to the morning of the test, which is administered after an 8-14 hour fast.

**Sample Type:**

Plasma

**Collect:**

Gray top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Remarks:**

The patient should be seated for the test and should not smoke.

Collect all samples in Gray top tubes

An 8-14 hour fast is required to perform this test. If the patient did not fast for this period, cancel the test and inform the patient to return after fasting for the required time.

Obtain a fasting sample and send to lab for stat testing and follow the 3 hour glucose tolerance testing procedure for the remaining samples.

Note: The fasting glucose result must be <110 mg/dL to proceed with the glucose tolerance test. If the fasting glucose result is 110 mg/dL or higher, cancel the glucose tolerance test.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

**PROCESSING****Test Code:**

OGTP, 3GT60, 3GT120, 3GT180

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

|                       |             |
|-----------------------|-------------|
| Fasting               | 70-94 mg/dL |
| 1 hour (post glucose) | < 180 mg/dL |
| 2 hour (post glucose) | < 155 mg/dL |
| 3 hour (post glucose) | < 140 mg/dL |

**Additional Information:**

Glucose tolerance screening for gestational diabetes mellitus (GDM) may be performed as a one step approach or as a two step approach. This "3 hour 100 gram glucose tolerance test, pregnancy" is the second test in the two step screening approach for GDM. For the first test in the two step screening approach, see the "1 hour 50 gram glucose loading screen." A positive diagnosis in this second step test requires that two or more reference range thresholds be met or exceeded. For a discussion on the reference range for this test, see UpToDate section on "Screening for and diagnosis of diabetes mellitus during pregnancy."

For the one step approach to screening for GDM, see "2 Hour, 75 gram Glucose Tolerance Test, Pregnant."

"Glucose tolerance beverages are available in 100 g bottles (10 g/fl. oz. at 10 oz.) at ACC, and 100 g and 50 g bottles (10 g/fl. oz., 5 g/fl. oz. both 10 oz.) at Post St.

Source of reference range: UpToDate and the 4th International Workshop on Gestational Diabetes

**ADMINISTRATIVE****CPT Codes:**

82947

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

OGTP, 3GT60, 3GT120, 3GT180

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Parnassus ACC 0730-1330 weekdays.  
Mission Bay 0700-1330 weekdays.  
Mount Zion 2230 Post St. 0800-1330 weekdays.

**Methodology:**

Hexokinase/G-6-PDH

**Patient Preparation:**

The patient should be instructed by the care-giver to eat a normal diet containing at least 150 g of carbohydrate and carry out normal physical activity for at least 3 days prior to the morning of the test, which is administered after an 8-14 hour fast.

**Remarks:**

The patient should be seated for the test and should not smoke.

Collect all samples in Gray top tubes

An 8-14 hour fast is required to perform this test. If the patient did not fast for this period, cancel the test and inform the patient to return after fasting for the required time.

Obtain a fasting sample and send to lab for stat testing and follow the 3 hour glucose tolerance testing procedure for the remaining samples.

Note: The fasting glucose result must be <110 mg/dL to proceed with the glucose tolerance test. If the fasting glucose result is 110 mg/dL or higher, cancel the glucose tolerance test.

**Collect:**

Gray top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Units:**

mg/dL

**Reference Interval:**

|                       |             |
|-----------------------|-------------|
| Fasting               | 70-94 mg/dL |
| 1 hour (post glucose) | < 180 mg/dL |
| 2 hour (post glucose) | < 155 mg/dL |
| 3 hour (post glucose) | < 140 mg/dL |

**Synonyms:**

- Diabetes mellitus
- OGTP
- 3GT60
- 3GT120
- 3GT180

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

**Additional Information:**

Glucose tolerance screening for gestational diabetes mellitus (GDM) may be performed as a one step approach or as a two step approach. This "3 hour 100 gram glucose tolerance test, pregnancy" is the second test in the two step screening approach for GDM. For the first test in the two step screening approach, see the "1 hour 50 gram glucose loading screen." A positive diagnosis in this second step test requires that two or more reference range thresholds be met or exceeded. For a discussion on the reference range for this test, see UpToDate section on "Screening for and diagnosis of diabetes mellitus during pregnancy."

For the one step approach to screening for GDM, see "2 Hour, 75 gram Glucose Tolerance Test, Pregnant."

"Glucose tolerance beverages are available in 100 g bottles (10 g/fl. oz. at 10 oz.) at ACC, and 100 g and 50 g bottles (10 g/fl. oz., 5 g/fl. oz. both 10 oz.) at Post St.

Source of reference range: UpToDate and the 4th International Workshop on Gestational Diabetes

**CPT Codes:**

82947

# Glucose, Body fluid

LAB186

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Hexokinase/G-6-PDH

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

To convert mg/dl to mmol/L (SI units) multiply by 0.0555.

## COLLECTION

**Sample Type:**

Body Fluid

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Preferred Volume:**

0.5 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Room temperature 5 hours, refrigerated 3 days, frozen at -20C 1 month

## PROCESSING

**Test Code:**

GLBF

**Test Group:**

Glucose

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Preferred Volume:**

0.5 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Stability (from collection to initiation):**

Room temperature 5 hours, refrigerated 3 days, frozen at -20C 1 month

## RESULT INTERPRETATION

**Units:**

mg/dL

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

To convert mg/dl to mmol/L (SI units) multiply by 0.0555.

**ADMINISTRATIVE****CPT Codes:**

82945

**LOINC Codes:**

2344-0

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

GLBF

**Test Group:**

Glucose

**Performing Lab:**

Parnassus & Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Hexokinase/G-6-PDH

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Sample Type:**

Body Fluid

**Preferred Volume:**

0.5 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Units:**

mg/dL

**Stability (from collection to initiation):**

Room temperature 5 hours, refrigerated 3 days, frozen at -20C 1 month

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

To convert mg/dl to mmol/L (SI units) multiply by 0.0555.

**CPT Codes:**

82945

**LOINC Codes:**

2344-0



# Glucose, CSF

LAB185

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Hexokinase/G-6-PDH

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.0555. CSF levels are usually > 55% of serum glucose and > 40 mg/dL. As serum glucose rises above 200 mg/dL the CSF/serum ratio falls from about 0.55 to a minimum of 0.31.

**Synonyms:**

- GLC

## COLLECTION

**Sample Type:**

CSF

**Label Abbreviation:**

GLC

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

3 mL CSF

**Preferred Volume:**

0.5 mL CSF

**Minimum Volume:**

0.2 mL CSF

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Room temperature 5 hours, refrigerated 3 days, frozen at -20C 1 month

## PROCESSING

**Test Code:**

GLC

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

0.5 mL CSF

**Minimum Volume:**

0.2 mL CSF

**Stability (from collection to initiation):**

Room temperature 5 hours, refrigerated 3 days, frozen at -20C 1 month

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

40-70 mg/dL

**Critical Values:**

&lt; 30 mg/dL

**Additional Information:**

To convert mg/dl to mmol/L (SI units) multiply by 0.0555. CSF levels are usually > 55% of serum glucose and > 40 mg/dL. As serum glucose rises above 200 mg/dL the CSF/serum ratio falls from about 0.55 to a minimum of 0.31.

**ADMINISTRATIVE****CPT Codes:**

82945

**LOINC Codes:**

2342-4

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

GLC

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Hexokinase/G-6-PDH

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

3 mL CSF

**Sample Type:**

CSF

**Preferred Volume:**

0.5 mL CSF

**Minimum Volume:**

0.2 mL CSF

**Units:**

mg/dL

**Reference Interval:**

40-70 mg/dl

**Critical Values:**

&lt; 30 mg/dL

**Synonyms:**

- GLC

**Stability (from collection to initiation):**

Room temperature 5 hours, refrigerated 3 days, frozen at -20C 1 month

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/dl to mmol/L (SI units) multiply by 0.0555. CSF levels are usually > 55% of serum glucose and > 40 mg/dL. As serum glucose rises above 200 mg/dL the CSF/serum ratio falls from about 0.55 to a minimum of 0.31.

**CPT Codes:**

82945

**LOINC Codes:**

2342-4

# Glucose, Fasting

LAB81

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)  
Peninsula Outpatient Center (Mon-Fri 0800-1630)  
Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Hexokinase/G-6-PDH on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: Hexokinase/G-6-PDH on Roche cobas c311

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.0555.

The stated reference ranges reflect criteria for the diagnosis of diabetes mellitus established by the American Diabetes Association (Diabetes Care, Volume 34, Supplement 1, January 2011). All recommendations of the ADA are based upon plasma or serum levels). The diagnosis of diabetes mellitus should NOT be made until one of these abnormalities has been confirmed on a subsequent day. Impaired glucose tolerance/impaired fasting glucose implies an increased risk of future diabetes. Fasting levels < 50 mg/dL are frequently found in apparently normal individuals after 1-3 days of fasting, especially in women and children; levels as low as 20 mg/dL may be normal in prematures (Pediatrics 1990;85:834).

Note that glucose concentrations in capillary blood are higher than those in venous blood. In fasting samples, the differences are small (2 to 5 mg/dL), however, in non-fasting samples, differences as high as 70 mg/dL may be observed.

**Synonyms:**

- Diabetes mellitus
- FBS
- fasting blood sugar

## COLLECTION

**Patient Preparation:**

Patients should have fasted (no caloric intake) for a minimum of 8 hours before testing.

**Sample Type:**

Plasma or serum

**Collect:**

Lt Green top preferred, Gold top and Gray top acceptable.

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & St. Mary's Chemistry:  
Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Room temperature 8 hrs, refrigerated 3 days

## PROCESSING

**Test Code:**

FBS

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & St. Mary's Chemistry:  
Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Room temperature 8 hrs, refrigerated 3 days

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

Normal: 70-99 mg/dL

Impaired fasting glucose ("pre-diabetes"): 100-125 mg/dL

Diabetes mellitus: &gt; 125 mg/dL

**Critical Values:**

Neonates: &lt; 30 mg/dL or &gt; 170 mg/dL

&gt;= 1 month old: &lt; 50 mg/dL or &gt; 500 mg/dL

**Additional Information:**

To convert mg/dl to mmol/L (SI units) multiply by 0.0555.

The stated reference ranges reflect criteria for the diagnosis of diabetes mellitus established by the American Diabetes Association (Diabetes Care, Volume 34, Supplement 1, January 2011). All recommendations of the ADA are based upon plasma or serum levels). The diagnosis of diabetes mellitus should NOT be made until one of these abnormalities has been confirmed on a subsequent day. Impaired glucose tolerance/impaired fasting glucose implies an increased risk of future diabetes. Fasting levels < 50 mg/dL are frequently found in apparently normal individuals after 1-3 days of fasting, especially in women and children; levels as low as 20 mg/dL may be normal in prematures (Pediatrics 1990;85:834).

Note that glucose concentrations in capillary blood are higher than those in venous blood. In fasting samples, the differences are small (2 to 5 mg/dL), however, in non-fasting samples, differences as high as 70 mg/dL may be observed.

**ADMINISTRATIVE****CPT Codes:**

82947

**LOINC Codes:**

1558-6

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

FBS

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Hexokinase/G-6-PDH on Abbott Architect  
  
 Berkeley Outpatient Center and Peninsula Outpatient Center: Hexokinase/G-6-PDH on Roche cobas c311

**Patient Preparation:**

Patients should have fasted (no caloric intake) for a minimum of 8 hours before testing.

**Collect:**

Lt Green top preferred, Gold top and Gray top acceptable.

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

mg/dL

**Reference Interval:**

Normal: 70-99 mg/dL  
 Impaired fasting glucose ("pre-diabetes"): 100-125 mg/dL  
 Diabetes mellitus: > 125 mg/dL

**Critical Values:**

Neonates: < 30 mg/dL or > 170 mg/dL  
 >= 1 month old: < 50 mg/dL or > 500 mg/dL

**Synonyms:**

- Diabetes mellitus
- FBS
- fasting blood sugar

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & St. Mary's Chemistry:  
 Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months  
  
 Berkeley Outpatient Center and Peninsula Outpatient Center:  
 Room temperature 8 hrs, refrigerated 3 days

**Additional Information:**

To convert mg/dl to mmol/L (SI units) multiply by 0.0555.

The stated reference ranges reflect criteria for the diagnosis of diabetes mellitus established by the American Diabetes Association (Diabetes Care, Volume 34, Supplement 1, January 2011). All recommendations of the ADA are based upon plasma or serum levels). The diagnosis of diabetes mellitus should NOT be made until one of these abnormalities has been confirmed on a subsequent day. Impaired glucose tolerance/impaired fasting glucose implies an increased risk of future diabetes. Fasting levels < 50 mg/dL are frequently found in apparently normal individuals after 1-3 days of fasting, especially in women and children; levels as low as 20 mg/dL may be normal in prematures (Pediatrics 1990;85:834).

Note that glucose concentrations in capillary blood are higher than those in venous blood. In fasting samples, the differences are small (2 to 5 mg/dL), however, in non-fasting samples, differences as high as 70 mg/dL may be observed.

**CPT Codes:**

82947

**LOINC Codes:**

1558-6

# Glucose, Non-Fasting

LAB82

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)  
Peninsula Outpatient Center (Mon-Fri 0800-1630)  
Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Hexokinase/G-6-PDH on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: Hexokinase/G-6-PDH on Roche cobas c311

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/dl to mmol/L (SI units) multiply by 0.0555.

The above reference ranges reflect new criteria for the diagnosis of diabetes mellitus established by the American Diabetes Association ((Diabetes Care, Volume 34, Supplement 1, January 2011). All recommendations of the ADA are based upon plasma or serum levels). The diagnosis of diabetes mellitus should NOT be made until one of these abnormalities has been confirmed on a subsequent day. Impaired glucose tolerance/impaired fasting glucose implies an increased risk of future diabetes.

**Synonyms:**

- Diabetes mellitus
- GLU

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable (Gray or Dark Green top acceptable)

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & St. Mary's Chemistry:  
Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Room temperature 8 hrs, refrigerated 3 days

## PROCESSING

**Test Code:**

GLU

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Specimen Preparation:**

Note on specimen if sample was from a gray top tube.

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & St. Mary's Chemistry:  
 Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

Berkeley Outpatient Center and Peninsula Outpatient Center:  
 Room temperature 8 hrs, refrigerated 3 days

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

Pediatrics:

|                   |              |
|-------------------|--------------|
| < 1 month         | 55-115 mg/dL |
| 1 month - 1 year  | 55-123 mg/dL |
| 1 year - 17 years | 56-145 mg/dL |

Adults (>= 18 years old):

|                            |                |
|----------------------------|----------------|
| Normal                     | 70-199 mg/dL   |
| Impaired glucose tolerance | 140-199 mg/dL* |
| Diabetes mellitus          | > 199 mg/dL**  |

\* If measured 2 hour postprandial

\*\* AND Sx of diabetes such as polyuria, polydipsia or unexplained weight loss

1. Normal range for infants 0 to <1 month adapted from Soldin, Steven J., "Pediatric Reference Intervals", 6th edition, AACC Press, 2007, method 1.
2. Normal range for 1 month to <18 years adapted from Beckman Coulter's "Pediatric Reference Range Guidelines for Synchron Systems" Bulletin 9345
3. ADA guidelines used for adults.

**Critical Values:**

Neonates: < 30 mg/dL or > 170 mg/dL

>=1 month old: < 50 mg/dL or > 500 mg/dL

**Additional Information:**

To convert mg/dl to mmol/L (SI units) multiply by 0.0555.

The above reference ranges reflect new criteria for the diagnosis of diabetes mellitus established by the American Diabetes Association ((Diabetes Care, Volume 34, Supplement 1, January 2011). All recommendations of the ADA are based upon plasma or serum levels). The diagnosis of diabetes mellitus should NOT be made until one of these abnormalities has been confirmed on a subsequent day. Impaired glucose tolerance/impaired fasting glucose implies an increased risk of future diabetes.

**ADMINISTRATIVE****CPT Codes:**

82947

**LOINC Codes:**

2345-7

**COMPLETE VIEW**

**Available Stat:**

Yes

**Test Code:**

GLU

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Hexokinase/G-6-PDH on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: Hexokinase/G-6-PDH on Roche cobas c311

**Collect:**

Light green top preferred, Gold top acceptable (Gray or Dark Green top acceptable)

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Specimen Preparation:**

Note on specimen if sample was from a gray top tube.

**Units:**

mg/dL

**Reference Interval:**

Pediatrics:

|                   |              |
|-------------------|--------------|
| < 1 month         | 55-115 mg/dL |
| 1 month - 1 year  | 55-123 mg/dL |
| 1 year - 17 years | 56-145 mg/dL |

Adults (>= 18 years old):

|                            |                |
|----------------------------|----------------|
| Normal                     | 70-199 mg/dL   |
| Impaired glucose tolerance | 140-199 mg/dL* |
| Diabetes mellitus          | > 199 mg/dL**  |

\* If measured 2 hour postprandial

\*\* AND Sx of diabetes such as polyuria, polydipsia or unexplained weight loss

1. Normal range for infants 0 to <1 month adapted from Soldin, Steven J., "Pediatric Reference Intervals", 6th edition, AACC Press, 2007, method 1.
2. Normal range for 1 month to <18 years adapted from Beckman Coulter's "Pediatric Reference Range Guidelines for Synchron Systems" Bulletin 9345
3. ADA guidelines used for adults.

**Critical Values:**

Neonates: < 30 mg/dL or > 170 mg/dL

>=1 month old: < 50 mg/dL or > 500 mg/dL

**Synonyms:**

- Diabetes mellitus
- GLU



**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & St. Mary's Chemistry:  
Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Room temperature 8 hrs, refrigerated 3 days

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/dl to mmol/L (SI units) multiply by 0.0555.

The above reference ranges reflect new criteria for the diagnosis of diabetes mellitus established by the American Diabetes Association ((Diabetes Care, Volume 34, Supplement 1, January 2011). All recommendations of the ADA are based upon plasma or serum levels). The diagnosis of diabetes mellitus should NOT be made until one of these abnormalities has been confirmed on a subsequent day. Impaired glucose tolerance/impaired fasting glucose implies an increased risk of future diabetes.

**CPT Codes:**

82947

**LOINC Codes:**

2345-7

# Glucose, Urine, 24 Hour

LAB395

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Hexokinase/G-6-PDH

**Reported:**

Same or next day

**Additional Information:**

To convert mg/dl to mmol/L (SI units) multiply by 0.0555.

**Synonyms:**

- Diabetes mellitus
- Quantitative sugar, urine
- GLUU

## COLLECTION

**Sample Type:**

Timed urine collection

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

0.2 mL urine

**Remarks:**

Sample compatible with all urine tests collected in a plain container EXCEPT Osmolality. Obtain container from Specimen Receiving. Refrigerate the collection container during the collection period.

**Stability (from collection to initiation):**

Room temperature 2 hours, refrigerated 2 hours, frozen at -20C 2 days

## PROCESSING

**Test Code:**

GLUU

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Specimen Preparation:**

Mix 24-hour urine sample well. Aliquot 1 mL.

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature 2 hours, refrigerated 2 hours, frozen at -20C 2 days

## RESULT INTERPRETATION

**Units:**

mg/D

**Reference Interval:**

&lt; 500 mg/D

**Additional Information:**

To convert mg/dl to mmol/L (SI units) multiply by 0.0555.

**ADMINISTRATIVE****CPT Codes:**

82945

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GLUU

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Hexokinase/G-6-PDH

**Remarks:**

Sample compatible with all urine tests collected in a plain container EXCEPT Osmolality. Obtain container from Specimen Receiving. Refrigerate the collection container during the collection period.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

Timed urine collection

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

0.2 mL urine

**Specimen Preparation:**

Mix 24-hour urine sample well. Alliquot 1 mL.

**Units:**

mg/D

**Reference Interval:**

&lt; 500 mg/D

**Synonyms:**

- Diabetes mellitus
- Quantitative sugar, urine
- GLUU

**Stability (from collection to initiation):**

Room temperature 2 hours, refrigerated 2 hours, frozen at -20C 2 days

**Reported:**

Same or next day

**Additional Information:**

To convert mg/dl to mmol/L (SI units) multiply by 0.0555.

**CPT Codes:**

82945

# Glucose, Urine, Random

LAB3064

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Hexokinase/G-6-PDH

**Reported:**

Same or next day

**Synonyms:**

- Diabetes mellitus
- Quantitative sugar, urine
- GLUR

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature 2 hours, refrigerated 2 hours, frozen at -20C 2 days

## PROCESSING

**Test Code:**

GLUR

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature 2 hours, refrigerated 2 hours, frozen at -20C 2 days

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

1-15 mg/dL

## ADMINISTRATIVE

**CPT Codes:**

82945

**LOINC Codes:**

2350-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GLUR

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Hexokinase/G-6-PDH

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

0.2 mL urine

**Units:**

mg/dL

**Reference Interval:**

1-15 mg/dL

**Synonyms:**

- Diabetes mellitus
- Quantitative sugar, urine
- GLUR

**Stability (from collection to initiation):**

Room temperature 2 hours, refrigerated 2 hours, frozen at -20C 2 days

**Reported:**

Same or next day

**CPT Codes:**

82945

**LOINC Codes:**

2350-7

# Glucose, Whole Blood

LAB4472

## ORDERING

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Amperometry

Oxygen consumption (O2 electrode with glucose oxidase)

Radiometer ABL 90 FLEX Plus

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Glucose results from whole blood samples tested on the blood gas analyzers are based on direct measurements of glucose in the water phase of the samples and ordinarily provide values similar to those obtained by measuring plasma glucose concentrations with the general chemistry analyzer in the central laboratory.

**Synonyms:**

- Diabetes mellitus
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- Blood gas
- ABG

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, fingertip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab >30 minutes after collection may yield erroneous results.

**Unacceptable Conditions:**

Delivered to lab > 30 min after collection

**PROCESSING****Test Code:**

NGLU

LAB4471: Arterial source

LAB4472: Venous source

LAB4473: Central venous source

LAB4474: Mixed venous source

LAB4475: Capillary source

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Delivered to lab &gt; 30 min after collection

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

NOTE: These are non-fasting reference intervals.

**Pediatrics:**

|                   |              |
|-------------------|--------------|
| < 1 month         | 55-115 mg/dL |
| 1 month - 1 year  | 55-123 mg/dL |
| 1 year - 17 years | 56-145 mg/dL |

**Adults (>= 18 years old):**

|                            |                |
|----------------------------|----------------|
| Normal                     | 70-199 mg/dL   |
| Impaired glucose tolerance | 140-199 mg/dL* |
| Diabetes mellitus          | > 199 mg/dL**  |

\* measured 2 hour postprandial

\*\* AND Sx of diabetes such as polyuria, polydipsia or unexplained weight loss

Reference range adopted from current plasma/serum reference ranges for non-fasting glucose.

**Critical Values:**

Neonates: &lt; 30 mg/dL or &gt; 170 mg/dL

&gt;= 1 month old: &lt; 50 mg/dL or &gt; 500 mg/dL

**Additional Information:**

Glucose results from whole blood samples tested on the blood gas analyzers are based on direct measurements of glucose in the water phase of the samples and ordinarily provide values similar to those obtained by measuring plasma glucose concentrations with the general chemistry analyzer in the central laboratory.

**ADMINISTRATIVE****CPT Codes:**

82947

**LOINC Codes:**

2339-0

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**Follow the link for information about [Blood Gas Panels](#) that contain this test.



**Test Code:**

NGLU

LAB4471: Arterial source

LAB4472: Venous source

LAB4473: Central venous source

LAB4474: Mixed venous source

LAB4475: Capillary source

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Amperometry

Oxygen consumption (O<sub>2</sub> electrode with glucose oxidase)

Radiometer ABL 90 FLEX Plus

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, fingertip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab >30 minutes after collection may yield erroneous results.

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Delivered to lab > 30 min after collection

**Units:**

mg/dL

**Reference Interval:**

NOTE: These are non-fasting reference intervals.

**Pediatrics:**

|                   |              |
|-------------------|--------------|
| < 1 month         | 55-115 mg/dL |
| 1 month - 1 year  | 55-123 mg/dL |
| 1 year - 17 years | 56-145 mg/dL |

**Adults (>= 18 years old):**

|                            |                |
|----------------------------|----------------|
| Normal                     | 70-199 mg/dL   |
| Impaired glucose tolerance | 140-199 mg/dL* |
| Diabetes mellitus          | > 199 mg/dL**  |

\* measured 2 hour postprandial

\*\* AND Sx of diabetes such as polyuria, polydipsia or unexplained weight loss

Reference range adopted from current plasma/serum reference ranges for non-fasting glucose.

**Critical Values:**

Neonates: &lt; 30 mg/dL or &gt; 170 mg/dL

&gt;= 1 month old: &lt; 50 mg/dL or &gt; 500 mg/dL

**Synonyms:**

- Diabetes mellitus
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- Blood gas
- ABG

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Glucose results from whole blood samples tested on the blood gas analyzers are based on direct measurements of glucose in the water phase of the samples and ordinarily provide values similar to those obtained by measuring plasma glucose concentrations with the general chemistry analyzer in the central laboratory.

**CPT Codes:**

82947

**LOINC Codes:**

2339-0

# Glucose-6-Phosphate Dehydrogenase Screen, RBC, Quantitative

LAB12422

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

End point UV Spectrophotometry

**Reported:**

Test performed Tuesday-Saturday. Turnaround time: 2-5 days.

**Additional Information:**

To convert U/g Hgb to MU/mol Hgb (SI units) multiply by 0.0645.

**Synonyms:**

- G-6-PDH
- G6PD
- G6PDH
- red cell enzymes
- LAB571
- LAB21687

## COLLECTION

**Sample Type:**

EDTA whole blood

**Label Abbreviation:**

G6PD

**Collect:**

Lavender top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

0.5 mL blood

## PROCESSING

**Test Code:**

G6PD

LAB12422

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate sample. Do not centrifuge. Order Quest # 23572P. Ship refrigerated.

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

0.5 mL blood

## RESULT INTERPRETATION

**Units:**

U/g Hgb

**Reference Interval:**

4.6-13.5 U/g Hgb

**Additional Information:**

To convert U/g Hgb to MU/mol Hgb (SI units) multiply by 0.0645.

**ADMINISTRATIVE****CPT Codes:**

82955-90

**LOINC Codes:**

2356-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

G6PD

LAB12422

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

End point UV Spectrophotometry

**Collect:**

Lavender top

**Amount to Collect:**

4 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

0.5 mL blood

**Specimen Preparation:**

Refrigerate sample. Do not centrifuge. Order Quest # 23572P. Ship refrigerated.

**Units:**

U/g Hgb

**Reference Interval:**

4.6-13.5 U/g Hgb

**Synonyms:**

- G-6-PDH
- G6PD
- G6PDH
- red cell enzymes
- LAB571
- LAB21687

**Reported:**

Test performed Tuesday-Saturday. Turnaround time: 2-5 days.

**Additional Information:**

To convert U/g Hgb to MU/mol Hgb (SI units) multiply by 0.0645.

**CPT Codes:**

82955-90

**LOINC Codes:**

2356-4

## Glycine, CSF:Plasma ratio

### ORDERING

**Available Stat:**

No

**Performing Lab:**

Lucille-Packard Childrens Hospital

### COLLECTION

**Patient Preparation:**

Patients must be fasting for at least 4 hours before sample collection.

The test request should be accompanied by a brief clinical history, the tentative diagnosis, and a listing of drugs, x-rays, infant formula or dietary therapy administered within the previous 3 days.

**Sample Type:**

CSF &amp; heparinized plasma

**Collect:**

CSF tube or sterile collection tube and Dark Green top

**Remarks:**

Submit both plasma and CSF samples, following the collection instructions for plasma under Amino Acids, Quantitative, 1-5 only. CSF specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

### PROCESSING

**Test Group:**

Glycine

**Sendout:**

Yes

**Performing Lab:**

Lucille-Packard Childrens Hospital

### RESULT INTERPRETATION

**Units:**

Ratio

**Reference Interval:**

CSF/plasma ratio: 0.02-0.05

### COMPLETE VIEW

**Available Stat:**

No

**Test Group:**

Glycine

**Performing Lab:**

Lucille-Packard Childrens Hospital

**Sendout:**

Yes

**Patient Preparation:**

Patients must be fasting for at least 4 hours before sample collection.

The test request should be accompanied by a brief clinical history, the tentative diagnosis, and a listing of drugs, x-rays, infant formula or dietary therapy administered within the previous 3 days.

**Remarks:**

Submit both plasma and CSF samples, following the collection instructions for plasma under Amino Acids, Quantitative, 1-5 only. CSF specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

CSF tube or sterile collection tube and Dark Green top

**Sample Type:**

CSF &amp; heparinized plasma

**Units:**

Ratio

**Reference Interval:**

CSF/plasma ratio: 0.02-0.05

# GM-1 Antibodies, IgG and IgM

LAB5455

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay

**Reported:**

3-5 days

**Synonyms:**

- GM-1 antibodies
- Asialo-GM1 antibodies
- Anti-GM1 antibodies

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

GM1AB

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 2 weeks, frozen 1 month.

**Rejection Criteria:**

Received thawed

## PROCESSING

**Test Code:**

GM1AB

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Spin sample and freeze aliquot, Ship to China Basis frozen.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Rejection Criteria:**

Received thawed

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 2 weeks, frozen 1 month.

## RESULT INTERPRETATION

**Units:**

Titer

**Reference Interval:**

&lt; 1:800



**ADMINISTRATIVE**

**CPT Codes:**  
83520 x 2

**COMPLETE VIEW**

**Available Stat:**  
No

**Test Code:**  
GM1AB

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Immunoassay

**Collect:**  
Red top or Gold top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.2 mL serum

**Rejection Criteria:**  
Received thawed

**Specimen Preparation:**  
Spin sample and freeze aliquot, Ship to China Basis frozen.

**Units:**  
Titer

**Reference Interval:**  
< 1:800

**Synonyms:**

- GM-1 antibodies
- Asialo-GM1 antibodies
- Anti-GM1 antibodies

**Stability (from collection to initiation):**  
Room temperature 2 days, refrigerated 2 weeks, frozen 1 month.

**Reported:**  
3-5 days

**CPT Codes:**  
83520 x 2

# GML Exome Family Member Peripheral blood draw

LAB4253

## ORDERING

**Available Stat:**  
No

**Performing Lab:**  
Institute for Human Genetics, Genomic Medicine Lab

**Additional Information:**  
Specimen sent to GML

**Synonyms:**

- Peripheral blood draw for exome

## COLLECTION

**Sample Type:**  
Peripheral blood

**Collect:**  
EDTA (lavender top)

**Amount to Collect:**  
3 mL

**Preferred Volume:**  
3 mL

**Minimum Volume:**  
1 mL

**Stability (from collection to initiation):**  
Whole blood is stable refrigerated for 1 week. Please refrigerate samples over the weekend or holidays at 4°C for next business day pick up.

## PROCESSING

**Test Code:**  
GMLEXF

**Performing Lab:**  
Institute for Human Genetics, Genomic Medicine Lab

**Specimen Preparation:**  
Peripheral blood sent on the courier to Mt. Zion Central Processing

**Preferred Volume:**  
3 mL

**Minimum Volume:**  
1 mL

**Stability (from collection to initiation):**  
Whole blood is stable refrigerated for 1 week. Please refrigerate samples over the weekend or holidays at 4°C for next business day pick up.

## RESULT INTERPRETATION

**Additional Information:**  
Specimen sent to GML

## ADMINISTRATIVE

**CPT Codes:**  
36415

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
GMLEXF

**Performing Lab:**

Institute for Human Genetics, Genomic Medicine Lab

**Collect:**

EDTA (lavender top)

**Amount to Collect:**

3 mL

**Sample Type:**

Peripheral blood

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Specimen Preparation:**

Peripheral blood sent on the courier to Mt. Zion Central Processing

**Synonyms:**

- Peripheral blood draw for exome

**Stability (from collection to initiation):**

Whole blood is stable refrigerated for 1 week. Please refrigerate samples over the weekend or holidays at 4°C for next business day pick up.

**Additional Information:**

Specimen sent to GML

**CPT Codes:**

36415

# GQ1B Antibody, IgG

LAB5600

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enzyme Immunoassay

**Reported:**

5-7 days

**Additional Information:**

Measuring IgG antibodies to GQ1b ganglioside in serum as an aid in diagnosis of acute and chronic neuropathies.

**Synonyms:**

- Ganglioside GD1a antibody

## COLLECTION

**Patient Preparation:**

Overnight fasting preferred but not required

**Sample Type:**

Serum

**Label Abbreviation:**

GQ1B

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 1 week, frozen 1 month

## PROCESSING

**Test Code:**

GQ1B

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot serum and freeze. Transport to CB frozen. Order Quest test code 389644

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 1 week, frozen 1 month

## RESULT INTERPRETATION

**Units:**

Titer

**Reference Interval:**

&lt; 1:100

**Additional Information:**

Measuring IgG antibodies to GQ1b ganglioside in serum as an aid in diagnosis of acute and chronic neuropathies.

**ADMINISTRATIVE****CPT Codes:**

83520-90

**LOINC Codes:**

14254-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

GQ1B

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Enzyme Immunoassay

**Patient Preparation:**

Overnight fasting preferred but not required

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Aliquot serum and freeze. Transport to CB frozen. Order Quest test code 389644

**Units:**

Titer

**Reference Interval:**

< 1:100

**Synonyms:**

- Ganglioside GD1a antibody

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 1 week, frozen 1 month

**Reported:**

5-7 days

**Additional Information:**

Measuring IgG antibodies to GQ1b ganglioside in serum as an aid in diagnosis of acute and chronic neuropathies.

**CPT Codes:**

83520-90

**LOINC Codes:**

14254-7

# Gram Stain

LAB250

## ORDERING

**Available Stat:**

Sterile sites 24x7, Non-sterile sites 7:30 AM-11:30 PM

**Performing Lab:**

Routine orders: Microbiology

STAT orders: Hematology at Parnassus, Mission Bay, St. Mary, and St. Francis

Note: Mount Zion STATs are performed by Microbiology at China Basin.

**Performed:**

Daily

See information under 'Available stat' for stat testing availability

**Methodology:**

Gram stain and Microscopy

**Reported:**

STAT: 1 hour

Routine: Same or next day

**Additional Information:**

Normally sterile site specimens include CSF and other sterile body fluids (e.g. vitreous, pleural, peritoneal, ascites, amniotic, or joint fluids, bile, dialysates), sterile body tissues, and other specimens from specialized invasive procedures (e.g. bronchoalveolar lavage), and transfused blood product in the case of a transfusion reaction.

For diagnosis of bacterial vaginosis or yeast infection on vaginal exudate, order Vaginal smear for Bacterial vaginosis/yeast.

**Synonyms:**

- bacterial smear

## COLLECTION

**Sample Type:**

Respiratory, urine\*, genital, wound\*, CSF\*\*, body fluid\*\*, unfixed tissue\*

\* considered 'sterile' if collected in the OR or by sterile means

\*\* considered normally sterile sites

See Additional information

**Collect:**

CSF: CSF tube or sterile tube

Fluids: Sterile tube

Tissue: Anaerobic transport medium or sterile container if large

Swabs: Amies charcoal transport medium

Urine: Urine cup or red-top vacutainer tube

Sputum: Clean container

## PROCESSING

**Test Code:**

P057

**Performing Lab:**

Routine orders: Microbiology

STAT orders: Hematology at Parnassus, Mission Bay, St. Mary, and St. Francis

Note: Mount Zion STATs are performed by Microbiology at China Basin.

## RESULT INTERPRETATION

**Critical Values:**

Positive gram stains on samples from normally sterile sites, except urine (first positive smear only)

**Additional Information:**

Normally sterile site specimens include CSF and other sterile body fluids (e.g. vitreous, pleural, peritoneal, ascites, amniotic, or joint fluids, bile, dialysates), sterile body tissues, and other specimens from specialized invasive procedures (e.g. bronchoalveolar lavage), and transfused blood product in the case of a transfusion reaction.

For diagnosis of bacterial vaginosis or yeast infection on vaginal exudate, order Vaginal smear for Bacterial vaginosis/yeast.

**ADMINISTRATIVE****CPT Codes:**

87205

**LOINC Codes:**

664-3

**COMPLETE VIEW****Available Stat:**

Sterile sites 24x7, Non-sterile sites 7:30 AM-11:30 PM

**Test Code:**

P057

**Performing Lab:**

Routine orders: Microbiology

STAT orders: Hematology at Parnassus, Mission Bay, St. Mary, and St. Francis

Note: Mount Zion STATs are performed by Microbiology at China Basin.

**Performed:**

Daily

See information under 'Available stat' for stat testing availability

**Methodology:**

Gram stain and Microscopy

**Collect:**

CSF: CSF tube or sterile tube

Fluids: Sterile tube

Tissue: Anaerobic transport medium or sterile container if large

Swabs: Amies charcoal transport medium

Urine: Urine cup or red-top vacutainer tube

Sputum: Clean container

**Sample Type:**

Respiratory, urine\*, genital, wound\*, CSF\*\*, body fluid\*\*, unfixed tissue\*

\* considered 'sterile' if collected in the OR or by sterile means

\*\* considered normally sterile sites

See Additional information

**Critical Values:**

Positive gram stains on samples from normally sterile sites, except urine (first positive smear only)

**Synonyms:**

- bacterial smear

**Reported:**

STAT: 1 hour

Routine: Same or next day

**Additional Information:**

Normally sterile site specimens include CSF and other sterile body fluids (e.g. vitreous, pleural, peritoneal, ascites, amniotic, or joint fluids, bile, dialysates), sterile body tissues, and other specimens from specialized invasive procedures (e.g. bronchoalveolar lavage), and transfused blood product in the case of a transfusion reaction.

For diagnosis of bacterial vaginosis or yeast infection on vaginal exudate, order Vaginal smear for Bacterial vaginosis/yeast.

**CPT Codes:**

87205

**LOINC Codes:**

664-3

# Growth Hormone

LAB525

## ORDERING

**Ordering Recommendations:**

Aids in diagnosis of growth hormone excess or deficiency disorders.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Chemiluminescent Immunoassay

**Reported:**

1-2 days

**Synonyms:**

- GH
- GH testing
- GHRH
- Growth Hormone Stimulation
- growth hormone, Serum
- hGH
- Human Growth Hormone
- Somatotrophic Hormone
- Somatotropin
- GH2

## COLLECTION

**Patient Preparation:**

Patient must be fasting and at complete rest for 30 minutes before blood collection

**Sample Type:**

Plasma or serum

**Label Abbreviation:**

GH2

**Collect:**

Plasma separator tube or serum separator tube. Also acceptable: Green (sodium or lithium heparin), lavender (EDTA), or pink (K<sub>2</sub>EDTA).

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.4 mL plasma or serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 2 months

**Storage/Transport Temperature:**

Frozen. Also acceptable: Refrigerated.

**Unacceptable Conditions:**

Tissue or urine. Grossly hemolyzed or lipemic specimens.

## PROCESSING

**Test Code:**

GH2

**ARUP Test Code:**

0070080

**Sendout:**

Yes

**Performing Lab:**

ARUP



**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.4 mL plasma or serum

**Unacceptable Conditions:**

Tissue or urine. Grossly hemolyzed or lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 2 months

**Storage/Transport Temperature:**

Frozen. Also acceptable: Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

Effective May 20, 2013

| Age                | Male             | Female           |
|--------------------|------------------|------------------|
| 0-6 years          | 0.10-6.20 ng/mL  | 0.10-6.20 ng/mL  |
| 7-17 years         | 0.05-11.00 ng/mL | 0.05-17.30 ng/mL |
| 18 years and older | 0.05-3.00 ng/mL  | 0.05-8.00 ng/mL  |

**ADMINISTRATIVE****CPT Codes:**

83003

**LOINC:**

- 2963-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aids in diagnosis of growth hormone excess or deficiency disorders.

**Test Code:**

GH2

**ARUP Test Code:**

0070080

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Chemiluminescent Immunoassay

**Patient Preparation:**

Patient must be fasting and at complete rest for 30 minutes before blood collection

**Collect:**

Plasma separator tube or serum separator tube. Also acceptable: Green (sodium or lithium heparin), lavender (EDTA), or pink (K<sub>2</sub>EDTA).

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.4 mL plasma or serum

**Unacceptable Conditions:**

Tissue or urine. Grossly hemolyzed or lipemic specimens.

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)

**Reference Interval:**

Effective May 20, 2013

| Age                | Male             | Female           |
|--------------------|------------------|------------------|
| 0-6 years          | 0.10-6.20 ng/mL  | 0.10-6.20 ng/mL  |
| 7-17 years         | 0.05-11.00 ng/mL | 0.05-17.30 ng/mL |
| 18 years and older | 0.05-3.00 ng/mL  | 0.05-8.00 ng/mL  |

**Synonyms:**

- GH
- GH testing
- GHRH
- Growth Hormone Stimulation
- growth hormone, Serum
- hGH
- Human Growth Hormone
- Somatotrophic Hormone
- Somatotropin
- GH2

**Storage/Transport Temperature:**

Frozen. Also acceptable: Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 2 months

**Reported:**

1-2 days

**CPT Codes:**

83003

**LOINC:**

- 2963-7

**Notes:**

This Growth Hormone assay is now standardized to the Recombinant Second International Standard (IS): 98/574. Growth hormone results read approximately 25 percent lower than with the previous standards (FirstIS: 80/505). Reference ranges have also been modified according to the assay manufacturer.

# Growth Hormone Suppression Testing

ORDERING

Ordering Recommendations:  
[Growth Hormone Suppression Test Ordering/Collection Instructions](#)

COMPLETE VIEW

Ordering Recommendations:  
[Growth Hormone Suppression Test Ordering/Collection Instructions](#)

# Growth Hormone, Pediatric

LAB3387

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Esoterix

**Methodology:**

RIA, Double antibody

**Reported:**

Test performed Monday-Saturday. Turnaround time: 2-4 days

**Additional Information:**

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Growth Hormone" (test code GH). It requires approval if ordered in patients over the age of 20.

**Reasons for testing (children and adults):**

The assessment of GH secretory capacity is complicated because of the episodic nature of GH release from the pituitary. Basal GH levels can exhibit considerable variability throughout a 24 hour period, thus limiting their clinical utility. Alternatively, measurement of GH response to various stimuli has commonly been used to improve the diagnostic assessment of GH secretion. GH response to provocative stimuli among normal individuals, however is highly variable. Response values greater than 10 ng/mL have historically been considered to reflect normal GH secretory function, while values below 10 ng/mL have been considered to some degree of GH deficiency. However, it should be noted that this limit is arbitrarily derived. A significant percentage of normal controls exhibit response values well below this 10 ng/mL limit. The clinical research literature should be consulted for a more recent detailed review of the interpretation of GH response data.

Because of wide fluctuations in normal levels, normal ranges are difficult to define and measuring random GH values is not usually diagnostically helpful. Screening tests for GH deficiency include measurements 1 hour after sleep or after 20 min of vigorous exercise, but definitive testing requires provocative testing. Increased levels are expected with insulin-induced hypoglycemia, arginine infusion, or the administration of L-dopa or clonidine. Well defined, normative values for stimulation testing are not available for this assay or other widely used growth hormone assays.

Consensus guidelines for the diagnosis and treatment of growth hormone (GH) deficiency in childhood and adolescence: summary statement of the GH Research Society. GH Research Society. J Clin Endocrinol Metab. 2000 Nov;85(11):3990-3

**Synonyms:**

- GH
- GH, pediatric
- Growth Hormone ultrasensitive

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top, Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.4 mL serum

## PROCESSING

**Test Code:**

PGHB

**Test Group:**

GH

**Sendout:**

Yes

**Performing Lab:**

Esoterix

**Specimen Preparation:**

Separate serum within 1 hour after collection. Freeze at -20C. Ship frozen

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.4 mL serum

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

| Age                 |            |
|---------------------|------------|
| 1-2 days            | 5-53 ng/mL |
| 2-7 days            | 5-27 ng/mL |
| 31 days-11 months   | 2-10 ng/mL |
| Post-overnight fast |            |
| Children            | 0-6 ng/mL  |
| >= 18 year olds     | 0-6 ng/mL  |

**Additional Information:**

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Growth Hormone" (test code GH). It requires approval if ordered in patients over the age of 20.

**Reasons for testing (children and adults):**

The assessment of GH secretory capacity is complicated because of the episodic nature of GH release from the pituitary. Basal GH levels can exhibit considerable variability throughout a 24 hour period, thus limiting their clinical utility.

Alternatively, measurement of GH response to various stimuli has commonly been used to improve the diagnostic assessment of GH secretion. GH response to provocative stimuli among normal individuals, however is highly variable. Response values greater than 10 ng/mL have historically been considered to reflect normal GH secretory function, while values below 10 ng/mL have been considered to some degree of GH deficiency. However, it should be noted that this limit is arbitrarily derived. A significant percentage of normal controls exhibit response values well below this 10 ng/mL limit. The clinical research literature should be consulted for a more recent detailed review of the interpretation of GH response data.

Because of wide fluctuations in normal levels, normal ranges are difficult to define and measuring random GH values is not usually diagnostically helpful. Screening tests for GH deficiency include measurements 1 hour after sleep or after 20 min of vigorous exercise, but definitive testing requires provocative testing. Increased levels are expected with insulin-induced hypoglycemia, arginine infusion, or the administration of L-dopa or clonidine. Well defined, normative values for stimulation testing are not available for this assay or other widely used growth hormone assays.

Consensus guidelines for the diagnosis and treatment of growth hormone (GH) deficiency in childhood and adolescence: summary statement of the GH Research Society. GH Research Society. J Clin Endocrinol Metab. 2000 Nov;85(11):3990-3

**ADMINISTRATIVE****CPT Codes:**

83003-90

**LOINC Codes:**

2963-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PGHB

**Test Group:**

GH

**Performing Lab:**

Esoterix

**Sendout:**

Yes

**Methodology:**

RIA, Double antibody

**Collect:**

Gold top, Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.4 mL serum

**Specimen Preparation:**

Separate serum within 1 hour after collection. Freeze at -20C. Ship frozen

**Units:**

ng/mL

**Reference Interval:**

|                     |            |
|---------------------|------------|
| Age                 |            |
| 1-2 days            | 5-53 ng/mL |
| 2-7 days            | 5-27 ng/mL |
| 31 days-11 months   | 2-10 ng/mL |
|                     |            |
| Post-overnight fast |            |
| Children            | 0-6 ng/mL  |
| >= 18 year olds     | 0-6 ng/mL  |

**Synonyms:**

- GH
- GH, pediatric
- Growth Hormone ultrasensitive

**Reported:**

Test performed Monday-Saturday. Turnaround time: 2-4 days

**Additional Information:**

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Growth Hormone" (test code GH). It requires approval if ordered in patients over the age of 20.

**Reasons for testing (children and adults):**

The assessment of GH secretory capacity is complicated because of the episodic nature of GH release from the pituitary. Basal GH levels can exhibit considerable variability throughout a 24 hour period, thus limiting their clinical utility. Alternatively, measurement of GH response to various stimuli has commonly been used to improve the diagnostic assessment of GH secretion. GH response to provocative stimuli among normal individuals, however is highly variable. Response values greater than 10 ng/mL have historically been considered to reflect normal GH secretory function, while values below 10 ng/mL have been considered to some degree of GH deficiency. However, it should be noted that this limit is arbitrarily derived. A significant percentage of normal controls exhibit response values well below this 10 ng/mL limit. The clinical research literature should be consulted for a more recent detailed review of the interpretation of GH response data.

Because of wide fluctuations in normal levels, normal ranges are difficult to define and measuring random GH values is not usually diagnostically helpful. Screening tests for GH deficiency include measurements 1 hour after sleep or after 20 min of vigorous exercise, but definitive testing requires provocative testing. Increased levels are expected with insulin-induced hypoglycemia, arginine infusion, or the administration of L-dopa or clonidine. Well defined, normative values for stimulation testing are not available for this assay or other widely used growth hormone assays.

Consensus guidelines for the diagnosis and treatment of growth hormone (GH) deficiency in childhood and adolescence: summary statement of the GH Research Society. GH Research Society. J Clin Endocrinol Metab. 2000 Nov;85(11):3990-3

**CPT Codes:**

83003-90

**LOINC Codes:**

2963-7

# H. Influenza Type B IgG

LAB5674

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

EIA

**Reported:**

2 - 4 days

**Additional Information:**

Haemophilus influenzae is a gram-negative bacteria that is present in approximately three-quarters of children and adults. In infants and young children, haemophilus influenzae, especially type B, may cause bacteremias and meningitis. In children and older individuals haemophilus influenzae may cause respiratory tract infections.

**Synonyms:**

- H. flu
- HIB antibody
- HIB titer

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

HIBG

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples.

**Rejection Criteria:**

Grossly hemolyzed, lipemic or icteric samples.

## PROCESSING

**Test Code:**

HIBG

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze serum. Transport to China Basin frozen. Order Quest test code 35135

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples.

**Rejection Criteria:**

Grossly hemolyzed, lipemic or icteric samples.

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month

**RESULT INTERPRETATION****Units:**

µg/mL (mcg/mL)

**Additional Information:**

Haemophilus influenzae is a gram-negative bacteria that is present in approximately three-quarters of children and adults. In infants and young children, haemophilus influenzae, especially type B, may cause bacteremias and meningitis. In children and older individuals haemophilus influenzae may cause respiratory tract infections.

**ADMINISTRATIVE****CPT Codes:**

86684-90

**LOINC Codes:**

11257-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HIBG

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

EIA

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Rejection Criteria:**

Grossly hemolyzed, lipemic or icteric samples.

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples.

**Specimen Preparation:**

Aliquot and freeze serum. Transport to China Basin frozen. Order Quest test code 35135

**Units:**

µg/mL (mcg/mL)

**Synonyms:**

- H. flu
- HIB antibody
- HIB titer

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month

**Reported:**

2 - 4 days

**Additional Information:**

Haemophilus influenzae is a gram-negative bacteria that is present in approximately three-quarters of children and adults. In infants and young children, haemophilus influenzae, especially type B, may cause bacteremias and meningitis. In children and older individuals haemophilus influenzae may cause respiratory tract infections.

**CPT Codes:**

86684-90



**LOINC Codes:**  
11257-3

# H. Pylori Antibody, IgG

LAB158

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Wednesday (day shift)

**Methodology:**

EIA

**Reported:**

1-8 days

**Additional Information:**

This is a qualitative test; no quantitative interpretation should be placed upon the height of the antibody response. Unlike elevated IgA or IgM titers which may represent past infection, elevated levels of IgG antibody correlate with a positive gastric culture. However, a positive result may also be found in healthy, asymptomatic individuals, and the serologic test is most useful when the result is negative, which suggests little likelihood of infection.

**Synonyms:**

- Campylobacter pyloridis
- H pylori
- gastritis

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## PROCESSING

**Test Code:**

HELI

**Test Group:**

H pylori

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze serum at -20C.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## RESULT INTERPRETATION

**Units:**

Units

**Reference Interval:**

Negative: &lt; 20.1 Units

Equivocal: 20.1-24.9 Units

Positive: &gt; 24.9 Units

**Additional Information:**

This is a qualitative test; no quantitative interpretation should be placed upon the height of the antibody response. Unlike elevated IgA or IgM titers which may represent past infection, elevated levels of IgG antibody correlate with a positive gastric culture. However, a positive result may also be found in healthy, asymptomatic individuals, and the serologic test is most useful when the result is negative, which suggests little likelihood of infection.

**ADMINISTRATIVE****CPT Codes:**

86677

**LOINC Codes:**

5176-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HELI

**Test Group:**

H pylori

**Performing Lab:**

Immunology

**Performed:**

Wednesday (day shift)

**Methodology:**

EIA

**Collect:**

Gold top

**Amount to Collect:**

3 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Freeze serum at -20C.

**Units:**

Units

**Reference Interval:**

Negative: &lt; 20.1 Units

Equivocal: 20.1-24.9 Units

Positive: &gt; 24.9 Units

**Synonyms:**

- Campylobacter pyloridis
- H pylori
- gastritis

**Reported:**

1-8 days

**Additional Information:**

This is a qualitative test; no quantitative interpretation should be placed upon the height of the antibody response. Unlike elevated IgA or IgM titers which may represent past infection, elevated levels of IgG antibody correlate with a positive gastric culture. However, a positive result may also be found in healthy, asymptomatic individuals, and the serologic test is most useful when the result is negative, which suggests little likelihood of infection.

**CPT Codes:**

86677

**LOINC Codes:**

5176-3

# H. Pylori Antigen

LAB397

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Methodology:**

EIA

**Reported:**

Performed once per day. Results available within 24 hours

**Additional Information:**

This assay is intended for use with human fecal specimens to aid in the diagnosis of H. Pylori infection and to demonstrate loss of H. Pylori antigen following treatment. Testing of patients to demonstrate loss of H. Pylori antigen following treatment should be performed no sooner than four weeks after completion of the treatment regimen. By detecting antigen present in fecal specimens, this test allows for non-invasive detection of H. Pylori when endoscopy is not required.

**Synonyms:**

- Campylobacter pyloridis
- H pylori
- gastritis

## COLLECTION

**Patient Preparation:**

No prior treatment with antibacterial antibiotics, proton-pump inhibitors or bismuth preparation use for two weeks before samples collection.

**Collect:**

Urine cup, leakproof container, or specimens in Cary Blair

**Preferred Volume:**

Fresh unpreserved stool: 1gm  
Stool in C&S: 5mL

**Minimum Volume:**

Fresh unpreserved stool: 0.5gm or size of pea  
Stool in C&S: 5mL

**Remarks:**

Collect specimens Saturday-Thursday only. Deliver immediately to laboratory. Refrigerate sample if transport is delayed > 1 hour.

Colonic washes, barium enemas, laxatives, or bowel preparations can result in extensive dilution or the presence of additives that may affect test performance.

**Stability (from collection to initiation):**

Unpreserved:  
Room temperature 96 hours  
Refrigerated 96 hours  
Frozen 14 days

Preserved in Cary Blair:  
Room temperature 96 hours

**Unacceptable Conditions:**

Swabs or samples collected outside of state time frames

## PROCESSING

**Test Code:**

HPAG

**Test Group:**

H pylori

**Performing Lab:**

Microbiology

**Preferred Volume:**

Fresh unpreserved stool: 1gm  
Stool in C&S: 5mL

**Minimum Volume:**

Fresh unpreserved stool: 0.5gm or size of pea  
Stool in C&S: 5mL

**Unacceptable Conditions:**

Swabs or samples collected outside of state time frames

**Stability (from collection to initiation):**

Unpreserved:  
Room temperature 96 hours  
Refrigerated 96 hours  
Frozen 14 days

Preserved in Cary Blair:  
Room temperature 96 hours

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**Additional Information:**

This assay is intended for use with human fecal specimens to aid in the diagnosis of H. Pylori infection and to demonstrate loss of H. Pylori antigen following treatment. Testing of patients to demonstrate loss of H. Pylori antigen following treatment should be performed no sooner than four weeks after completion of the treatment regimen. By detecting antigen present in fecal specimens, this test allows for non-invasive detection of H. Pylori when endoscopy is not required.

**ADMINISTRATIVE****CPT Codes:**

87338- 90

**LOINC Codes:**

17780-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HPAG

**Test Group:**

H pylori

**Performing Lab:**

Microbiology

**Methodology:**

EIA

**Patient Preparation:**

No prior treatment with antibacterial antibiotics, proton-pump inhibitors or bismuth preparation use for two weeks before samples collection.

**Remarks:**

Collect specimens Saturday-Thursday only. Deliver immediately to laboratory. Refrigerate sample if transport is delayed > 1 hour.

Colonic washes, barium enemas, laxatives, or bowel preparations can result in extensive dilution or the presence of additives that may affect test performance.

**Collect:**

Urine cup, leakproof container, or specimens in Cary Blair

**Preferred Volume:**

Fresh unpreserved stool: 1gm  
Stool in C&S: 5mL

**Minimum Volume:**

Fresh unpreserved stool: 0.5gm or size of pea  
Stool in C&S: 5mL

**Unacceptable Conditions:**

Swabs or samples collected outside of state time frames

**Reference Interval:**

Not detected

**Synonyms:**

- Campylobacter pyloridis
- H pylori
- gastritis

**Stability (from collection to initiation):**

Unpreserved:

Room temperature 96 hours

Refrigerated 96 hours

Frozen 14 days

Preserved in Cary Blair:

Room temperature 96 hours

**Reported:**

Performed once per day. Results available within 24 hours

**Additional Information:**

This assay is intended for use with human fecal specimens to aid in the diagnosis of H. Pylori infection and to demonstrate loss of H. Pylori antigen following treatment. Testing of patients to demonstrate loss of H. Pylori antigen following treatment should be performed no sooner than four weeks after completion of the treatment regimen. By detecting antigen present in fecal specimens, this test allows for non-invasive detection of H. Pylori when endoscopy is not required.

**CPT Codes:**

87338- 90

**LOINC Codes:**

17780-8

# H. Pylori Culture

LAB5052

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Culture

**Reported:**

8-14 days

**Reflex Testing:**If *Helicobacter pylori* is isolated, susceptibility will be performed at an additional charge.**Synonyms:**

- Bacterial culture
- *Campylobacter pyloridis*
- H pylori
- gastritis

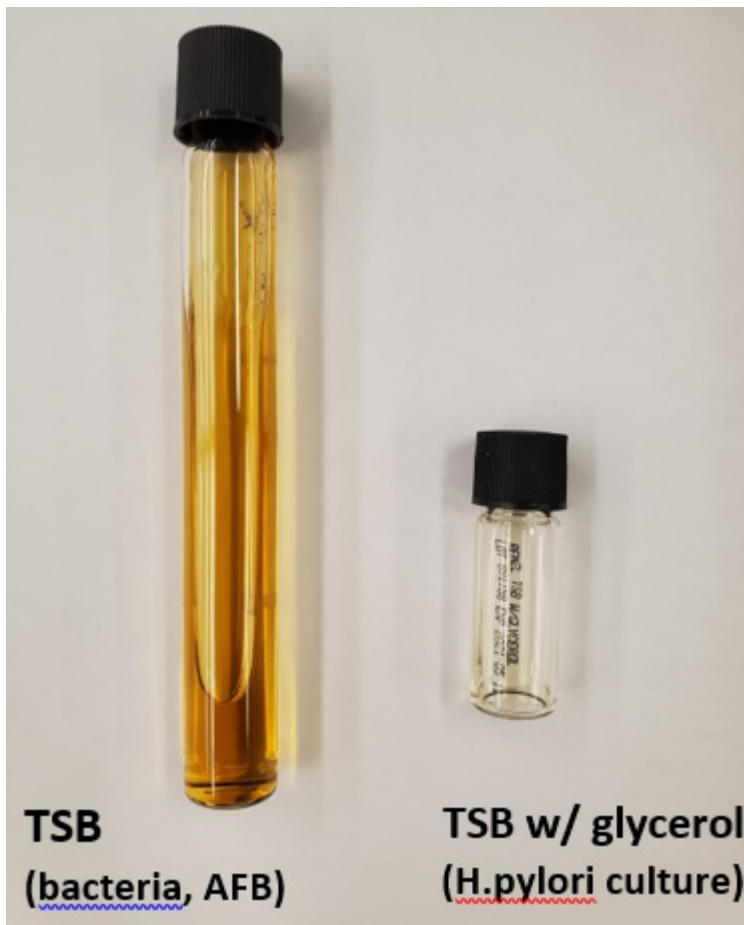
## COLLECTION

**Sample Type:**

Gastric biopsy

**Collect:**

Tryptic Soy Broth with 15% glycerol vial (obtain from Microbiology prior to sample collection); NOT plain TSB (see image below).

**Amount to Collect:**

3 mm

**Preferred Volume:**

3 mm

**Minimum Volume:**

1 mm

**Remarks:**

Place gastric biopsy into Tryptic Soy Broth with 15% glycerol vial at time of collection. Obtain vials from the microbiology lab.

**Stability (from collection to initiation):**

Frozen at -70C: 5 days

Refrigerated: 48 hours

**Rejection Criteria:**

Samples not frozen within 48 hours of collection

Samples not collected in Tryptic Soy Broth with 15% glycerol vial

**PROCESSING****Test Code:**

P131

**Test Group:**

H pylori

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate sample in Tryptic Soy Broth with 15% glycerol vial. Quest Diagnostics Infectious Disease test code 91245  
Helicobacter pylori Culture with Reflex to Susceptibility

**Preferred Volume:**

3 mm

**Minimum Volume:**

1 mm

**Rejection Criteria:**

Samples not frozen within 48 hours of collection

Samples not collected in Tryptic Soy Broth with 15% glycerol vial

**Stability (from collection to initiation):**

Frozen at -70C: 5 days

Refrigerated: 48 hours

**RESULT INTERPRETATION****Reference Interval:**

Not isolated

**ADMINISTRATIVE****CPT Codes:**

87081, 87205

**LOINC Codes:**

664-3, 587-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P131

**Test Group:**

H pylori

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Culture

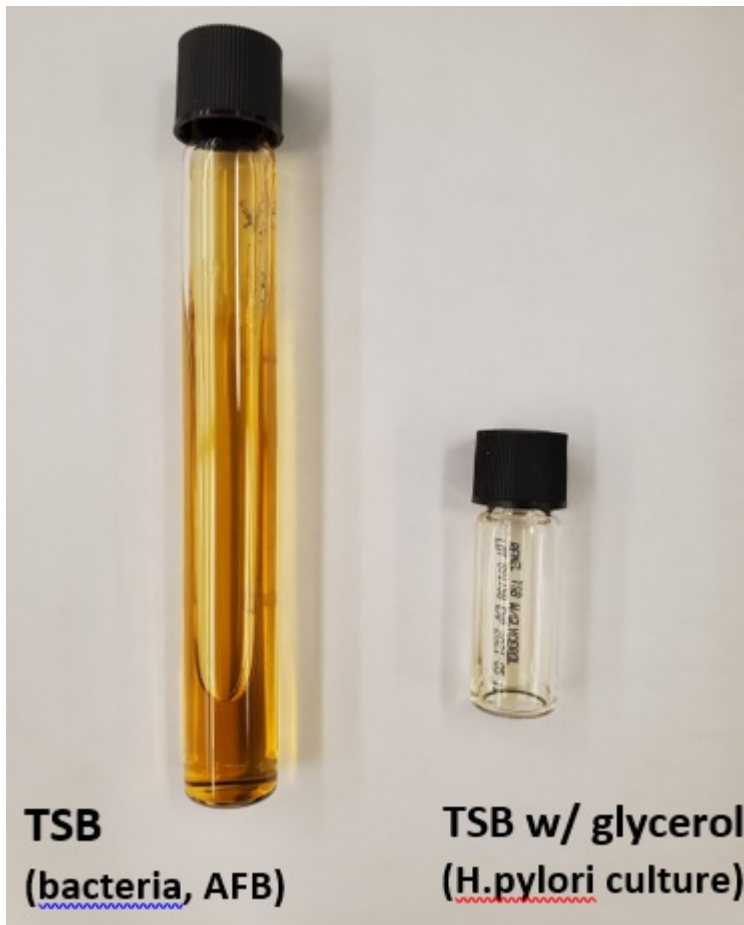


**Remarks:**

Place gastric biopsy into Tryptic Soy Broth with 15% glycerol vial at time of collection. Obtain vials from the microbiology lab.

**Collect:**

Tryptic Soy Broth with 15% glycerol vial (obtain from Microbiology prior to sample collection); NOT plain TSB (see image below).



**Amount to Collect:**

3 mm

**Sample Type:**

Gastric biopsy

**Preferred Volume:**

3 mm

**Minimum Volume:**

1 mm

**Rejection Criteria:**

Samples not frozen within 48 hours of collection

Samples not collected in Tryptic Soy Broth with 15% glycerol vial

**Specimen Preparation:**

Refrigerate sample in Tryptic Soy Broth with 15% glycerol vial. Quest Diagnostics Infectious Disease test code 91245

Helicobacter pylori Culture with Reflex to Susceptibility

**Reference Interval:**

Not isolated

**Synonyms:**

- Bacterial culture
- Campylobacter pyloridis
- H pylori
- gastritis

**Stability (from collection to initiation):**

Frozen at -70C: 5 days

Refrigerated: 48 hours

**Reported:**

8-14 days

**Reflex Testing:**

If *Helicobacter pylori* is isolated, susceptibility will be performed at an additional charge.

**CPT Codes:**

87081, 87205

**LOINC Codes:**

664-3, 587-6

# H. Pylori, Urea Breath, Adult

LAB6166

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Infra-red Spectrophotometry (IR)

**Reported:**

3-5 days

**Additional Information:**

This test is available as Clinic Collect only and clinics must provide the collection kit; Clinical lab phlebotomy services do not perform this test. Once the specimen has been collected at the clinic, send completed kit to China Basin to be sent out to Quest.

Helicobacter pylori is a gram-negative microaerophilic curved bacillus with an affinity for human gastric mucosa. H. pylori has been identified as an important pathogen in the upper GI tract. The casual relationship between H. pylori and chronic active gastritis, duodenal ulcers, and gastric ulcers has been well documented. BreathTek™ UBiT® for H. pylori is a non-invasive, non-radioactive method for detecting urease activity associated with H. pylori infection. It is FDA approved to confirm cure and offers 95.2% sensitivity and 89.7% specificity compared with endoscopic methods.

**Synonyms:**

- H. pylori
- Campylobacter pyloridis
- gastritis

## COLLECTION

**Patient Preparation:**

Patient should fast one hour before collection of baseline breath sample. Pranactin®-Citric contains a small amount of aspartame sweetener. Test may not be suitable for patients with phenylketonuria whose dietary phenylalanine should be restricted

**Label Abbreviation:**

HPUBA

**Collect:**

Gulf Coast Scientific PyloPlus UBT Collection Kit. Collection kits need to be ordered by the clinics directly from Quest, Part # K01.

**Remarks:**

This test is available as Clinic Collect only and clinics must provide the collection kit; Clinical lab phlebotomy services do not perform this test. Once the specimen has been collected at the clinic, send completed kit to China Basin to be sent out to Quest.

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: Unacceptable

Frozen: Unacceptable

**Rejection Criteria:**

Specimen types other than Gulf Coast Scientific PyloPlus UBT bags • Insufficient breath for analysis • Single collection bags • Specimens from patients <3 years old • Specimens not submitted in PyloPlus UBT collection bags • Uncapped bags

## PROCESSING

**Test Code:**

HPUBA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Transport to CB ambient. Order Quest test code 14839.

**Rejection Criteria:**

Specimen types other than Gulf Coast Scientific PyloPlus UBT bags • Insufficient breath for analysis • Single collection bags • Specimens from patients <3 years old • Specimens not submitted in PyloPlus UBT collection bags • Uncapped bags

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: Unacceptable

Frozen: Unacceptable

**RESULT INTERPRETATION****Additional Information:**

This test is available as Clinic Collect only and clinics must provide the collection kit; Clinical lab phlebotomy services do not perform this test. Once the specimen has been collected at the clinic, send completed kit to China Basin to be sent out to Quest.

*Helicobacter pylori* is a gram-negative microaerophilic curved bacillus with an affinity for human gastric mucosa. *H. pylori* has been identified as an important pathogen in the upper GI tract. The casual relationship between *H. pylori* and chronic active gastritis, duodenal ulcers, and gastric ulcers has been well documented. BreathTek™ UBiT® for *H. pylori* is a non-invasive, non-radioactive method for detecting urease activity associated with *H. pylori* infection. It is FDA approved to confirm cure and offers 95.2% sensitivity and 89.7% specificity compared with endoscopic methods.

**ADMINISTRATIVE****CPT Codes:**

83013-90

**LOINC Codes:**

29891-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HPUBA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Infra-red Spectrophotometry (IR)

**Patient Preparation:**

Patient should fast one hour before collection of baseline breath sample. Pranactin®-Citric contains a small amount of aspartame sweetener. Test may not be suitable for patients with phenylketonuria whose dietary phenylalanine should be restricted

**Remarks:**

This test is available as Clinic Collect only and clinics must provide the collection kit; Clinical lab phlebotomy services do not perform this test. Once the specimen has been collected at the clinic, send completed kit to China Basin to be sent out to Quest.

**Collect:**

Gulf Coast Scientific PyloPlus UBT Collection Kit. Collection kits need to be ordered by the clinics directly from Quest, Part # K01.

**Rejection Criteria:**

Specimen types other than Gulf Coast Scientific PyloPlus UBT bags • Insufficient breath for analysis • Single collection bags • Specimens from patients <3 years old • Specimens not submitted in PyloPlus UBT collection bags • Uncapped bags

**Specimen Preparation:**

Transport to CB ambient. Order Quest test code 14839.

**Synonyms:**

- *H. pylori*
- *Campylobacter pyloridis*
- gastritis

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: Unacceptable

Frozen: Unacceptable

**Reported:**

3-5 days

**Additional Information:**

This test is available as Clinic Collect only and clinics must provide the collection kit; Clinical lab phlebotomy services do not perform this test. Once the specimen has been collected at the clinic, send completed kit to China Basin to be sent out to Quest.

*Helicobacter pylori* is a gram-negative microaerophilic curved bacillus with an affinity for human gastric mucosa. *H. pylori* has been identified as an important pathogen in the upper GI tract. The casual relationship between *H. pylori* and chronic active gastritis, duodenal ulcers, and gastric ulcers has been well documented. BreathTek™ UBiT® for *H. pylori* is a non-invasive, non-radioactive method for detecting urease activity associated with *H. pylori* infection. It is FDA approved to confirm cure and offers 95.2% sensitivity and 89.7% specificity compared with endoscopic methods.

**CPT Codes:**

83013-90

**LOINC Codes:**

29891-9

**Haloperidol**  
HALO

**ORDERING**

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC-MS

**Reported:**

Test performed Tuesday-Friday. Turnaround time: 2-6 days.

**Synonyms:**

- Haldol

**COLLECTION**

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

8 mL blood

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

2.1 mL serum

**Remarks:**

Collect the sample 11-17 hours after last dose. Write time of collection on requisition.

**PROCESSING**

**Test Code:**

HALO

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 564

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

2.1 mL serum

**RESULT INTERPRETATION**

**Units:**

µg/L (mcg/L)

**Reference Interval:**

Therapeutic: 5-15 ug/L

Toxic: > 50 ug/L

**ADMINISTRATIVE**

**CPT Codes:**

80173-90

**LOINC Codes:**

3669-9

**COMPLETE VIEW**

**Available Stat:**

No

**Test Code:**

HALO

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC-MS

**Remarks:**

Collect the sample 11-17 hours after last dose. Write time of collection on requisition.

**Collect:**

Red top

**Amount to Collect:**

8 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

2.1 mL serum

**Specimen Preparation:**

Refrigerate. Order Quest # 564

**Units:**

µg/L (mcg/L)

**Reference Interval:**

Therapeutic: 5-15 ug/L

Toxic: > 50 ug/L

**Synonyms:**

- Haldol

**Reported:**

Test performed Tuesday-Friday. Turnaround time: 2-6 days.

**CPT Codes:**

80173-90

**LOINC Codes:**

3669-9

# Hantavirus Antibodies (IgG & IgM)

HANTA

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

ELISA

**Reported:**

Set up 6 days a week. Turnaround 2-4 days

**Additional Information:**

Two major groups of hantaviruses are recognized based on clinical presentation. The first group includes Sin Nombre Virus (SNV), which causes hantavirus pulmonary syndrome, a severe and sometimes fatal form of acute respiratory distress. A second group of hantaviruses (including Seoul, Hantaan, Dobrava, and Puumala) causes hemorrhagic fever with renal syndrome, a condition not typically seen in the United States.

Sera are initially screened for IgG and IgM antibodies recognizing the nucleocapsid protein common to all hantaviruses. All screen IgM positive samples are then tested for SNV-specific IgM; any screen IgM positive samples that are also screen IgG positive are tested for SNV-specific IgG, as well as SNV-specific IgM. Samples that are screen IgG positive but screen IgM negative are not subjected to SNV-specific IgG testing, since the lack of IgM rules out acute SNV infection. A positive screening result but a negative SNV-specific antibody result may indicate either reactivity to a hantavirus other than SNV or false positive reactivity. A small number of SNV IgM positive (but screen IgG negative) samples represent false positive reactivity associated with acute cytomegalovirus or Epstein Barr virus infection.

These assays were developed and their performance characteristics have been determined by Focus Diagnostics. They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

**Reflex Testing:**

If Hantavirus IgG is > 1.10 and Hantavirus IgM is >1.10 then Sin Nombre Virus IgG Confirmation will be performed at an additional charge by the reference lab.

**Synonyms:**

- Sin nombre antibodies

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

## PROCESSING

**Test Code:**

HANTA

**Test Group:**

Hantavirus

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Refrigerate sample at 4C. Order Quest #37547X

**Preferred Volume:**

1 mL serum



**Minimum Volume:**  
0.25 mL serum

## RESULT INTERPRETATION

**Units:**  
Index

**Reference Interval:**  
<= 1.10: Antibody not detected  
> 1.10: Antibody detected

**Additional Information:**

Two major groups of hantaviruses are recognized based on clinical presentation. The first group includes Sin Nombre Virus (SNV), which causes hantavirus pulmonary syndrome, a severe and sometimes fatal form of acute respiratory distress. A second group of hantaviruses (including Seoul, Hantaan, Dobrava, and Puumala) causes hemorrhagic fever with renal syndrome, a condition not typically seen in the United States.

Sera are initially screened for IgG and IgM antibodies recognizing the nucleocapsid protein common to all hantaviruses. All screen IgM positive samples are then tested for SNV-specific IgM; any screen IgM positive samples that are also screen IgG positive are tested for SNV-specific IgG, as well as SNV-specific IgM. Samples that are screen IgG positive but screen IgM negative are not subjected to SNV-specific IgG testing, since the lack of IgM rules out acute SNV infection. A positive screening result but a negative SNV-specific antibody result may indicate either reactivity to a hantavirus other than SNV or false positive reactivity. A small number of SNV IgM positive (but screen IgG negative) samples represent false positive reactivity associated with acute cytomegalovirus or Epstein Barr virus infection.

These assays were developed and their performance characteristics have been determined by Focus Diagnostics. They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

## ADMINISTRATIVE

**CPT Codes:**  
86790-90 x2

**LOINC Codes:**  
16928-4

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
HANTA

**Test Group:**  
Hantavirus

**Performing Lab:**  
Focus via Quest

**Sendout:**  
Yes

**Methodology:**  
ELISA

**Collect:**  
Red top (Gold top acceptable)

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.25 mL serum

**Specimen Preparation:**  
Refrigerate sample at 4C. Order Quest #37547X

**Units:**  
Index

**Reference Interval:**  
<= 1.10: Antibody not detected  
> 1.10: Antibody detected

**Synonyms:**

- Sin nombre antibodies

**Reported:**

Set up 6 days a week. Turnaround 2-4 days

**Reflex Testing:**

If Hantavirus IgG is  $> 1.10$  and Hantavirus IgM is  $> 1.10$  then Sin Nombre Virus IgG Confirmation will be performed at an additional charge by the reference lab.

**Additional Information:**

Two major groups of hantaviruses are recognized based on clinical presentation. The first group includes Sin Nombre Virus (SNV), which causes hantavirus pulmonary syndrome, a severe and sometimes fatal form of acute respiratory distress. A second group of hantaviruses (including Seoul, Hantaan, Dobrava, and Puumala) causes hemorrhagic fever with renal syndrome, a condition not typically seen in the United States.

Sera are initially screened for IgG and IgM antibodies recognizing the nucleocapsid protein common to all hantaviruses. All screen IgM positive samples are then tested for SNV-specific IgM; any screen IgM positive samples that are also screen IgG positive are tested for SNV-specific IgG, as well as SNV-specific IgM. Samples that are screen IgG positive but screen IgM negative are not subjected to SNV-specific IgG testing, since the lack of IgM rules out acute SNV infection. A positive screening result but a negative SNV-specific antibody result may indicate either reactivity to a hantavirus other than SNV or false positive reactivity. A small number of SNV IgM positive (but screen IgG negative) samples represent false positive reactivity associated with acute cytomegalovirus or Epstein Barr virus infection.

These assays were developed and their performance characteristics have been determined by Focus Diagnostics. They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

**CPT Codes:**

86790-90 x2

**LOINC Codes:**

16928-4

# Hantavirus, Antigen

MOLT

## ORDERING

- Approval Required:**  
May be performed after consultation with State Viral and Rickettsial Disease Laboratory.
- Available Stat:**  
No
- Performing Lab:**  
State Viral & Rickettsial Disease Laboratory
- Methodology:**  
FA, EIA
- Additional Information:**  
Seldom needed due to specificity of serology.

## COLLECTION

- Sample Type:**  
Serum, Unfixed tissue
- Collect:**  
Gold top
- Amount to Collect:**  
10 mL blood
- Preferred Volume:**  
5 mL serum
- Minimum Volume:**  
1 mL serum

## PROCESSING

- Test Code:**  
MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)
- Test Group:**  
Hantavirus
- Sendout:**  
Yes
- Performing Lab:**  
State Viral & Rickettsial Disease Laboratory
- Specimen Preparation:**  
Refrigerate sample
- Preferred Volume:**  
5 mL serum
- Minimum Volume:**  
1 mL serum

## RESULT INTERPRETATION

- Reference Interval:**  
Negative
- Additional Information:**  
Seldom needed due to specificity of serology.

## COMPLETE VIEW

- Approval Required:**  
May be performed after consultation with State Viral and Rickettsial Disease Laboratory.
- Available Stat:**  
No
- Test Code:**  
MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)
- Test Group:**  
Hantavirus

**Performing Lab:**

State Viral & Rickettsial Disease Laboratory

**Sendout:**

Yes

**Methodology:**

FA, EIA

**Collect:**

Gold top

**Amount to Collect:**

10 mL blood

**Sample Type:**

Serum, Unfixed tissue

**Preferred Volume:**

5 mL serum

**Minimum Volume:**

1 mL serum

**Specimen Preparation:**

Refrigerate sample

**Reference Interval:**

Negative

**Additional Information:**

Seldom needed due to specificity of serology.

# Haptoglobin

LAB89

## ORDERING

**Ordering Recommendations:**

Should only be ordered in anemic patients when peripheral smear review, reticulocyte counts, and Coombs testing have failed to elucidate the cause.

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Turbidimetry

**Reported:**

2-5 days

**Additional Information:**

Haptoglobin is a serum protein that binds hemoglobin irreversibly. This protein functions to transport intravascular free hemoglobin to its degradation site in the reticulo-endothelial system. Haptoglobin normally is expected to decrease during active hemolysis; however, haptoglobin is an acute phase reactant, thus normal or elevated levels do not exclude the presence of hemolysis. Further, some individuals may normally have very low levels of haptoglobin at baseline and therefore testing in these individuals may result in a false impression of hemolysis. For the test to be reliably interpreted, it is best to compare a result with the patient's baseline level.

Further, haptoglobin does not provide information as to the cause of the hemolysis and therefore rarely results in changes in therapy. In patients with suspected hemolysis, the suspicion is more easily strengthened by determining LDH and bilirubin levels. If these are elevated, then determining a reticulocyte count as a confirmatory test and examining the patient's peripheral smear for red cell features that may offer information as to the cause of the hemolysis would be appropriate.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Refrigerated 8 days; Frozen for longer stability

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples (delete icteric samples)

## PROCESSING

**Test Code:**

HAPT

**Performing Lab:**

Immunology

**Specimen Preparation:**

Frozen

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples (delete icteric samples)

**Stability (from collection to initiation):**

Refrigerated 8 days; Frozen for longer stability

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

32-197 mg/dL

**Additional Information:**

Haptoglobin is a serum protein that binds hemoglobin irreversibly. This protein functions to transport intravascular free hemoglobin to its degradation site in the reticulo-endothelial system. Haptoglobin normally is expected to decrease during active hemolysis; however, haptoglobin is an acute phase reactant, thus normal or elevated levels do not exclude the presence of hemolysis. Further, some individuals may normally have very low levels of haptoglobin at baseline and therefore testing in these individuals may result in a false impression of hemolysis. For the test to be reliably interpreted, it is best to compare a result with the patient's baseline level.

Further, haptoglobin does not provide information as to the cause of the hemolysis and therefore rarely results in changes in therapy. In patients with suspected hemolysis, the suspicion is more easily strengthened by determining LDH and bilirubin levels. If these are elevated, then determining a reticulocyte count as a confirmatory test and examining the patient's peripheral smear for red cell features that may offer information as to the cause of the hemolysis would be appropriate.

**ADMINISTRATIVE****CPT Codes:**

83010

**LOINC Codes:**

4542-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Should only be ordered in anemic patients when peripheral smear review, reticulocyte counts, and Coombs testing have failed to elucidate the cause.

**Test Code:**

HAPT

**Performing Lab:**

Immunology

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Turbidimetry

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples (delete icteric samples)

**Specimen Preparation:**

Frozen

**Units:**

mg/dL

**Reference Interval:**

32-197 mg/dL

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Refrigerated 8 days; Frozen for longer stability

**Reported:**

2-5 days

**Additional Information:**

Haptoglobin is a serum protein that binds hemoglobin irreversibly. This protein functions to transport intravascular free hemoglobin to its degradation site in the reticulo-endothelial system. Haptoglobin normally is expected to decrease during active hemolysis; however, haptoglobin is an acute phase reactant, thus normal or elevated levels do not exclude the presence of hemolysis. Further, some individuals may normally have very low levels of haptoglobin at baseline and therefore testing in these individuals may result in a false impression of hemolysis. For the test to be reliably interpreted, it is best to compare a result with the patient's baseline level.

Further, haptoglobin does not provide information as to the cause of the hemolysis and therefore rarely results in changes in therapy. In patients with suspected hemolysis, the suspicion is more easily strengthened by determining LDH and bilirubin levels. If these are elevated, then determining a reticulocyte count as a confirmatory test and examining the patient's peripheral smear for red cell features that may offer information as to the cause of the hemolysis would be appropriate.

**CPT Codes:**

83010

**LOINC Codes:**

4542-7

# Hazelnut Component Package, IgE

LAB6198

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Tuesday-Saturday

**Methodology:**

Immunoassay

**Reported:**

1-3 days

**Synonyms:**

- Hazelnut Component IgE

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

HCOMP

**Collect:**

Gold or red-top

**Amount to Collect:**

2.0 mL blood

**Preferred Volume:**

1.0 mL serum

**Minimum Volume:**

0.6 mL serum

**Stability (from collection to initiation):**

Room Temperature and Refrigerated: 14 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

## PROCESSING

**Test Code:**

HCOMP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze. Send to China Basin frozen. Order Quest test code 94476.

**Preferred Volume:**

1.0 mL serum

**Minimum Volume:**

0.6 mL serum

**Stability (from collection to initiation):**

Room Temperature and Refrigerated: 14 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

kU/L



**Reference Interval:**  
< 0.10

## ADMINISTRATIVE

**CPT Codes:**  
86008X4

**LOINC Codes:**  
69421-6, 58753-5, 65765-0, 81788-2

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
HCOMP

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Performed:**  
Tuesday-Saturday

**Methodology:**  
Immunoassay

**Collect:**  
Gold or red-top

**Amount to Collect:**  
2.0 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1.0 mL serum

**Minimum Volume:**  
0.6 mL serum

**Specimen Preparation:**  
Aliquot and freeze. Send to China Basin frozen. Order Quest test code 94476.

**Units:**  
kU/L

**Reference Interval:**  
< 0.10

**Synonyms:**  

- Hazelnut Component IgE

**Storage/Transport Temperature:**  
Frozen

**Stability (from collection to initiation):**  
Room Temperature and Refrigerated: 14 days  
Frozen: 30 days

**Reported:**  
1-3 days

**CPT Codes:**  
86008X4

**LOINC Codes:**  
69421-6, 58753-5, 65765-0, 81788-2

# HC COMMON HEREDITARY CANCER PANEL

CCGLHCP

## ORDERING

**Available Stat:**

No

**Performing Lab:**

UCSF Clinical Cancer Genomics Lab

**Performed:**

Weekly

**Methodology:**

Next generation sequencing

**Reported:**

14 days

**Additional Information:**

See additional information and forms on CCGL website [URL: <https://genomics.ucsf.edu/content/ucsf-common-hereditary-cancer-panel>]

**Synonyms:**

- UCSF HCP
- UCSF Hereditary Cancer Panel
- HCP
- Hereditary Cancer Panel

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Blood  
Buccal swabs  
Saliva  
DNA

**Collect:**

Blood collected in EDTA (lavender top), 4 cc - APeX test code PBCGL  
Buccal swabs, minimum 3 swabs - APeX test code BUCCGL  
Saliva in Oragene collection kit, minimum 1 cc  
DNA, minimum 2 micrograms

**Preferred Volume:**

4 cc  
minimum 3 swabs  
minimum 1 cc  
minimum 2 micrograms

## PROCESSING

**Performing Lab:**

UCSF Clinical Cancer Genomics Lab

**Preferred Volume:**

4 cc  
minimum 3 swabs  
minimum 1 cc  
minimum 2 micrograms

## RESULT INTERPRETATION

**Additional Information:**

See additional information and forms on CCGL website [URL: <https://genomics.ucsf.edu/content/ucsf-common-hereditary-cancer-panel>]

## ADMINISTRATIVE

**CPT Codes:**

81432, 81435

**COMPLETE VIEW****Available Stat:**

No

**Performing Lab:**

UCSF Clinical Cancer Genomics Lab

**Performed:**

Weekly

**Methodology:**

Next generation sequencing

**Collect:**

Blood collected in EDTA (lavender top), 4 cc - APeX test code PBCGL

Buccal swabs, minimum 3 swabs - APeX test code BUCCGL

Saliva in Oragene collection kit, minimum 1 cc

DNA, minimum 2 micrograms

**Sample Type:**

Blood

Buccal swabs

Saliva

DNA

**Preferred Volume:**

4 cc

minimum 3 swabs

minimum 1 cc

minimum 2 micrograms

**Synonyms:**

- UCSF HCP
- UCSF Hereditary Cancer Panel
- HCP
- Hereditary Cancer Panel

**Reported:**

14 days

**Additional Information:**

See additional information and forms on CCGL website [URL: <https://genomics.ucsf.edu/content/ucsf-common-hereditary-cancer-panel>]

**CPT Codes:**

81432, 81435

**Supplemental Test Request Form Required:**

Yes

# HCG Pregnancy, Urine

LAB11170

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Hematology

Berkeley Outpatient Center

Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay &amp; Mt. Zion Hematology: Test available 24 hours per day 7 days per week

Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)

Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Cardinal Health HCG Combo Rapid Test

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

This is the only test routinely covered by MediCal in the absence of a demonstrated ectopic pregnancy, choriocarcinoma or hydatidiform mole.

A number of conditions other than pregnancy, including trophoblastic disease and certain nontrophoblastic neoplasms, cause elevated levels of hCG. These diagnoses should be considered if appropriate to the clinical evidence.

If a urine specimen is too diluted (low specific gravity), it may not contain representative levels of hCG. If pregnancy is suspected, ask the patient to collect first morning urine 48 to 72 hours later and repeat the test.

Because of the high sensitivity of the assay, specimens tested as positive during the initial days after conception may later be negative due to natural termination of the pregnancy.

A definitive clinical diagnosis should not be based on the results of a single test but should be made by the physician after evaluation. Blood specimens may be sent to the Clinical Laboratories for confirmatory testing.

Note, this assay kit is different than that used in POCT.

**Synonyms:**

- HCG
- Beta-HCG
- b-HCG
- gonadotropin tests Choriogonadotropin
- UCG
- urine pregnancy test
- dipstick pregnancy test

## COLLECTION

**Sample Type:**

Random urine (First morning void preferred)

**Collect:**

Urine cup preferred but urine may be collected in any clean, dry, plastic or glass container

**Amount to Collect:**

10 mL urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

1 mL urine

**Remarks:**

Urine specimens may be collected in any clean, dry, plastic or glass container.

Specimens collected at any time may be used, however, the first morning urine generally contains the highest hCG concentration and is the best sample.

**Stability (from collection to initiation):**  
Refrigerated 48 hours.

## PROCESSING

**Test Code:**  
HCGUPE

**Test Group:**  
HCG

**Performing Lab:**  
Parnassus, Mission Bay & Mt. Zion Hematology  
  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Preferred Volume:**  
10 mL urine

**Minimum Volume:**  
1 mL urine

**Stability (from collection to initiation):**  
Refrigerated 48 hours.

## RESULT INTERPRETATION

**Reference Interval:**  
Negative (non-pregnant)

**Additional Information:**  
This is the only test routinely covered by MediCal in the absence of a demonstrated ectopic pregnancy, choriocarcinoma or hydatidiform mole.

A number of conditions other than pregnancy, including trophoblastic disease and certain nontrophoblastic neoplasms, cause elevated levels of hCG. These diagnoses should be considered if appropriate to the clinical evidence.

If a urine specimen is too diluted (low specific gravity), it may not contain representative levels of hCG. If pregnancy is suspected, ask the patient to collect first morning urine 48 to 72 hours later and repeat the test.

Because of the high sensitivity of the assay, specimens tested as positive during the initial days after conception may later be negative due to natural termination of the pregnancy.

A definitive clinical diagnosis should not be based on the results of a single test but should be made by the physician after evaluation. Blood specimens may be sent to the Clinical Laboratories for confirmatory testing.

Note, this assay kit is different than that used in POCT.

## ADMINISTRATIVE

**CPT Codes:**  
81025

**LOINC Codes:**  
2106-3

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
HCGUPE

**Test Group:**  
HCG

**Performing Lab:**  
Parnassus, Mission Bay & Mt. Zion Hematology  
  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: Test available 24 hours per day 7 days per week

Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)

Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Cardinal Health HCG Combo Rapid Test

**Remarks:**

Urine specimens may be collected in any clean, dry, plastic or glass container.

Specimens collected at any time may be used, however, the first morning urine generally contains the highest hCG concentration and is the best sample.

**Collect:**

Urine cup preferred but urine may be collected in any clean, dry, plastic or glass container

**Amount to Collect:**

10 mL urine

**Sample Type:**

Random urine (First morning void preferred)

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

1 mL urine

**Reference Interval:**

Negative (non-pregnant)

**Synonyms:**

- HCG
- Beta-HCG
- b-HCG
- gonadotropin tests Choriogonadotropin
- UCG
- urine pregnancy test
- dipstick pregnancy test

**Stability (from collection to initiation):**

Refrigerated 48 hours.

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

This is the only test routinely covered by MediCal in the absence of a demonstrated ectopic pregnancy, choriocarcinoma or hydatidiform mole.

A number of conditions other than pregnancy, including trophoblastic disease and certain nontrophoblastic neoplasms, cause elevated levels of hCG. These diagnoses should be considered if appropriate to the clinical evidence.

If a urine specimen is too diluted (low specific gravity), it may not contain representative levels of hCG. If pregnancy is suspected, ask the patient to collect first morning urine 48 to 72 hours later and repeat the test.

Because of the high sensitivity of the assay, specimens tested as positive during the initial days after conception may later be negative due to natural termination of the pregnancy.

A definitive clinical diagnosis should not be based on the results of a single test but should be made by the physician after evaluation. Blood specimens may be sent to the Clinical Laboratories for confirmatory testing.

Note, this assay kit is different than that used in POCT.

**CPT Codes:**

81025

**LOINC Codes:**

2106-3

# HCG Pregnancy, Urine

LAB11170

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Hematology  
Berkeley Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Cardinal Health HCG Combo Rapid Test

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

This is the only test routinely covered by MediCal in the absence of a demonstrated ectopic pregnancy, choriocarcinoma or hydatidiform mole.

A number of conditions other than pregnancy, including trophoblastic disease and certain nontrophoblastic neoplasms, cause elevated levels of hCG. These diagnoses should be considered if appropriate to the clinical evidence.

If a urine specimen is too diluted (low specific gravity), it may not contain representative levels of hCG. If pregnancy is suspected, ask the patient to collect first morning urine 48 to 72 hours later and repeat the test.

Because of the high sensitivity of the assay, specimens tested as positive during the initial days after conception may later be negative due to natural termination of the pregnancy.

A definitive clinical diagnosis should not be based on the results of a single test but should be made by the physician after evaluation. Blood specimens may be sent to the Clinical Laboratories for confirmatory testing.

Note, this assay kit is different than that used in POCT.

**Synonyms:**

- HCG
- Beta-HCG
- b-HCG
- gonadotropin tests Choriogonadotropin
- UCG
- urine pregnancy test
- dipstick pregnancy test

## COLLECTION

**Sample Type:**

Random urine (First morning void preferred)

**Collect:**

Urine cup preferred but urine may be collected in any clean, dry, plastic or glass container

**Amount to Collect:**

10 mL urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

1 mL urine

**Remarks:**

Urine specimens may be collected in any clean, dry, plastic or glass container.

Specimens collected at any time may be used, however, the first morning urine generally contains the highest hCG concentration and is the best sample.

**Stability (from collection to initiation):**

Refrigerated 48 hours.

## PROCESSING

**Test Code:**

HCGUA

**Test Group:**

HCG

**Performing Lab:**Parnassus, Mission Bay & Mt. Zion Hematology  
Berkeley Outpatient Center**Preferred Volume:**

10 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Refrigerated 48 hours.

**RESULT INTERPRETATION****Reference Interval:**

Negative (non-pregnant)

**Additional Information:**

This is the only test routinely covered by MediCal in the absence of a demonstrated ectopic pregnancy, choriocarcinoma or hydatidiform mole.

A number of conditions other than pregnancy, including trophoblastic disease and certain nontrophoblastic neoplasms, cause elevated levels of hCG. These diagnoses should be considered if appropriate to the clinical evidence.

If a urine specimen is too diluted (low specific gravity), it may not contain representative levels of hCG. If pregnancy is suspected, ask the patient to collect first morning urine 48 to 72 hours later and repeat the test.

Because of the high sensitivity of the assay, specimens tested as positive during the initial days after conception may later be negative due to natural termination of the pregnancy.

A definitive clinical diagnosis should not be based on the results of a single test but should be made by the physician after evaluation. Blood specimens may be sent to the Clinical Laboratories for confirmatory testing.

Note, this assay kit is different than that used in POCT.

**ADMINISTRATIVE****CPT Codes:**

81025

**LOINC Codes:**

2106-3

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HCGUA

**Test Group:**

HCG

**Performing Lab:**Parnassus, Mission Bay & Mt. Zion Hematology  
Berkeley Outpatient Center**Performed:**Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)**Methodology:**

Cardinal Health HCG Combo Rapid Test

**Remarks:**

Urine specimens may be collected in any clean, dry, plastic or glass container.

Specimens collected at any time may be used, however, the first morning urine generally contains the highest hCG concentration and is the best sample.

**Collect:**

Urine cup preferred but urine may be collected in any clean, dry, plastic or glass container



**Amount to Collect:**

10 mL urine

**Sample Type:**

Random urine (First morning void preferred)

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

1 mL urine

**Reference Interval:**

Negative (non-pregnant)

**Synonyms:**

- HCG
- Beta-HCG
- b-HCG
- gonadotropin tests Choriogonadotropin
- UCG
- urine pregnancy test
- dipstick pregnancy test

**Stability (from collection to initiation):**

Refrigerated 48 hours.

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

This is the only test routinely covered by MediCal in the absence of a demonstrated ectopic pregnancy, choriocarcinoma or hydatidiform mole.

A number of conditions other than pregnancy, including trophoblastic disease and certain nontrophoblastic neoplasms, cause elevated levels of hCG. These diagnoses should be considered if appropriate to the clinical evidence.

If a urine specimen is too diluted (low specific gravity), it may not contain representative levels of hCG. If pregnancy is suspected, ask the patient to collect first morning urine 48 to 72 hours later and repeat the test.

Because of the high sensitivity of the assay, specimens tested as positive during the initial days after conception may later be negative due to natural termination of the pregnancy.

A definitive clinical diagnosis should not be based on the results of a single test but should be made by the physician after evaluation. Blood specimens may be sent to the Clinical Laboratories for confirmatory testing.

Note, this assay kit is different than that used in POCT.

**CPT Codes:**

81025

**LOINC Codes:**

2106-3

# HCG, Quantitative (Tumor Marker), CSF

LAB5454

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

ICMA

**Reported:**

Test run Tuesday. Turnaround time: 2-9 days.

**Additional Information:**

This test was developed and its performance characteristics determined by Mayo Medical Laboratories. It has not been approved by the U.S. Food and Drug Administration.

**Synonyms:**

- HCG
- Beta-HCG
- b-HCG
- BHSF
- HUMAN CHORIONIC GONADOTROPINS (HCG)
- BETA HCG, CSF

## COLLECTION

**Sample Type:**

CSF

**Label Abbreviation:**

BHCGC

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.2 mL CSF

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

## PROCESSING

**Test Code:**

BHCGC

**Test Group:**

HCG

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Freeze specimen at -20C. Order MAYO# 8877. Call MCS for pickup

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.2 mL CSF

## RESULT INTERPRETATION

**Units:**

IU/L

**Reference Interval:**

&lt; 1.5 IU/L

**Additional Information:**

This test was developed and its performance characteristics determined by Mayo Medical Laboratories. It has not been approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

84702-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BHC GC

**Test Group:**

HCG

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

ICMA

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Sample Type:**

CSF

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.2 mL CSF

**Specimen Preparation:**

Freeze specimen at -20C. Order MAYO# 8877. Call MCS for pickup

**Units:**

IU/L

**Reference Interval:**

&lt; 1.5 IU/L

**Synonyms:**

- HCG
- Beta-HCG
- b-HCG
- BHSF
- HUMAN CHORIONIC GONADOTROPINS (HCG)
- BETA HCG, CSF

**Reported:**

Test run Tuesday. Turnaround time: 2-9 days.

**Additional Information:**

This test was developed and its performance characteristics determined by Mayo Medical Laboratories. It has not been approved by the U.S. Food and Drug Administration.

**CPT Codes:**

84702-90

# HCV & HIV NAT

NAT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Creative Testing Solutions

**Methodology:**

Transcription mediated Amplification

**Reported:**

Test set up Monday through Saturday p.m. Turnaround time: 2-4 days

**Additional Information:**

Testing for stem cell and organ donors is performed on individual samples (non-pooled). This is per current FDA regulations. The assay detects HIV & HCV RNA simultaneously and if the screen is reactive HIV & HCV RNA is tested for separately. Results are qualitative as Non-reactive or Reactive. The test can only be ordered as part of the package PTXID.

**Synonyms:**

- nucleic acid testing
- Hepatitis C
- Human immunodeficiency virus

## COLLECTION

**Sample Type:**

EDTA Plasma

**Collect:**

6 mL Lavender top x 2

**Amount to Collect:**

12 mL blood

**Preferred Volume:**

6 mL plasma

**Minimum Volume:**

5 mL plasma

**Remarks:**

These tests are ordered as part of the Pre-Transplant Infectious Disease (PTXID) screen and cannot be ordered separately.

DO NOT draw samples for NAT send out on weekends and holidays or after 2 PM on Fridays.

## PROCESSING

**Test Code:**

NAT

**Test Group:**

Hepatitis

**Sendout:**

Yes

**Performing Lab:**

Creative Testing Solutions

**Specimen Preparation:**

Ordered as part of the PTXID package. Samples must be received by BSL within 72 hours of collection. Keep at room temperature, DO NOT refrigerate or centrifuge sample.

NAT (HCV/HIV) and WNV NAT can be performed on a single 6 mL lavender top tube.

**Preferred Volume:**

6 mL plasma

**Minimum Volume:**

5 mL plasma

## RESULT INTERPRETATION

**Reference Interval:**

Nonreactive

**Additional Information:**

Testing for stem cell and organ donors is performed on individual samples (non-pooled). This is per current FDA regulations. The assay detects HIV & HCV RNA simultaneously and if the screen is reactive HIV & HCV RNA is tested for separately. Results are qualitative as Non-reactive or Reactive. The test can only be ordered as part of the package PTXID.

**ADMINISTRATIVE****LOINC Codes:**

53825-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

NAT

**Test Group:**

Hepatitis

**Performing Lab:**

Creative Testing Solutions

**Sendout:**

Yes

**Methodology:**

Transcription mediated Amplification

**Remarks:**

These tests are ordered as part of the Pre-Transplant Infectious Disease (PTXID) screen and cannot be ordered separately.

DO NOT draw samples for NAT send out on weekends and holidays or after 2 PM on Fridays.

**Collect:**

6 mL Lavender top x 2

**Amount to Collect:**

12 mL blood

**Sample Type:**

EDTA Plasma

**Preferred Volume:**

6 mL plasma

**Minimum Volume:**

5 mL plasma

**Specimen Preparation:**

Ordered as part of the PTXID package. Samples must be received by BSL within 72 hours of collection. Keep at room temperature, DO NOT refrigerate or centrifuge sample.

NAT (HCV/HIV) and WNV NAT can be performed on a single 6 mL lavender top tube.

**Reference Interval:**

Nonreactive

**Synonyms:**

- nucleic acid testing
- Hepatitis C
- Human immunodeficiency virus

**Reported:**

Test set up Monday through Saturday p.m. Turnaround time: 2-4 days

**Additional Information:**

Testing for stem cell and organ donors is performed on individual samples (non-pooled). This is per current FDA regulations. The assay detects HIV & HCV RNA simultaneously and if the screen is reactive HIV & HCV RNA is tested for separately. Results are qualitative as Non-reactive or Reactive. The test can only be ordered as part of the package PTXID.

**LOINC Codes:**

53825-6

**HeartCare (R)**

LAB6227

**ORDERING****Available Stat:**

No

**Performing Lab:**

CareDx

**Methodology:**

Targeted Next Generation Sequencing

**Reported:**

3-5 days

**COLLECTION****Sample Type:**

Whole blood

**Collect:**

Streck Cell-Free DNA BCT® (Streck Tube): AlloMap (Blue Tubes) and AlloSure (Brown Tubes)

**Amount to Collect:**

10 ml for AlloMap

10 ml for AlloSure

**Minimum Volume:**

8 ml for AlloMap

10 ml for AlloSure

**Remarks:**

Collection kit is required for this testing. Kits stocks are limited at draw sites, if possible, patient should bring kit from ordering clinic.

This test is only collected Monday through Friday (Excluding Holidays), from 8 am to 2 pm at Parnassus Outpatient Blood Draw and Parnassus Inpatient units.

Some areas may collect this sample from 2-3pm and must call a STAT AmTran Courier for pickup.

Mix the tubes after drawing by gently inverting them back and forth 10 times.

Label with patient's name, the date and time of collection, and RN or Phlebotomist initials.

**Stability (from collection to initiation):**

AlloMap - 3 Hours

AlloSure - 7 Days

**Unacceptable Conditions:**

Frozen samples. Hemolysis.

**PROCESSING****Test Code:**

HEARTC

**Sendout:**

Yes

**Performing Lab:**

CareDx

**Specimen Preparation:**

Collection kit is required for processing. After collection kit is to be shipped from drawing location.

**Minimum Volume:**

8 ml for AlloMap

10 ml for AlloSure

**Unacceptable Conditions:**

Frozen samples. Hemolysis.

**Stability (from collection to initiation):**

AlloMap - 3 Hours

AlloSure - 7 Days

**COMPLETE VIEW**

**Available Stat:**

No

**Test Code:**

HEARTC

**Performing Lab:**

CareDx

**Sendout:**

Yes

**Methodology:**

Targeted Next Generation Sequencing

**Remarks:**

Collection kit is required for this testing. Kits stocks are limited at draw sites, if possible, patient should bring kit from ordering clinic.

This test is only collected Monday through Friday (Excluding Holidays), from 8 am to 2 pm at Parnassus Outpatient Blood Draw and Parnassus Inpatient units.

Some areas may collect this sample from 2-3pm and must call a STAT AmTran Courier for pickup.

Mix the tubes after drawing by gently inverting them back and forth 10 times.

Label with patient's name, the date and time of collection, and RN or Phlebotomist initials.

**Collect:**

Streck Cell-Free DNA BCT® (Streck Tube): AlloMap (Blue Tubes) and AlloSure (Brown Tubes)

**Amount to Collect:**

10 ml for AlloMap

10 ml for AlloSure

**Sample Type:**

Whole blood

**Minimum Volume:**

8 ml for AlloMap

10 ml for AlloSure

**Unacceptable Conditions:**

Frozen samples. Hemolysis.

**Specimen Preparation:**

Collection kit is required for processing. After collection kit is to be shipped from drawing location.

**Stability (from collection to initiation):**

AlloMap - 3 Hours

AlloSure - 7 Days

**Reported:**

3-5 days

# Heart-Reactive Antibody

MOLT

## ORDERING

**Available Stat:**

No

**Additional Information:**

Research procedure only. Cannot be charged to a patient account. Please supply a budget number. Sent to: Dr. J. Zabriskie  
The Rockefeller University, 230 York Avenue, New York, NY 10021 (212)360-1125 or -1555)

**Synonyms:**

- anti-heart antibody

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Specimen Preparation:**

Refrigerate sample

**Preferred Volume:**

2 mL serum

## RESULT INTERPRETATION

**Additional Information:**

Research procedure only. Cannot be charged to a patient account. Please supply a budget number. Sent to: Dr. J. Zabriskie  
The Rockefeller University, 230 York Avenue, New York, NY 10021 (212)360-1125 or -1555)

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Specimen Preparation:**

Refrigerate sample

**Synonyms:**

- anti-heart antibody



**Additional Information:**

Research procedure only. Cannot be charged to a patient account. Please supply a budget number. Sent to: Dr. J. Zabriskie  
The Rockefeller University, 230 York Avenue, New York, NY 10021 (212)360-1125 or -1555)

# Heat Shock Protein Antibody

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

CO via Quest

**Methodology:**

Western Blot

**Additional Information:**

This test, which has been used in the diagnosis of hearing loss, is not offered by the UCSF Clinical Laboratories due to the poor sensitivity of this assay.

References: Does the serological testing really play a role in the diagnosis immune-mediated inner ear disease? Garcia Berrocal JR, Ramirez-Camacho R, Vargas JA, Millan I. Acta Otolaryngol. 2002 Apr;122(3):243-8; and Validity of the Western blot immunoassay for heat shock protein-70 in associated and isolated immunorelated inner ear disease. Garcia Berrocal JR, Ramirez-Camacho R, Arellano B, Vargas JA. Laryngoscope. 2002 Feb;112(2):304-9.

**Synonyms:**

- anti-68 KD antibodies
- HSP-70
- anti-HSP

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

CO via Quest

**Specimen Preparation:**

Refrigerate serum, send in plastic tube, order #11918. This test is referred by Quest to IMMCO, Buffalo, NY

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

## RESULT INTERPRETATION

**Reference Interval:**

Not present

**Additional Information:**

This test, which has been used in the diagnosis of hearing loss, is not offered by the UCSF Clinical Laboratories due to the poor sensitivity of this assay.

References: Does the serological testing really play a role in the diagnosis immune-mediated inner ear disease? Garcia Berrocal JR, Ramirez-Camacho R, Vargas JA, Millan I. Acta Otolaryngol. 2002 Apr;122(3):243-8; and Validity of the Western blot immunoassay for heat shock protein-70 in associated and isolated immunorelated inner ear disease. Garcia Berrocal JR, Ramirez-Camacho R, Arellano B, Vargas JA. Laryngoscope. 2002 Feb;112(2):304-9.

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

CO via Quest

**Sendout:**

Yes

**Methodology:**

Western Blot

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Specimen Preparation:**

Refrigerate serum, send in plastic tube, order #11918. This test is referred by Quest to IMMCO, Buffalo, NY

**Reference Interval:**

Not present

**Synonyms:**

- anti-68 KD antibodies
- HSP-70
- anti-HSP

**Additional Information:**

This test, which has been used in the diagnosis of hearing loss, is not offered by the UCSF Clinical Laboratories due to the poor sensitivity of this assay.

References: Does the serological testing really play a role in the diagnosis immune-mediated inner ear disease? Garcia Berrocal JR, Ramirez-Camacho R, Vargas JA, Millan I. Acta Otolaryngol. 2002 Apr;122(3):243-8; and Validity of the Western blot immunoassay for heat shock protein-70 in associated and isolated immunorelated inner ear disease. Garcia Berrocal JR, Ramirez-Camacho R, Arellano B, Vargas JA. Laryngoscope. 2002 Feb;112(2):304-9.

# Hematocrit, automated

HCT, HCTM, CBC, CBCD, ORHT, LBGH

## ORDERING

### Available Stat:

Yes

### Performing Lab:

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

### Performed:

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

### Methodology:

Calculation from MCV and RBC Count or measured by Conductance (iStat)

### Reported:

STAT 1 hour, Routine 4 hours

### Additional Information:

Also part of CBC & CBC w/differential

Reference ranges are also dependent upon the intensity of chronic exposure to high altitudes or to tobacco smoke, as well as to the duration of pregnancy. A manual assay will be performed whenever accurate results cannot be obtained on an automated instrument because of some intrinsic abnormality of the specimen, such as the presence of cold agglutinins.

For technical reasons related to plasma trapping between the centrifuged RBCs, manual results are usually 1-2% higher than results by automated methods.

Conductance (e.g. iStat) method may yield spurious results in patients with high volume crystalloid infusion (particularly patients on bypass pump) or other plasma protein derangements. Conductance values may not compare well with calculated Hct results.

Capillary tubes for spun hematocrits require only 100 µL vs 250 µL for a microtainer, but they are leak-prone, fragile, hazardous to handle, less informative than a CBC and because they are imprecise should be run in duplicate, diminishing any benefit of requiring less blood volume. We discourage their use but will accept them for processing. Two capillaries should be submitted in a labeled tube to minimize breakage during transport, and should be accompanied by a requisition on which "SPUN HCT" is written next to the box checked for a CBC

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

### Synonyms:

- Hct
- Crit
- PCV
- Packed cell volume

## COLLECTION

### Sample Type:

EDTA whole blood

### Collect:

Lavender top

### Amount to Collect:

1 mL blood

### Preferred Volume:

1 mL blood

### Minimum Volume:

250 uL (microtainer sample) See notes.

### Rejection Criteria:

Clotted specimens

## PROCESSING

### Test Code:

HCT, HCTM, CBC, CBCD, ORHT, LBGH

**Test Group:**

Hct

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

250 uL (microtainer sample) See notes.

**Rejection Criteria:**

Clotted specimens

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

|                    |        |
|--------------------|--------|
| 0-7 days           | 45-67% |
| 8-14 days          | 42-66% |
| 2- <4 weeks        | 39-63% |
| 1- <2 months       | 31-55% |
| 2- <3 months       | 28-42% |
| 3- <6 months       | 29-41% |
| 6- <24 months      | 33-39% |
| 2- <5 years        | 34-40% |
| 5- <12 years       | 35-45% |
| Male 12- <15 years | 37-49% |
| Male 15- <18 years | 40-52% |
| Male >= 18 years   | 41-53% |
| Female >= 12 years | 36-46% |

**Additional Information:**

Also part of CBC &amp; CBC w/differential

Reference ranges are also dependent upon the intensity of chronic exposure to high altitudes or to tobacco smoke, as well as to the duration of pregnancy. A manual assay will be performed whenever accurate results cannot be obtained on an automated instrument because of some intrinsic abnormality of the specimen, such as the presence of cold agglutinins.

For technical reasons related to plasma trapping between the centrifuged RBCs, manual results are usually 1-2% higher than results by automated methods.

Conductance (e.g. iStat) method may yield spurious results in patients with high volume crystalloid infusion (particularly patients on bypass pump) or other plasma protein derangements. Conductance values may not compare well with calculated Hct results.

Capillary tubes for spun hematocrits require only 100 µL vs 250 µL for a microtainer, but they are leak-prone, fragile, hazardous to handle, less informative than a CBC and-because they are imprecise-should be run in duplicate, diminishing any benefit of requiring less blood volume. We discourage their use but will accept them for processing. Two capillaries should be submitted in a labeled tube to minimize breakage during transport, and should be accompanied by a requisition on which "SPUN HCT" is written next to the box checked for a CBC

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

85014

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HCT, HCTM, CBC, CBCD, ORHT, LBGH

**Test Group:**

Hct

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
 Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
 Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Calculation from MCV and RBC Count or measured by Conductance (iStat)

**Collect:**

Lavender top

**Amount to Collect:**

1 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

250 uL (microtainer sample) See notes.

**Rejection Criteria:**

Clotted specimens

**Units:**

%

**Reference Interval:**

|                    |        |
|--------------------|--------|
| 0-7 days           | 45-67% |
| 8-14 days          | 42-66% |
| 2- <4 weeks        | 39-63% |
| 1- <2 months       | 31-55% |
| 2- <3 months       | 28-42% |
| 3- <6 months       | 29-41% |
| 6- <24 months      | 33-39% |
| 2- <5 years        | 34-40% |
| 5- <12 years       | 35-45% |
| Male 12- <15 years | 37-49% |
| Male 15- <18 years | 40-52% |
| Male >= 18 years   | 41-53% |
| Female >= 12 years | 36-46% |

**Synonyms:**

- Hct
- Crit
- PCV
- Packed cell volume

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Also part of CBC & CBC w/differential

Reference ranges are also dependent upon the intensity of chronic exposure to high altitudes or to tobacco smoke, as well as to the duration of pregnancy. A manual assay will be performed whenever accurate results cannot be obtained on an automated instrument because of some intrinsic abnormality of the specimen, such as the presence of cold agglutinins.

For technical reasons related to plasma trapping between the centrifuged RBCS, manual results are usually 1-2% higher than results by automated methods.

Conductance (e.g. iStat) method may yield spurious results in patients with high volume crystalloid infusion (particularly patients on bypass pump) or other plasma protein derangements. Conductance values may not compare well with calculated Hct results.

Capillary tubes for spun hematocrits require only 100  $\mu$ L vs 250  $\mu$ L for a microtainer, but they are leak-prone, fragile, hazardous to handle, less informative than a CBC and-because they are imprecise-should be run in duplicate, diminishing any benefit of requiring less blood volume. We discourage their use but will accept them for processing. Two capillaries should be submitted in a labeled tube to minimize breakage during transport, and should be accompanied by a requisition on which "SPUN HCT" is written next to the box checked for a CBC

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

85014

# Hematocrit, Body Fluid-Automated

LAB202

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Calculated (from MCV &amp; RBC count)

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

A manual assay will be performed whenever accurate results cannot be obtained on an automated instrument because of some intrinsic abnormality of the specimen, such as the presence of small clots.

Testing is only performed on visibly bloody samples.

**Synonyms:**

- Hct
- PCV
- Packed cell volume

## COLLECTION

**Sample Type:**

EDTA anticoagulated body fluid

**Collect:**

Lavender top

**Amount to Collect:**

1 mL

**Preferred Volume:**

1 mL fluid

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Unacceptable Conditions:**

Non-bloody sample. Testing is only performed on visibly bloody samples.

## PROCESSING

**Test Code:**

BHCT

**Test Group:**

Hct

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Preferred Volume:**

1 mL fluid

**Unacceptable Conditions:**

Non-bloody sample. Testing is only performed on visibly bloody samples.

## RESULT INTERPRETATION

**Units:**

%

**Reference Interval:**

RBCs are not normally present



**Additional Information:**

A manual assay will be performed whenever accurate results cannot be obtained on an automated instrument because of some intrinsic abnormality of the specimen, such as the presence of small clots.

Testing is only performed on visibly bloody samples.

**ADMINISTRATIVE****CPT Codes:**

85014

**LOINC Codes:**

11153-4

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

BHCT

**Test Group:**

Hct

**Performing Lab:**

Parnassus & Mission Bay Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Calculated (from MCV & RBC count)

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Lavender top

**Amount to Collect:**

1 mL

**Sample Type:**

EDTA anticoagulated body fluid

**Preferred Volume:**

1 mL fluid

**Unacceptable Conditions:**

Non-bloody sample. Testing is only performed on visibly bloody samples.

**Units:**

%

**Reference Interval:**

RBCs are not normally present

**Synonyms:**

- Hct
- PCV
- Packed cell volume

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

A manual assay will be performed whenever accurate results cannot be obtained on an automated instrument because of some intrinsic abnormality of the specimen, such as the presence of small clots.

Testing is only performed on visibly bloody samples.

**CPT Codes:**

85014

**LOINC Codes:**

11153-4

# Hematocrit, Body Fluid-Manual

LAB3145

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Centrifugation

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

A manual assay will be performed whenever accurate results cannot be obtained on an automated instrument because of some intrinsic abnormality of the specimen, such as the presence of small clots.

Testing is only performed on visibly bloody samples.

**Synonyms:**

- Hct
- PCV
- Packed cell volume

## COLLECTION

**Sample Type:**

EDTA anticoagulated body fluid

**Collect:**

Lavender top

**Amount to Collect:**

1 mL

**Preferred Volume:**

1 mL fluid

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Unacceptable Conditions:**

Non-bloody sample. Testing is only performed on visibly bloody samples.

## PROCESSING

**Test Code:**

BHCTM

**Test Group:**

Hct

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Preferred Volume:**

1 mL fluid

**Unacceptable Conditions:**

Non-bloody sample. Testing is only performed on visibly bloody samples.

## RESULT INTERPRETATION

**Units:**

%

**Reference Interval:**

RBCs are not normally present

**Additional Information:**

A manual assay will be performed whenever accurate results cannot be obtained on an automated instrument because of some intrinsic abnormality of the specimen, such as the presence of small clots.

Testing is only performed on visibly bloody samples.

**ADMINISTRATIVE****CPT Codes:**

85013

**LOINC Codes:**

4545-0

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

BHCTM

**Test Group:**

Hct

**Performing Lab:**

Parnassus & Mission Bay Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Centrifugation

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Lavender top

**Amount to Collect:**

1 mL

**Sample Type:**

EDTA anticoagulated body fluid

**Preferred Volume:**

1 mL fluid

**Unacceptable Conditions:**

Non-bloody sample. Testing is only performed on visibly bloody samples.

**Units:**

%

**Reference Interval:**

RBCs are not normally present

**Synonyms:**

- Hct
- PCV
- Packed cell volume

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

A manual assay will be performed whenever accurate results cannot be obtained on an automated instrument because of some intrinsic abnormality of the specimen, such as the presence of small clots.

Testing is only performed on visibly bloody samples.

**CPT Codes:**

85013

**LOINC Codes:**

4545-0

# Hematocrit, spun

LAB3609

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Performed:**

24 hours a day seven days a week

**Methodology:**

Centrifugation

**Additional Information:**

There are several variables which may result in inaccuracies in the measurement of a spun hematocrit and it's use should be restricted to infants where the sample volume is more suitable.

Hemoglobin is a much more accurate and stable parameter in assessing patients for anemia and provides a better indication of oxygen carrying capacity.

**Synonyms:**

- Hct
- Crit
- PCV
- Packed cell volume
- microhematocrit

## COLLECTION

**Sample Type:**

Whole blood

**Collect:**

Microhemtocrut tube

**Amount to Collect:**

Full microhematocrit tubes x2

**Preferred Volume:**

Full microhemtocrut tubes x2

**Minimum Volume:**

3/4 full microhematocrit tubes x2

**Remarks:**

Collect from finger or heel skin puncture or fill tubes from well mixed syringe or vacutainer sample

**Unacceptable Conditions:**

Microhematocrit tubes received unsealed or sealed at both ends.

## PROCESSING

**Test Code:**

HCTM

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Preferred Volume:**

Full microhemtocrut tubes x2

**Minimum Volume:**

3/4 full microhematocrit tubes x2

**Unacceptable Conditions:**

Microhematocrit tubes received unsealed or sealed at both ends.

## RESULT INTERPRETATION

**Units:**

%

**Reference Interval:**

|                   |        |
|-------------------|--------|
| 0-7 days          | 45-67% |
| 8-14 days         | 42-66% |
| 2-4 weeks         | 39-63% |
| 1-2 months        | 31-55% |
| 2-3 months        | 28-42% |
| 3-6 months        | 29-41% |
| 6-24 months       | 33-39% |
| 2-5 years         | 34-40% |
| 5-12 years        | 35-45% |
| Male 12-15 years  | 37-49% |
| Male 15-18 years  | 38-49% |
| Male > 18 years   | 41-53% |
| Female > 12 years | 36-46% |

**Critical Values:**

&lt; 25%

or

&gt; 67% for patients 0-14 days old

&gt; 65% for patients &gt;= 15 days old

**Additional Information:**

There are several variables which may result in inaccuracies in the measurement of a spun hematocrit and it's use should be restricted to infants where the sample volume is more suitable.

Hemoglobin is a much more accurate and stable parameter in assessing patients for anemia and provides a better indication of oxygen carrying capacity.

**ADMINISTRATIVE****CPT Codes:**

85013

**LOINC Codes:**

4545-0

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HCTM

**Performing Lab:**

Parnassus &amp; Mission Bay Hematology

**Performed:**

24 hours a day seven days a week

**Methodology:**

Centrifugation

**Remarks:**

Collect from finger or heel skin puncture or fill tubes from well mixed syringe or vacutainer sample

**Collect:**

Microhemtocrut tube

**Amount to Collect:**

Full microhematocrit tubes x2

**Sample Type:**

Whole blood

**Preferred Volume:**

Full microhemtocrut tubes x2

**Minimum Volume:**

3/4 full microhematocrit tubes x2

**Unacceptable Conditions:**

Microhematocrit tubes received unsealed or sealed at both ends.

**Units:**  
%

**Reference Interval:**

|                   |        |
|-------------------|--------|
| 0-7 days          | 45-67% |
| 8-14 days         | 42-66% |
| 2-4 weeks         | 39-63% |
| 1-2 months        | 31-55% |
| 2-3 months        | 28-42% |
| 3-6 months        | 29-41% |
| 6-24 months       | 33-39% |
| 2-5 years         | 34-40% |
| 5-12 years        | 35-45% |
| Male 12-15 years  | 37-49% |
| Male 15-18 years  | 38-49% |
| Male > 18 years   | 41-53% |
| Female > 12 years | 36-46% |

**Critical Values:**

< 25%

or

> 67% for patients 0-14 days old  
> 65% for patients >= 15 days old

**Synonyms:**

- Hct
- Crit
- PCV
- Packed cell volume
- microhematocrit

**Additional Information:**

There are several variables which may result in inaccuracies in the measurement of a spun hematocrit and it's use should be restricted to infants where the sample volume is more suitable.

Hemoglobin is a much more accurate and stable parameter in assessing patients for anemia and provides a better indication of oxygen carrying capacity.

**CPT Codes:**

85013

**LOINC Codes:**

4545-0

# Hemochromatosis, Hereditary

LAB3280

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1x per week as needed, Tuesday or Thursday, day shift only

**Methodology:**

PCR and allele-specific probes

**Reported:**

7-10 days

**Additional Information:**

The Cys282Tyr (G845A, C282Y) mutation in the HLA-H gene is found in 85% of the chromosomes of patients with Hereditary Hemochromatosis.

Homozygosity for the C282Y or compound heterozygosity for C282Y and H63D mutations is associated with increased risk of iron overload. Despite the high frequency of the C282Y mutation the clinical penetrance of the homozygous C282Y genotype is estimated to only be 1-4% (Beutler, BE, Blood 101:3347, 2003)

Heterozygosity or homozygosity for the H63D mutation does not appear to be clinically significant but may be associated with elevated serum transferrin levels. (Gochee, et al., Gastroenterology 122:646, 2002)

Results are reported as "No Mutation Detected", "Heterozygous for Mutation" or "Homozygous for Mutation".

If a mutation is detected it is recommended that the patient seek genetic counseling.

Note: This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

See also Iron, Transferrin and Transferrin Saturation and Iron, Liver.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- Cys282Tyr
- G845A
- C282Y
- Hereditary Hemochromatosis
- HFE mutation
- HLA-H mutation

## COLLECTION

**Sample Type:**

EDTA whole blood, CVS, Tissue culture

**Collect:**

Lavender top, (Blue (citrate) and Yellow (ACD) tops acceptable)

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

0.1 mL blood

**Remarks:**

If collecting in citrate, check the expiration date on the label of the blue top vacutainer before drawing the patient. Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

## PROCESSING

**Test Code:**

HHEM

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable.

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

0.1 mL blood

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

**RESULT INTERPRETATION****Reference Interval:**

No mutation detected.

**Additional Information:**

The Cys282Tyr (G845A, C282Y) mutation in the HLA-H gene is found in 85% of the chromosomes of patients with Hereditary Hemochromatosis.

Homozygosity for the C282Y or compound heterozygosity for C282Y and H63D mutations is associated with increased risk of iron overload. Despite the high frequency of the C282Y mutation the clinical penetrance of the homozygous C282Y genotype is estimated to only be 1-4% (Beutler, BE, Blood 101:3347, 2003)

Heterozygosity or homozygosity for the H63D mutation does not appear to be clinically significant but may be associated with elevated serum transferrin levels. (Gochee, et al., Gastroenterology 122:646, 2002)

Results are reported as "No Mutation Detected", "Heterozygous for Mutation" or "Homozygous for Mutation".

If a mutation is detected it is recommended that the patient seek genetic counseling.

Note: This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

See also Iron, Transferrin and Transferrin Saturation and Iron, Liver.

**ADMINISTRATIVE****CPT Codes:**

81256

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

48577-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HHEM

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1x per week as needed, Tuesday or Thursday, day shift only

**Methodology:**

PCR and allele-specific probes

**Remarks:**

If collecting in citrate, check the expiration date on the label of the blue top vacutainer before drawing the patient. Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top, (Blue (citrate) and Yellow (ACD) tops acceptable)

**Amount to Collect:**

3 mL blood



**Sample Type:**

EDTA whole blood, CVS, Tissue culture

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

0.1 mL blood

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable.

**Reference Interval:**

No mutation detected.

**Synonyms:**

- Cys282Tyr
- G845A
- C282Y
- Hereditary Hemochromatosis
- HFE mutation
- HLA-H mutation

**Reported:**

7-10 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

The Cys282Tyr (G845A, C282Y) mutation in the HLA-H gene is found in 85% of the chromosomes of patients with Hereditary Hemochromatosis.

Homozygosity for the C282Y or compound heterozygosity for C282Y and H63D mutations is associated with increased risk of iron overload. Despite the high frequency of the C282Y mutation the clinical penetrance of the homozygous C282Y genotype is estimated to only be 1-4% (Beutler, BE, Blood 101:3347, 2003)

Heterozygosity or homozygosity for the H63D mutation does not appear to be clinically significant but may be associated with elevated serum transferrin levels. (Gochee, et al., Gastroenterology 122:646, 2002)

Results are reported as "No Mutation Detected", "Heterozygous for Mutation" or "Homozygous for Mutation".

If a mutation is detected it is recommended that the patient seek genetic counseling.

Note: This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

See also Iron, Transferrin and Transferrin Saturation and Iron, Liver.

**CPT Codes:**

81256

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

48577-1

# Hemoglobin

HGB, CBC, CBCD, LBGH

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Spectrophotometry

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Reference ranges are altered by the intensity of chronic exposure to high altitudes or tobacco smoke, or by the duration of pregnancy.

A manual hemoglobin assay will be performed whenever accurate results cannot be obtained on an automated instrument because of some intrinsic abnormality of the specimen.

Values are calculated from conductance hematocrit on iStat analyzer. Conductance methods for hematocrit may yield spurious results in patients with high volume crystalloid infusion (particularly patients on bypass pump) or other plasma protein derangements. Therefore hemoglobin values based on conductance may not compare well with measured Hgb results.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Synonyms:**

- Hgb
- Hb

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

250 uL (microtainer)

**Rejection Criteria:**

Clotted specimens

## PROCESSING

**Test Code:**

HGB, CBC, CBCD, LBGH

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

250 uL (microtainer)

**Rejection Criteria:**  
Clotted specimens

## RESULT INTERPRETATION

**Units:**  
g/dL

**Reference Interval:**

|                      |                 |
|----------------------|-----------------|
| 0-7 days             | 14.5-22.5 g/dL  |
| 8-14 days            | 13.5-21.5 g/dL  |
| 2-4 weeks            | 12.5-20.5 g/dL  |
| 1- <2 months         | 10.0-18.0 g/dL  |
| 2- <3 months         | 9.0-14.0 g/dL   |
| 3- <6 months         | 9.5-13.5 g/dL   |
| 6- <24 months        | 11.0-13.5 g/dL  |
| 2- <5 years          | 11.2-13.5 g/dL  |
| 5- <8 years          | 11.4-15.5 g/dL  |
| 8- <12 years         | 11.6-15.5 g/dL  |
| Male 12- <15 years   | 12.3-16.0 g/dL  |
| Male 15- <18 years   | 12.6 -17.0 g/dL |
| Male >= 18 years     | 13.6-17.5 g/dL  |
| Female 12- <15 years | 11.8-15.5 g/dL  |
| Female >= 15 years   | 12.0-15.5 g/dL  |

**Critical Values:**  
≤ 7.0 g/dl

**Additional Information:**

Reference ranges are altered by the intensity of chronic exposure to high altitudes or tobacco smoke, or by the duration of pregnancy.

A manual hemoglobin assay will be performed whenever accurate results cannot be obtained on an automated instrument because of some intrinsic abnormality of the specimen.

Values are calculated from conductance hematocrit on iStat analyzer. Conductance methods for hematocrit may yield spurious results in patients with high volume crystalloid infusion (particularly patients on bypass pump) or other plasma protein derangements. Therefore hemoglobin values based on conductance may not compare well with measured Hgb results.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

## ADMINISTRATIVE

**CPT Codes:**  
85018

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
HGB, CBC, CBCD, LBGH

**Performing Lab:**  
Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Performed:**  
Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**  
Spectrophotometry

**Collect:**

Lavender top

**Amount to Collect:**

1 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

250 uL (microtainer)

**Rejection Criteria:**

Clotted specimens

**Units:**

g/dL

**Reference Interval:**

|                      |                 |
|----------------------|-----------------|
| 0-7 days             | 14.5-22.5 g/dL  |
| 8-14 days            | 13.5-21.5 g/dL  |
| 2-4 weeks            | 12.5-20.5 g/dL  |
| 1- <2 months         | 10.0-18.0 g/dL  |
| 2- <3 months         | 9.0-14.0 g/dL   |
| 3- <6 months         | 9.5-13.5 g/dL   |
| 6- <24 months        | 11.0-13.5 g/dL  |
| 2- <5 years          | 11.2-13.5 g/dL  |
| 5- <8 years          | 11.4-15.5 g/dL  |
| 8- <12 years         | 11.6-15.5 g/dL  |
| Male 12- <15 years   | 12.3-16.0 g/dL  |
| Male 15- <18 years   | 12.6 -17.0 g/dL |
| Male >= 18 years     | 13.6-17.5 g/dL  |
| Female 12- <15 years | 11.8-15.5 g/dL  |
| Female >= 15 years   | 12.0-15.5 g/dL  |

**Critical Values:**

&lt;= 7.0 g/dl

**Synonyms:**

- Hgb
- Hb

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Reference ranges are altered by the intensity of chronic exposure to high altitudes or tobacco smoke, or by the duration of pregnancy.

A manual hemoglobin assay will be performed whenever accurate results cannot be obtained on an automated instrument because of some intrinsic abnormality of the specimen.

Values are calculated from conductance hematocrit on iStat analyzer. Conductance methods for hematocrit may yield spurious results in patients with high volume crystalloid infusion (particularly patients on bypass pump) or other plasma protein derangements. Therefore hemoglobin values based on conductance may not compare well with measured Hgb results.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

85018

# Hemoglobin A1c

LAB90

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay, Saint Francis, Saint Marys: 24 hours per day, 7 days per week

Mt Zion: Monday-Friday (day shift)

**Methodology:**

Parnassus and Mission Bay: Abbott Architect c8000 (Enzymatic)

Mt Zion, Saint Francis, Saint Marys: Abbott Architect c4000 (Enzymatic)

**Reported:**

1-3 days

**Additional Information:****INTERFERENCES:**

Impact of variant hemoglobins on A1c results: When present in the heterozygous state, the most common variant hemoglobins S, D, C, or E do not have a significant impact on the A1c results in this assay. In patients homozygous for these variants, it is recommended to monitor glucose control with other methods such as fructosamine testing.

Impact of fetal hemoglobin on A1c results: The presence of fetal hemoglobin can cause a negative interference in this A1c assay. Hemoglobin F in concentrations > 5% will reduce the A1c result in proportion to the magnitude of the % of hemoglobin F in the sample. For example, a hemoglobin F level of 20% will reduce the A1c result by approximately 20% in this assay.

Serum glycated albumin (fructosamine) testing can be ordered as an alternative means of monitoring glucose control when interferences preclude following A1c by this method.

In diabetic patients who have experienced recent blood loss, hemolysis, or have elevated reticulocyte counts for other reasons, the level may be lowered and may not reflect actual glycemic control.

**TESTING RECOMMENDATIONS:****Management of Diabetes:**

Goals for HbA1c management recommended by American Diabetes Association (ADA) Standards of Medical Care in Diabetes (Diabetes Care, Volume 33, Supplement 1, January 2010) are as follows:

When using this assay, the ADA recommended goal for A1c control for adult diabetic patients in general is <7% although use of an A1c goal as close to normal as possible without causing significant hypoglycemia may be appropriate for individual patients. In pregnant patients with diabetes, the ADA recommends aiming for the range < 6% if it can be achieved without excessive hypoglycemia.

The ADA recommended goals for other age groups are: 0-6 years old 7.6% - 8.4% 6-12 years old < 8%  
13-19 years old < 7.5%  
> 19 years old < 7%

Diagnosis of diabetes or increased risk for diabetes: The American Diabetes Association recommends the following HbA1c cutoffs when assessing increased risk for diabetes and when diagnosing diabetes.

5.7% - 6.4% Increased risk for diabetes  
>6.4% Consistent with diabetes

Note: In the absence of unequivocal hyperglycemia, the diagnosis of diabetes should be confirmed by repeat testing.

Receiver operating curve analyses of nationally representative U.S. data (NHANES 2005-2006) indicate that among the nondiabetic adult population, an A1C value of 5.7%, compared with other cut points, has the best combination of sensitivity (39%) and specificity (91%) to identify cases of impaired fasting glucose (FPG  $\geq$  100 mg/dl [5.6 mmol/l]). Note that individuals with an A1c < 5.7% may still be at risk, depending on the level of A1c and presence of other risk factors, such as obesity and family history. Individuals with an A1c > 6% should be considered at very high risk for diabetes.

**Certification/Traceability/Precision:**

This enzymatic method is certified by the National Glycohemoglobin Standardization Program (NGSP), standardized to International Federation of Clinical Chemistry and Laboratory Medicine (IFCC), and traceable to Diabetes Control and Complications Trial (DCCT).

The hemoglobin A1C assay has an imprecision (%CV) of  $\leq$ 2% for samples targeted to 6.5% HbA1c (5.7 to 7.0% HbA1c inclusive), and a  $\leq$ 3.5% imprecision (%CV) for samples with concentrations >7.0% HbA1c. In patients with elevated A1c levels, results determined by the point of care DCA Vantage device may run approximately 0.1 to 0.4 units higher than this enzymatic method

**Synonyms:**

- Glyco-hgb
- Glycohemoglobin
- Glycosylated hemoglobin
- Hgb A1
- HgbA1c
- Glycated hemoglobin
- HBA1
- A1C

**COLLECTION****Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

1 mL blood

**Stability (from collection to initiation):**

Room temperature: 8 hours

Refrigerated: 7 days

Frozen (less than -70C): 7 days

## PROCESSING

**Test Code:**

HBA1

**Test Group:**

Hemoglobin A1c

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Specimen Preparation:**

Do not centrifuge.

**Preferred Volume:**

1 mL blood

**Stability (from collection to initiation):**

Room temperature: 8 hours

Refrigerated: 7 days

Frozen (less than -70C): 7 days

## RESULT INTERPRETATION

**Units:**

%

**Reference Interval:**

Non-Diabetic: 4.3-5.6%

**Additional Information:****INTERFERENCES:**

Impact of variant hemoglobins on A1c results: When present in the heterozygous state, the most common variant hemoglobins S, D, C, or E do not have a significant impact on the A1c results in this assay. In patients homozygous for these variants, it is recommended to monitor glucose control with other methods such as fructosamine testing.

Impact of fetal hemoglobin on A1c results: The presence of fetal hemoglobin can cause a negative interference in this A1c assay. Hemoglobin F in concentrations > 5% will reduce the A1c result in proportion to the magnitude of the % of hemoglobin F in the sample. For example, a hemoglobin F level of 20% will reduce the A1c result by approximately 20% in this assay.

Serum glycated albumin (fructosamine) testing can be ordered as an alternative means of monitoring glucose control when interferences preclude following A1c by this method.

In diabetic patients who have experienced recent blood loss, hemolysis, or have elevated reticulocyte counts for other reasons, the level may be lowered and may not reflect actual glycemic control.

**TESTING RECOMMENDATIONS:****Management of Diabetes:**

Goals for HbA1c management recommended by American Diabetes Association (ADA) Standards of Medical Care in Diabetes (Diabetes Care, Volume 33, Supplement 1, January 2010) are as follows:

When using this assay, the ADA recommended goal for A1c control for adult diabetic patients in general is <7% although use of an A1c goal as close to normal as possible without causing significant hypoglycemia may be appropriate for individual patients. In pregnant patients with diabetes, the ADA recommends aiming for the range < 6% if it can be achieved without excessive hypoglycemia.

The ADA recommended goals for other age groups are: 0-6 years old 7.6% - 8.4% 6-12 years old < 8%  
13-19 years old < 7.5%  
> 19 years old < 7%

Diagnosis of diabetes or increased risk for diabetes: The American Diabetes Association recommends the following HbA1c cutoffs when assessing increased risk for diabetes and when diagnosing diabetes.

5.7% - 6.4% Increased risk for diabetes  
>6.4% Consistent with diabetes

Note: In the absence of unequivocal hyperglycemia, the diagnosis of diabetes should be confirmed by repeat testing.

Receiver operating curve analyses of nationally representative U.S. data (NHANES 2005-2006) indicate that among the nondiabetic adult population, an A1C value of 5.7%, compared with other cut points, has the best combination of sensitivity (39%) and specificity (91%) to identify cases of impaired fasting glucose (FPG  $\geq$  100 mg/dl [5.6 mmol/l]). Note that individuals with an A1c < 5.7% may still be at risk, depending on the level of A1c and presence of other risk factors, such as obesity and family history. Individuals with an A1c > 6% should be considered at very high risk for diabetes.

**Certification/Traceability/Precision:**

This enzymatic method is certified by the National Glycohemoglobin Standardization Program (NGSP), standardized to International Federation of Clinical Chemistry and Laboratory Medicine (IFCC), and traceable to Diabetes Control and Complications Trial (DCCT).

The hemoglobin A1C assay has an imprecision (%CV) of  $\leq$ 2% for samples targeted to 6.5% HbA1c (5.7 to 7.0% HbA1c inclusive), and a  $\leq$ 3.5% imprecision (%CV) for samples with concentrations >7.0% HbA1c. In patients with elevated A1c levels, results determined by the point of care DCA Vantage device may run approximately 0.1 to 0.4 units higher than this enzymatic method

**ADMINISTRATIVE****CPT Codes:**

83036

**LOINC Codes:**

17856-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HBA1



**Test Group:**

Hemoglobin A1c

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay, Saint Francis, Saint Marys: 24 hours per day, 7 days per week  
Mt Zion: Monday-Friday (day shift)

**Methodology:**

Parnassus and Mission Bay: Abbott Architect c8000 (Enzymatic)  
Mt Zion, Saint Francis, Saint Marys: Abbott Architect c4000 (Enzymatic)

**Collect:**

Lavender top

**Amount to Collect:**

1 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

1 mL blood

**Specimen Preparation:**

Do not centrifuge.

**Units:**

%

**Reference Interval:**

Non-Diabetic: 4.3-5.6%

**Synonyms:**

- Glyco-hgb
- Glycohemoglobin
- Glycosylated hemoglobin
- Hgb A1
- HgbA1c
- Glycated hemoglobin
- HBA1
- A1C

**Stability (from collection to initiation):**

Room temperature: 8 hours  
Refrigerated: 7 days  
Frozen (less than -70C): 7 days

**Reported:**

1-3 days

**Additional Information:****INTERFERENCES:**

Impact of variant hemoglobins on A1c results: When present in the heterozygous state, the most common variant hemoglobins S, D, C, or E do not have a significant impact on the A1c results in this assay. In patients homozygous for these variants, it is recommended to monitor glucose control with other methods such as fructosamine testing.

Impact of fetal hemoglobin on A1c results: The presence of fetal hemoglobin can cause a negative interference in this A1c assay. Hemoglobin F in concentrations > 5% will reduce the A1c result in proportion to the magnitude of the % of hemoglobin F in the sample. For example, a hemoglobin F level of 20% will reduce the A1c result by approximately 20% in this assay.

Serum glycated albumin (fructosamine) testing can be ordered as an alternative means of monitoring glucose control when interferences preclude following A1c by this method.

In diabetic patients who have experienced recent blood loss, hemolysis, or have elevated reticulocyte counts for other reasons, the level may be lowered and may not reflect actual glycemic control.

**TESTING RECOMMENDATIONS:****Management of Diabetes:**

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When using this assay, the ADA recommended goal for A1c control for adult diabetic patients in general is <7% although use of an A1c goal as close to normal as possible without causing significant hypoglycemia may be appropriate for individual patients. In pregnant patients with diabetes, the ADA recommends aiming for the range < 6% if it can be achieved without excessive hypoglycemia.

The ADA recommended goals for other age groups are: 0-6 years old 7.6% - 8.4% 6-12 years old < 8%  
13-19 years old < 7.5%  
> 19 years old < 7%

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>6.4% Consistent with diabetes

Note: In the absence of unequivocal hyperglycemia, the diagnosis of diabetes should be confirmed by repeat testing.

Receiver operating curve analyses of nationally representative U.S. data (NHANES 2005-2006) indicate that among the nondiabetic adult population, an A1C value of 5.7%, compared with other cut points, has the best combination of sensitivity (39%) and specificity (91%) to identify cases of impaired fasting glucose (FPG  $\geq$  100 mg/dl [5.6 mmol/l]). Note that individuals with an A1c < 5.7% may still be at risk, depending on the level of A1c and presence of other risk factors, such as obesity and family history. Individuals with an A1c > 6% should be considered at very high risk for diabetes.

**Certification/Traceability/Precision:**

This enzymatic method is certified by the National Glycohemoglobin Standardization Program (NGSP), standardized to International Federation of Clinical Chemistry and Laboratory Medicine (IFCC), and traceable to Diabetes Control and Complications Trial (DCCT).

The hemoglobin A1C assay has an imprecision (%CV) of  $\leq$ 2% for samples targeted to 6.5% HbA1c (5.7 to 7.0% HbA1c inclusive), and a  $\leq$ 3.5% imprecision (%CV) for samples with concentrations >7.0% HbA1c. In patients with elevated A1c levels, results determined by the point of care DCA Vantage device may run approximately 0.1 to 0.4 units higher than this enzymatic method

**CPT Codes:**

83036

**LOINC Codes:**

17856-6

# Hemoglobin/Hematocrit, Whole Blood

CAHB, NHCT

## ORDERING

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Available Stat:**

Yes

**Performing Lab:**

Parnassus Chemistry, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Radiometer ABL 90 FLEX Plus

Hematocrit is calculated from total hemoglobin

**Reported:**

15 minutes

**Synonyms:**

- Hgb
- Hct
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV
- Blood gas
- ABG

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

55 µL blood

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the "butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or "butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, finger tip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab > 30 minutes after collection may yield erroneous results.

**Stability (from collection to initiation):**

Room temperature 30 minutes

**Unacceptable Conditions:**

Syringe received with needle attached

**PROCESSING****Test Code:**

CAHB  
NHCT

**Performing Lab:**

Parnassus Chemistry, Mission Bay and Mt Zion Chemistry

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

55 µL blood

**Unacceptable Conditions:**

Syringe received with needle attached

**Stability (from collection to initiation):**

Room temperature 30 minutes

**RESULT INTERPRETATION****Units:**

Calculated Hct: %

Hgb: g/dL

**Reference Interval:**

Hct:

|                     |        |
|---------------------|--------|
| 0 - 7 days          | 45-67% |
| 8 - 14 days         | 42-66% |
| 2 - <4 weeks        | 39-63% |
| 1 - <2 months       | 31-55% |
| 2 - <6 months       | 28-42% |
| 6 months - <5 years | 33-40% |
| 5 - <12 years       | 35-45% |
| Male 12 - <15 years | 37-49% |
| Male 15 - <18 years | 38-49% |
| Male >=18 years     | 41-53% |
| Female >=12 years   | 36-46% |

Reference range adopted from reference range used in the central UCSF hematology laboratory for hematocrit determined from the measurement of MCV and RBC count.

Hgb (g/dL):

|                     |           |
|---------------------|-----------|
| 0 - <14 days        | 13.5-22.5 |
| 2 - <4 weeks        | 12.5-20.5 |
| 1 - <2 months       | 10.0-18.0 |
| 2 - <3 months       | 9.0-14.0  |
| 3 - <6 months       | 9.5-13.5  |
| 6 months - <5 years | 11.0-13.5 |
| 5 - <12 years       | 11.4-15.5 |
| Male 12 - <15 years | 12.3-16.0 |
| Male 15 - <18 years | 12.6-17.0 |
| Male >=18 years     | 13.6-17.5 |
| Female >=12 years   | 11.8-15.6 |

Adult reference ranges adopted from Hematology section spectrophotometry-based hemoglobin assay and verified using 25 male and 25 female volunteers from UCSF Clinical Laboratories.

**Critical Values:**

Hemoglobin: &lt;= 7.0 g/dL

**ADMINISTRATIVE****CPT Codes:**

85018

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Test Code:**CAHB  
NHCT**Performing Lab:**

Parnassus Chemistry, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Radiometer ABL 90 FLEX Plus

Hematocrit is calculated from total hemoglobin

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the "butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or "butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, finger tip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab > 30 minutes after collection may yield erroneous results.

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

55 µL blood

**Unacceptable Conditions:**

Syringe received with needle attached

**Units:**

Calculated Hct: %

Hgb: g/dL

**Reference Interval:**

Hct:

|                     |        |
|---------------------|--------|
| 0 - 7 days          | 45-67% |
| 8 - 14 days         | 42-66% |
| 2 - <4 weeks        | 39-63% |
| 1 - <2 months       | 31-55% |
| 2 - <6 months       | 28-42% |
| 6 months - <5 years | 33-40% |
| 5 - <12 years       | 35-45% |
| Male 12 - <15 years | 37-49% |
| Male 15 - <18 years | 38-49% |
| Male >=18 years     | 41-53% |
| Female >=12 years   | 36-46% |

Reference range adopted from reference range used in the central UCSF hematology laboratory for hematocrit determined from the measurement of MCV and RBC count.

Hgb (g/dL):

|                     |           |
|---------------------|-----------|
| 0 - <14 days        | 13.5-22.5 |
| 2 - <4 weeks        | 12.5-20.5 |
| 1 - <2 months       | 10.0-18.0 |
| 2 - <3 months       | 9.0-14.0  |
| 3 - <6 months       | 9.5-13.5  |
| 6 months - <5 years | 11.0-13.5 |
| 5 - <12 years       | 11.4-15.5 |
| Male 12 - <15years  | 12.3-16.0 |
| Male 15 - <18 years | 12.6-17.0 |
| Male >=18 years     | 13.6-17.5 |
| Female >=12 years   | 11.8-15.6 |

Adult reference ranges adopted from Hematology section spectrophotometry-based hemoglobin assay and verified using 25 male and 25 female volunteers from UCSF Clinical Laboratories.

**Critical Values:**

Hemoglobin: &lt;= 7.0 g/dL

**Synonyms:**

- Hgb
- Hct
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV
- Blood gas
- ABG

**Stability (from collection to initiation):**

Room temperature 30 minutes

**Reported:**

15 minutes

**CPT Codes:**

85018



# Hemoglobinopathy Evaluation

LAB288

## ORDERING

### Available Stat:

STAT testing requires approval and is only available Monday through Friday and not on holidays. To alert the laboratory and obtain approval for STAT testing, please contact China Basin Chemistry at 415-353-4820 or email [clinlabspecialchemsuppspecialists@ucsf.edu](mailto:clinlabspecialchemsuppspecialists@ucsf.edu). Samples must be received in the laboratory by 9am for STAT testing to insure same day resulting that afternoon.

### Performing Lab:

China Basin Chemistry

### Performed:

Set up Mondays and Thursdays, reports next day.

### Methodology:

Capillary Electrophoresis (on Sebia Capillarys 2 Flex Piercing) and HPLC Electrophoresis (on Bio Rad Variant II) (+/- Electrophoresis)

### Reported:

1-8 days

### Additional Information:

Only A, A2 and F are normally present; the latter is almost completely replaced by A at age two. Hemoglobins A, A2, S, C, F, D or G, E or O, and fast hemoglobins, e.g., Hgb Bart's, are separated and quantitated.

HPLC and capillary electrophoresis are rapid and reproducible methods for identifying variants; however, it is possible that a rare variant may be missed. If clinical indications strongly suggest a variant hemoglobin not identified by HPLC & capillary electrophoresis, please contact the Chemistry Laboratory at 353-4820.

Iron deficiency decreases Hgb A2, and the characteristic elevation of Hgb A2 in beta-thalassemia may easily be missed.

Note: The HPLC test was developed by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

### Synonyms:

- Alkali denaturation
- sickle hemoglobin
- HbSS
- Hemoglobin A2
- Hemoglobin F
- fetal hemoglobin
- hemoglobin E
- Hemoglobin C
- hemoglobin electrophoresis
- Hemoglobin Bart's
- sickle screen
- sickledex
- HbC
- HbS
- HbE
- Hgb S
- Hgb C
- HGB E

## COLLECTION

### Sample Type:

EDTA whole blood

### Collect:

Lavender top

### Amount to Collect:

2 mL blood

### Preferred Volume:

2 mL blood

### Minimum Volume:

1 mL blood

### Stability (from collection to initiation):

Refrigerated 1 week

**PROCESSING****Test Code:**

HBEP

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Do not centrifuge. Refrigerate samples

**Preferred Volume:**

2 mL blood

**Minimum Volume:**

1 mL blood

**Stability (from collection to initiation):**

Refrigerated 1 week

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

| Age                     | Hgb F      | Hgb A2   | Hgb A      |
|-------------------------|------------|----------|------------|
| 0 to 6 days             | 77.0-97.9% | < 1.0%   | 2.4-22.4%  |
| 7 to 14 days            | 79.6-91.4% | 0.0-1.0% | 8.5-19.8%  |
| 15 to 45 days           | 59.8-89.6% | 0.0-1.5% | 12.9-51.1% |
| 46 days to < 3 months   | 23.9-67.2% | 0.6-1.9% | 35.8-77.3% |
| 3 month to < 6 months   | 4.4-27.5%  | 1.7-2.8% | 75.3-96.6% |
| 6 months to < 9 months  | 1.5-27.8%  | 2.1-2.9% | 81.1-97.6% |
| 9 months to < 15 months | 0.4-8.4%   | 2.2-3.2% | 91.2-98.3% |
| 15 months to < 2 years  | 0.1-4.9%   | 2.2-3.2% | 94.4-98.0% |
| 2 years to < 6 years    | 0.0-3.7%   | 2.2-3.2% | 95.7-98.0% |
| 6 years and older       | <1.0%      | 2.2-3.2% | 95.9-97.8% |

**Additional Information:**

Only A, A2 and F are normally present; the latter is almost completely replaced by A at age two. Hemoglobins A, A2, S, C, F, D or G, E or O, and fast hemoglobins, e.g., Hgb Bart's, are separated and quantitated.

HPLC and capillary electrophoresis are rapid and reproducible methods for identifying variants; however, it is possible that a rare variant may be missed. If clinical indications strongly suggest a variant hemoglobin not identified by HPLC & capillary electrophoresis, please contact the Chemistry Laboratory at 353-4820.

Iron deficiency decreases Hgb A2, and the characteristic elevation of Hgb A2 in beta-thalassemia may easily be missed.

Note: The HPLC test was developed by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Interpretive Data:**

Only A, A2 and F are normally present; the latter is almost completely replaced by A at age two. Hemoglobins A, A2, S, C, F, D or G, E or O, and fast hemoglobins, e.g., Hgb Bart's, are separated and quantitated.

HPLC and capillary electrophoresis are rapid and reproducible methods for identifying variants; however, it is possible that a rare variant may be missed. If clinical indications strongly suggest a variant hemoglobin not identified by HPLC & capillary electrophoresis, please contact the Chemistry Laboratory at 353-4820.

Iron deficiency decreases Hgb A2, and the characteristic elevation of Hgb A2 in beta-thalassemia may easily be missed.

Note: The HPLC test was developed by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

83021; 83020

**LDT or Modified FDA:**

Yes

**LOINC Codes:**  
49322-1

## COMPLETE VIEW

### Available Stat:

STAT testing requires approval and is only available Monday through Friday and not on holidays. To alert the laboratory and obtain approval for STAT testing, please contact China Basin Chemistry at 415-353-4820 or email [clinlabspecialchemsuppspecialists@ucsf.edu](mailto:clinlabspecialchemsuppspecialists@ucsf.edu). Samples must be received in the laboratory by 9am for STAT testing to insure same day resulting that afternoon.

### Test Code:

HBEP

### Performing Lab:

China Basin Chemistry

### Performed:

Set up Mondays and Thursdays, reports next day.

### Methodology:

Capillary Electrophoresis (on Sebia Capillarys 2 Flex Piercing) and HPLC Electrophoresis (on Bio Rad Variant II) (+/- Electrophoresis)

### Collect:

Lavender top

### Amount to Collect:

2 mL blood

### Sample Type:

EDTA whole blood

### Preferred Volume:

2 mL blood

### Minimum Volume:

1 mL blood

### Specimen Preparation:

Do not centrifuge. Refrigerate samples

### Units:

%

### Reference Interval:

| Age                     | Hgb F      | Hgb A2   | Hgb A      |
|-------------------------|------------|----------|------------|
| 0 to 6 days             | 77.0-97.9% | < 1.0%   | 2.4-22.4%  |
| 7 to 14 days            | 79.6-91.4% | 0.0-1.0% | 8.5-19.8%  |
| 15 to 45 days           | 59.8-89.6% | 0.0-1.5% | 12.9-51.1% |
| 46 days to < 3 months   | 23.9-67.2% | 0.6-1.9% | 35.8-77.3% |
| 3 month to < 6 months   | 4.4-27.5%  | 1.7-2.8% | 75.3-96.6% |
| 6 months to < 9 months  | 1.5-27.8%  | 2.1-2.9% | 81.1-97.6% |
| 9 months to < 15 months | 0.4-8.4%   | 2.2-3.2% | 91.2-98.3% |
| 15 months to < 2 years  | 0.1-4.9%   | 2.2-3.2% | 94.4-98.0% |
| 2 years to < 6 years    | 0.0-3.7%   | 2.2-3.2% | 95.7-98.0% |
| 6 years and older       | <1.0%      | 2.2-3.2% | 95.9-97.8% |

### Interpretive Data:

Only A, A2 and F are normally present; the latter is almost completely replaced by A at age two. Hemoglobins A, A2, S, C, F, D or G, E or O, and fast hemoglobins, e.g., Hgb Bart's, are separated and quantitated.

HPLC and capillary electrophoresis are rapid and reproducible methods for identifying variants; however, it is possible that a rare variant may be missed. If clinical indications strongly suggest a variant hemoglobin not identified by HPLC & capillary electrophoresis, please contact the Chemistry Laboratory at 353-4820.

Iron deficiency decreases Hgb A2, and the characteristic elevation of Hgb A2 in beta-thalassemia may easily be missed.

Note: The HPLC test was developed by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Synonyms:**

- Alkali denaturation
- sickle hemoglobin
- HbSS
- Hemoglobin A2
- Hemoglobin F
- fetal hemoglobin
- hemoglobin E
- Hemoglobin C
- hemoglobin electrophoresis
- Hemoglobin Bart's
- sickle screen
- sickledex
- HbC
- HbS
- HbE
- Hgb S
- Hgb C
- HGB E

**Stability (from collection to initiation):**

Refrigerated 1 week

**Reported:**

1-8 days

**Additional Information:**

Only A, A2 and F are normally present; the latter is almost completely replaced by A at age two. Hemoglobins A, A2, S, C, F, D or G, E or O, and fast hemoglobins, e.g., Hgb Bart's, are separated and quantitated.

HPLC and capillary electrophoresis are rapid and reproducible methods for identifying variants; however, it is possible that a rare variant may be missed. If clinical indications strongly suggest a variant hemoglobin not identified by HPLC & capillary electrophoresis, please contact the Chemistry Laboratory at 353-4820.

Iron deficiency decreases Hgb A2, and the characteristic elevation of Hgb A2 in beta-thalassemia may easily be missed.

Note: The HPLC test was developed by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

83021; 83020

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

49322-1

# Hemosiderin Stain, urine

LAB399

## ORDERING

**Available Stat:**  
No

**Performing Lab:**  
Parnassus Hematology

**Performed:**  
Test run 0800-1500 Monday-Friday

**Methodology:**  
Prussian Blue stain of urine sediment

**Reported:**  
Same day or next weekday

## COLLECTION

**Sample Type:**  
1st AM void urine

**Collect:**  
Urine cup

**Amount to Collect:**  
See preferred volume

**Preferred Volume:**  
50 mL urine

**Unacceptable Conditions:**  
Collected in non-plastic container

## PROCESSING

**Test Code:**  
HMSU

**Performing Lab:**  
Parnassus Hematology

**Preferred Volume:**  
50 mL urine

**Unacceptable Conditions:**  
Collected in non-plastic container

## RESULT INTERPRETATION

**Reference Interval:**  
Negative

## ADMINISTRATIVE

**CPT Codes:**  
83070

**LOINC Codes:**  
4644-1

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
HMSU

**Performing Lab:**  
Parnassus Hematology

**Performed:**  
Test run 0800-1500 Monday-Friday

**Methodology:**

Prussian Blue stain of urine sediment

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

1st AM void urine

**Preferred Volume:**

50 mL urine

**Unacceptable Conditions:**

Collected in non-plastic container

**Reference Interval:**

Negative

**Reported:**

Same day or next weekday

**CPT Codes:**

83070

**LOINC Codes:**

4644-1

# Heparin Induced Thrombocytopenia Panel

LAB11116

## ORDERING

### Ordering Recommendations:

The pretest likelihood of HIT can be assessed by the 4T's:

| Category                        | 2 points                                                                        | 1 point                                                                                                                          | 0 points                             |
|---------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Degree of thrombocytopenia      | Fall > 50% and nadir $\geq$ 20K                                                 | fall 30-50% or nadir 10K-19K                                                                                                     | Fall < 30% or nadir < 10K            |
| Timing of fall                  | 5-14 days post heparin or $\leq$ 1 day if prior exposure < 30 days              | Consistent with days 5-14 fall, but not clear or onset after day 14 or fall $\leq$ 1 day (with heparin exposure 30-100 days ago) | $\leq$ 4days without recent exposure |
| Thrombosis or sequelae          | New thrombosis; skin necrosis; acute systemic reaction post IV unfract. heparin | Progressive or recurrent thrombosis; skin erythema w/out necrosis; suspected thrombosis only (not confirmed)                     | None                                 |
| Other cause of thrombocytopenia | None apparent                                                                   | Possible                                                                                                                         | Definite                             |

| Score | Probability of HIT |
|-------|--------------------|
| 1-3   | Low                |
| 4-5   | Intermediate       |
| 6-8   | High               |

Adapted from: American Society of Hematology Guideline, 2009 Clinical Practice Guideline on the Evaluation and Management of Heparin-Induced Thrombocytopenia.

### Approval Required:

No, but if washed platelet-heparin induced platelet activation" is required before result of heparin-PF4 ELISA test is available, please contact hematology at x3-1747

### Available Stat:

No

### Performing Lab:

Machaon Diagnostics

### Methodology:

Enzyme Linked Immunosorbent Assay

### Reported:

1-2 days

### Additional Information:

A negative test does not exclude thrombotic risk due to heparin induced thrombocytopenia (HIT), nor does a positive test exclude other causes of thrombocytopenia. Correlation with platelet counts and clinical findings can be important for diagnosis of HIT. If there is continued concern for HIT in the face of a negative heparin-PF4 immunoassay, repeat testing with a request to perform washed platelet activation assay (even if heparin-PF4 immunoassay remains negative) could be considered.

Antibodies to heparin-PF4 complexes are found in the majority of patients with clinical findings of heparin-induced thrombocytopenia (HIT), but also in variable numbers of heparinized patients without thrombocytopenia.

For assistance in interpreting results, please contact the Hematology consultation services: for adults pager 443-4276, for pediatrics pager 443-6966. Or you may contact Hematology lab resident at 353-1747.

### Reflex Testing:

A heparin antibody by ELISA method will be performed initially. If results are positive, will reflex to a washed platelet heparin-induced platelet activation method (wp-HIPA).

### Synonyms:

- HIT
- heparin induced thrombocytopenia
- platelet factor 4
- HIT panel
- HPA
- heparin induced platelet antibody
- HIPAB
- SRAU
- Serotonin Release Assay

**COLLECTION****Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Frozen 7 days

**Rejection Criteria:**

Sample thawed on receipt

**PROCESSING****Test Code:**

HEPRA

**Test Group:**

HIT

**Sendout:**

Yes

**Performing Lab:**

Machaon Diagnostics

**Specimen Preparation:**

Freeze serum at -20C. Order Machaon test "heparin pf4 w/ reflex to wp-HIPA".

If the Reflex test for wp-HIPA is required, the test code HEPWP will be ordered to bill the additional charge when the results are entered at China Basin.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Sample thawed on receipt

**Stability (from collection to initiation):**

Frozen 7 days

**RESULT INTERPRETATION****Reference Interval:**

Heparin antibody by Elisa: Negative

wp-HIPA: Normal

**Additional Information:**

A negative test does not exclude thrombotic risk due to heparin induced thrombocytopenia (HIT), nor does a positive test exclude other causes of thrombocytopenia. Correlation with platelet counts and clinical findings can be important for diagnosis of HIT. If there is continued concern for HIT in the face of a negative heparin-PF4 immunoassay, repeat testing with a request to perform washed platelet activation assay (even if heparin-PF4 immunoassay remains negative) could be considered.

Antibodies to heparin-PF4 complexes are found in the majority of patients with clinical findings of heparin-induced thrombocytopenia (HIT), but also in variable numbers of heparinized patients without thrombocytopenia.

For assistance in interpreting results, please contact the Hematology consultation services: for adults pager 443-4276, for pediatrics pager 443-6966. Or you may contact Hematology lab resident at 353-1747.

**ADMINISTRATIVE****CPT Codes:**

83520-90 (HEPAB), 86022-90 x3 (HEPWP)

**LOINC Codes:**

45155-9 (HEPAB), 50736-8 (HEPWP)



**COMPLETE VIEW****Approval Required:**

No, but if washed platelet-heparin induced platelet activation" is required before result of heparin-PF4 ELISA test is available, please contact hematology at x3-1747

**Available Stat:**

No

**Ordering Recommendations:**

The pretest likelihood of HIT can be assessed by the 4T's:

| Category                        | 2 points                                                                        | 1 point                                                                                                                      | 0 points                         |
|---------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Degree of thrombocytopenia      | Fall > 50% and nadir >= 20K                                                     | fall 30-50% or nadir 10K-19K                                                                                                 | Fall < 30% or nadir < 10K        |
| Timing of fall                  | 5-14 days post heparin or <= 1 day if prior exposure < 30 days                  | Consistent with days 5-14 fall, but not clear or onset after day 14 or fall <= 1 day (with heparin exposure 30-100 days ago) | <= 4days without recent exposure |
| Thrombosis or sequelae          | New thrombosis; skin necrosis; acute systemic reaction post IV unfract. heparin | Progressive or recurrent thrombosis; skin erythema w/out necrosis; suspected thrombosis only (not confirmed)                 | None                             |
| Other cause of thrombocytopenia | None apparent                                                                   | Possible                                                                                                                     | Definite                         |

| Score | Probability of HIT |
|-------|--------------------|
| 1-3   | Low                |
| 4-5   | Intermediate       |
| 6-8   | High               |

Adapted from: American Society of Hematology Guideline, 2009 Clinical Practice Guideline on the Evaluation and Management of Heparin-Induced Thrombocytopenia.

**Test Code:**

HEPRA

**Test Group:**

HIT

**Performing Lab:**

Machaon Diagnostics

**Sendout:**

Yes

**Methodology:**

Enzyme Linked Immunosorbent Assay

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Sample thawed on receipt

**Specimen Preparation:**

Freeze serum at -20C. Order Machaon test "heparin pf4 w/ reflex to wp-HIPA".

If the Reflex test for wp-HIPA is required, the test code HEPWP will be ordered to bill the additional charge when the results are entered at China Basin.

**Reference Interval:**

Heparin antibody by Elisa: Negative

wp-HIPA: Normal

**Synonyms:**

- HIT
- heparin induced thrombocytopenia
- platelet factor 4
- HIT panel
- HPA
- heparin induced platelet antibody
- HIPAB
- SRAU
- Serotonin Release Assay

**Stability (from collection to initiation):**

Frozen 7 days

**Reported:**

1-2 days

**Reflex Testing:**

A heparin antibody by ELISA method will be performed initially. If results are positive, will reflex to a washed platelet heparin-induced platelet activation method (wp-HIPA).

**Additional Information:**

A negative test does not exclude thrombotic risk due to heparin induced thrombocytopenia (HIT), nor does a positive test exclude other causes of thrombocytopenia. Correlation with platelet counts and clinical findings can be important for diagnosis of HIT. If there is continued concern for HIT in the face of a negative heparin-PF4 immunoassay, repeat testing with a request to perform washed platelet activation assay (even if heparin-PF4 immunoassay remains negative) could be considered.

Antibodies to heparin-PF4 complexes are found in the majority of patients with clinical findings of heparin-induced thrombocytopenia (HIT), but also in variable numbers of heparinized patients without thrombocytopenia.

For assistance in interpreting results, please contact the Hematology consultation services: for adults pager 443-4276, for pediatrics pager 443-6966. Or you may contact Hematology lab resident at 353-1747.

**CPT Codes:**

83520-90 (HEPAB), 86022-90 x3 (HEPWP)

**LOINC Codes:**

45155-9 (HEPAB), 50736-8 (HEPWP)

# Hepatic Function Panel

LC703

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day, 7 days per week

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

This panel includes Bilirubin, Total, Alkaline Phosphatase, ALT (alanine transaminase) and AST (aspartate transaminase).

Individual tests may be ordered separately.

**Synonyms:**

- LFT
- Liver function tests
- LFP
- HFP
- LVT
- Liver Function Panel
- One-Click Liver FUnction

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light Green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.3 mL

## PROCESSING

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.3 mL

## RESULT INTERPRETATION

**Units:**

See individual test entries

**Reference Interval:**

See individual test entries

**Additional Information:**

This panel includes Bilirubin, Total, Alkaline Phosphatase, ALT (alanine transaminase) and AST (aspartate transaminase).

Individual tests may be ordered separately.

## ADMINISTRATIVE

**CPT Codes:**

82247  
84075  
84460  
84450

**LOINC Codes:**

34543-9  
6768-6  
1742-6  
1920-8

**COMPLETE VIEW****Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day, 7 days per week

**Collect:**

Light Green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.3 mL

**Units:**

See individual test entries

**Reference Interval:**

See individual test entries

**Synonyms:**

- LFT
- Liver function tests
- LFP
- HFP
- LVT
- Liver Function Panel
- One-Click Liver FUnction

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

This panel includes Bilirubin, Total, Alkaline Phosphatase, ALT (alanine transaminase) and AST (aspartate transaminase).

Individual tests may be ordered separately.

**CPT Codes:**

82247  
84075  
84460  
84450

**LOINC Codes:**

34543-9  
6768-6  
1742-6  
1920-8

# Hepatitis A Antibody, IgM

LAB798

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday - Friday (day shift)

**Methodology:**

Microparticle Chemiluminescent Immunoassay

**Reported:**

1-4 days

**Additional Information:**

This is test of choice for the diagnosis of acute HAV infection; it is positive at the time a patient presents with clinical illness. The IgM antibody persists for up to 6 months, and a negative IgM antibody test rules out acute HAV infection in an immunocompetent subject.

For determination of immunity or vaccine response 'HAV Ab, Total' is the appropriate test to order

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**Synonyms:**

- HAV IgM Antibody
- HAV IgM Ab
- HAAb
- anti-HAV antibody

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated 7 days

## PROCESSING

**Test Code:**

HAVM

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerate serum.

**Preferred Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated 7 days

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

This is test of choice for the diagnosis of acute HAV infection; it is positive at the time a patient presents with clinical illness. The IgM antibody persists for up to 6 months, and a negative IgM antibody test rules out acute HAV infection in an immunocompetent subject.

For determination of immunity or vaccine response 'HAV Ab, Total' is the appropriate test to order

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**ADMINISTRATIVE****CPT Codes:**

86709

**LOINC Codes:**

13950-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HAVM

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Performed:**

Monday - Friday (day shift)

**Methodology:**

Microparticle Chemiluminescent Immunoassay

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Specimen Preparation:**

Refrigerate serum.

**Reference Interval:**

Negative

**Synonyms:**

- HAV IgM Antibody
- HAV IgM Ab
- HAAb
- anti-HAV antibody

**Stability (from collection to initiation):**

Refrigerated 7 days

**Reported:**

1-4 days

**Additional Information:**

This is test of choice for the diagnosis of acute HAV infection; it is positive at the time a patient presents with clinical illness. The IgM antibody persists for up to 6 months, and a negative IgM antibody test rules out acute HAV infection in an immunocompetent subject.

For determination of immunity or vaccine response 'HAV Ab, Total' is the appropriate test to order

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**CPT Codes:**

86709

**LOINC Codes:**  
13950-1

# Hepatitis A virus Antibody, IgG

LAB5572

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday day shift

**Methodology:**

Microparticle Chemiluminescent Immunoassay

**Reported:**

1-3 days

**Additional Information:**

This test detected IgG antibodies to the Hepatitis A virus. IgG antibodies can result from either prior exposure or infection with Hepatitis A or from vaccination.

This test should **not** be used to diagnose acute Hepatitis A infection.

Positive results are automatically forwarded to California Public Health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required

**Synonyms:**

- Hepatitis A Antibody
- HAV
- anti-HAV antibody
- HAAb

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated 8 days

## PROCESSING

**Test Code:**

HAVIGG

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerate serum

**Preferred Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated 8 days

## RESULT INTERPRETATION

**Reference Interval:**

Negative



**Additional Information:**

This test detected IgG antibodies to the Hepatitis A virus. IgG antibodies can result from either prior exposure or infection with Hepatitis A or from vaccination.

This test should **not** be used to diagnose acute Hepatitis A infection.

Positive results are automatically forwarded to California Public Health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required

**ADMINISTRATIVE****CPT Codes:**

86790

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HAVIGG

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday day shift

**Methodology:**

Microparticle Chemiluminescent Immunoassay

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Specimen Preparation:**

Refrigerate serum

**Reference Interval:**

Negative

**Synonyms:**

- Hepatitis A Antibody
- HAV
- anti-HAV antibody
- HAAb

**Stability (from collection to initiation):**

Refrigerated 8 days

**Reported:**

1-3 days

**Additional Information:**

This test detected IgG antibodies to the Hepatitis A virus. IgG antibodies can result from either prior exposure or infection with Hepatitis A or from vaccination.

This test should **not** be used to diagnose acute Hepatitis A infection.

Positive results are automatically forwarded to California Public Health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required

**CPT Codes:**

86790

# Hepatitis B Core Antibody, IgM

LAB549

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday - Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

1-8 days

**Additional Information:**

Routine testing of neonates (&lt; 28 days of age) is not recommended.

The antibody found earliest in acute HBV infection, IgM will usually be present during the "window" period after HBsAg production has declined to undetectable levels, often before anti-HBs is measurable. It usually persists for up to 6 months, but may occasionally persist for as long as 24 months, or even remain at detectable levels if active virus replication is continuing with chronic hepatitis B infection.

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**Synonyms:**

- HBcAb, IgM
- HBV
- anti-HBc
- anti-HBcAg

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.25 mL serum (this volume is insufficient for repeat testing if needed)

**Stability (from collection to initiation):**

Refrigerated 7 days

## PROCESSING

**Test Code:**

CORM

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerate sample

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.25 mL serum (this volume is insufficient for repeat testing if needed)

**Stability (from collection to initiation):**

Refrigerated 7 days

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Routine testing of neonates (< 28 days of age) is not recommended.

The antibody found earliest in acute HBV infection, IgM will usually be present during the "window" period after HBsAg production has declined to undetectable levels, often before anti-HBs is measurable. It usually persists for up to 6 months, but may occasionally persist for as long as 24 months, or even remain at detectable levels if active virus replication is continuing with chronic hepatitis B infection.

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**ADMINISTRATIVE****CPT Codes:**

86705

**LOINC Codes:**

5185-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CORM

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Performed:**

Monday - Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.25 mL serum (this volume is insufficient for repeat testing if needed)

**Specimen Preparation:**

Refrigerate sample

**Reference Interval:**

Negative

**Synonyms:**

- HBcAb, IgM
- HBV
- anti-HBc
- anti-HBcAg

**Stability (from collection to initiation):**

Refrigerated 7 days

**Reported:**

1-8 days

**Additional Information:**

Routine testing of neonates (< 28 days of age) is not recommended.

The antibody found earliest in acute HBV infection, IgM will usually be present during the "window" period after HBsAg production has declined to undetectable levels, often before anti-HBs is measurable. It usually persists for up to 6 months, but may occasionally persist for as long as 24 months, or even remain at detectable levels if active virus replication is continuing with chronic hepatitis B infection.

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**CPT Codes:**

86705

**LOINC Codes:**

5185-4

# Hepatitis B Core Antibody, Total

LAB1242

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Microparticle Chemiluminescent Immunoassay

**Reported:**

1-3 days

**Additional Information:**

Routine testing of neonates (&lt; 28 days of age) is not recommended.

A marker of HBV infection at some indefinite time in the past, this assay may be positive when anti-HBs is negative. Although this test can be helpful in implicating a possible viral etiology of unexplained cirrhosis or hepatocellular carcinoma, it has no role in the diagnosis of acute HBV infection.

This test is not FDA approved for donor screening. For pre-transplant donor screen see Pre-Transplant Send out (PTXID).

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**Synonyms:**

- HBcAb
- Hep B Core Antibody
- HBcAg
- HBV
- anti-HBc
- anti-HBcAg
- CORE

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

CORE

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated 7 days

## PROCESSING

**Test Code:**

CORE

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerate sample

**Preferred Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated 7 days

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Routine testing of neonates (< 28 days of age) is not recommended.

A marker of HBV infection at some indefinite time in the past, this assay may be positive when anti-HBs is negative. Although this test can be helpful in implicating a possible viral etiology of unexplained cirrhosis or hepatocellular carcinoma, it has no role in the diagnosis of acute HBV infection.

This test is not FDA approved for donor screening. For pre-transplant donor screen see Pre-Transplant Send out (PTXID).

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**ADMINISTRATIVE****CPT Codes:**

86704

**LOINC Codes:**

16933-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CORE

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Microparticle Chemiluminescent Immunoassay

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Specimen Preparation:**

Refrigerate sample

**Reference Interval:**

Negative

**Synonyms:**

- HBcAb
- Hep B Core Antibody
- HBcAg
- HBV
- anti-HBc
- anti-HBcAg
- CORE

**Stability (from collection to initiation):**

Refrigerated 7 days

**Reported:**

1-3 days

**Additional Information:**

Routine testing of neonates (< 28 days of age) is not recommended.

A marker of HBV infection at some indefinite time in the past, this assay may be positive when anti-HBs is negative. Although this test can be helpful in implicating a possible viral etiology of unexplained cirrhosis or hepatocellular carcinoma, it has no role in the diagnosis of acute HBV infection.

This test is not FDA approved for donor screening. For pre-transplant donor screen see Pre-Transplant Send out (PTXID).

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**CPT Codes:**

86704

**LOINC Codes:**

16933-4

# Hepatitis B DNA, Quantitative by PCR

LAB5254

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Methodology:**

RT-PCR

**Reported:**

Performed 1x per week. Turnaround time 3-9 days.

**Additional Information:**

The use of specimens collected in serum tubes containing Z-clot activator, or similar types of rapid clot activator, may cause inhibited results in the Real Time HBV assay.

High off-scale results are routinely reported as  $> 1,000,000,000$  IU/mL or  $> 9.0$  log IU/mL. .

Low level results where HBV DNA is detected by the assay but not quantifiable are reported as Detected with a result  $<10$  IU/mL or  $<1.00$  log IU/mL.

Target Not Detected is reported when no HBV DNA can be detected by the assay. This result should not imply the patient is not infected with HBV. Viral loads less than 10 IU/mL will not be reliably detected by this assay. Correlation with clinical findings and serologic results are recommended.

The assay is intended for use as an aid in the management of patients with chronic HBV infection undergoing anti-viral therapy. The assay can be used to measure HBV DNA levels at baseline and during treatment to aid in assessing response to treatment. This assay is not intended for use as a screening test in blood or blood products for HBV or as a diagnostic test to confirm the presence of HBV infection.

**Synonyms:**

- HBV DNA
- HBV PCR

## COLLECTION

**Sample Type:**

EDTA plasma

**Collect:**

Pearl White top preferred, Lavender top acceptable

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.5 mL plasma

**Stability (from collection to initiation):**

- Room temperature 1 day
- Refrigerated 2 days
- Frozen at  $-20^{\circ}\text{C}$  or colder, 60 days or longer

**Unacceptable Conditions:**

- Sample not collected in Pearl top or Lavender top tubes.
- Sample outside stability period.

## PROCESSING

**Test Code:**

HBVRT

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Specimen Preparation:**

- Pearl White top - centrifuge and store in original tube in refrigerator.
- Lavender top - centrifuge and separate plasma from blood cells. Store plasma aliquot in refrigerator.



**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.5 mL plasma

**Unacceptable Conditions:**

Sample not collected in Pearl top or Lavender top tubes.  
Sample outside stability period.

**Stability (from collection to initiation):**

-Room temperature 1 day  
-Refrigerated 2 days  
-Frozen at -20°C or colder, 60 days or longer

**RESULT INTERPRETATION****Units:**

IU/mL or log IU/mL

**Reference Interval:**

Target not detected (&lt; 10 IU/mL or &lt; 1.00 log IU/mL)

**Additional Information:**

The use of specimens collected in serum tubes containing Z-clot activator, or similar types of rapid clot activator, may cause inhibited results in the Real Time HBV assay.

High off-scale results are routinely reported as > 1,000,000,000 IU/mL or > 9.0 log IU/mL. .

Low level results where HBV DNA is detected by the assay but not quantifiable are reported as Detected with a result <10 IU/mL or <1.00 log IU/mL.

Target Not Detected is reported when no HBV DNA can be detected by the assay. This result should not imply the patient is not infected with HBV. Viral loads less than 10 IU/mL will not be reliably detected by this assay. Correlation with clinical findings and serologic results are recommended.

The assay is intended for use as an aid in the management of patients with chronic HBV infection undergoing anti-viral therapy. The assay can be used to measure HBV DNA levels at baseline and during treatment to aid in assessing response to treatment. This assay is not intended for use as a screening test in blood or blood products for HBV or as a diagnostic test to confirm the presence of HBV infection.

**ADMINISTRATIVE****CPT Codes:**

87517

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HBVRT

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Methodology:**

RT-PCR

**Collect:**

Pearl White top preferred, Lavender top acceptable

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

EDTA plasma

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.5 mL plasma

**Unacceptable Conditions:**

Sample not collected in Pearl top or Lavender top tubes.  
Sample outside stability period.

**Specimen Preparation:**

Pearl White top - centrifuge and store in original tube in refrigerator.

Lavender top - centrifuge and separate plasma from blood cells. Store plasma aliquot in refrigerator.

**Units:**

IU/mL or log IU/mL

**Reference Interval:**

Target not detected (< 10 IU/mL or < 1.00 log IU/mL)

**Synonyms:**

- HBV DNA
- HBV PCR

**Stability (from collection to initiation):**

-Room temperature 1 day

-Refrigerated 2 days

-Frozen at -20°C or colder, 60 days or longer

**Reported:**

Performed 1x per week. Turnaround time 3-9 days.

**Additional Information:**

The use of specimens collected in serum tubes containing Z-clot activator, or similar types of rapid clot activator, may cause inhibited results in the Real Time HBV assay.

High off-scale results are routinely reported as > 1,000,000,000 IU/mL or > 9.0 log IU/mL. .

Low level results where HBV DNA is detected by the assay but not quantifiable are reported as Detected with a result <10 IU/mL or <1.00 log IU/mL.

Target Not Detected is reported when no HBV DNA can be detected by the assay. This result should not imply the patient is not infected with HBV. Viral loads less than 10 IU/mL will not be reliably detected by this assay. Correlation with clinical findings and serologic results are recommended.

The assay is intended for use as an aid in the management of patients with chronic HBV infection undergoing anti-viral therapy. The assay can be used to measure HBV DNA levels at baseline and during treatment to aid in assessing response to treatment. This assay is not intended for use as a screening test in blood or blood products for HBV or as a diagnostic test to confirm the presence of HBV infection.

**CPT Codes:**

87517

# Hepatitis B e Antibody

LAB796

## ORDERING

**Available Stat:**

No

**Performing Lab:**

UC Davis

**Methodology:**

Microtiter

**Reported:**

Test run Tuesday. Turnaround time: 2-7 days.

**Additional Information:**

This test has minimal, if any, clinical value. The presence of antibody to HBeAg suggests that the HBsAg-positive patient is less infectious than an antibody-negative counterpart and less likely to develop chronic liver disease, but these advantages are only relative; *HBsAg positive patients are infectious and at risk of hepatic complications regardless of anti-HBe or HBe status.*

**Synonyms:**

- HBeAb
- HBV
- anti-HBe
- anti-HBeAg
- e antibody

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

## PROCESSING

**Test Code:**

AHBE

**Test Group:**

Hepatitis

**Sendout:**

Yes

**Performing Lab:**

UC Davis

**Specimen Preparation:**

Refrigerate serum, store in plastic tube. Order UCD Test code HBEAB.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

This test has minimal, if any, clinical value. The presence of antibody to HBeAg suggests that the HBsAg-positive patient is less infectious than an antibody-negative counterpart and less likely to develop chronic liver disease, but these advantages are only relative; *HBsAg positive patients are infectious and at risk of hepatic complications regardless of anti-HBe or HBe status.*

**ADMINISTRATIVE****CPT Codes:**

86707-90

**LOINC Codes:**

22320-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AHBE

**Test Group:**

Hepatitis

**Performing Lab:**

UC Davis

**Sendout:**

Yes

**Methodology:**

Microtiter

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Refrigerate serum, store in plastic tube. Order UCD Test code HBEAB.

**Reference Interval:**

Negative

**Synonyms:**

- HBeAb
- HBV
- anti-HBe
- anti-HBeAg
- e an tibody

**Reported:**

Test run Tuesday. Turnaround time: 2-7 days.

**Additional Information:**

This test has minimal, if any, clinical value. The presence of antibody to HBeAg suggests that the HBsAg-positive patient is less infectious than an antibody-negative counterpart and less likely to develop chronic liver disease, but these advantages are only relative; *HBsAg positive patients are infectious and at risk of hepatic complications regardless of anti-HBe or HBe status.*

**CPT Codes:**

86707-90

**LOINC Codes:**

22320-6

# Hepatitis B e Antigen

LAB908

## ORDERING

**Available Stat:**

No

**Performing Lab:**

UC Davis

**Methodology:**

Microtiter

**Reported:**

Test run Wednesday. Turnaround time: 2-7 days.

**Additional Information:**

HBeAg is a marker of extensive viral replication found almost exclusively in HBsAg-positive sera (in rare mutants not expressing HBsAg, HBeAg can remain positive. Persistently HBeAg-positive patients are more infectious than HBeAg-individuals, more likely to develop chronic liver disease, have less satisfactory results following liver transplantation, and may be candidates for alpha-interferon therapy.

**NOTE:** HBIG and HBV vaccine are administered to neonates, intimate contacts and recipients of needle sticks on the basis of HBsAg positivity, even if the mother/index case is HBeAg-negative.

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**Synonyms:**

- HBeAg
- HBV
- e antigen
- e Ag

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

## PROCESSING

**Test Code:**

HBE

**Test Group:**

Hepatitis

**Sendout:**

Yes

**Performing Lab:**

UC Davis

**Specimen Preparation:**

Refrigerate serum, store in plastic tube. Order UCD Test code HBEHE.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

HBeAg is a marker of extensive viral replication found almost exclusively in HBsAg-positive sera (in rare mutants not expressing HBsAg, HBeAg can remain positive. Persistently HBeAg-positive patients are more infectious than HBeAg-individuals, more likely to develop chronic liver disease, have less satisfactory results following liver transplantation, and may be candidates for alpha-interferon therapy.

**NOTE:** HBIG and HBV vaccine are administered to neonates, intimate contacts and recipients of needle sticks on the basis of HBsAg positivity, even if the mother/index case is HBeAg-negative.

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**ADMINISTRATIVE****CPT Codes:**

87350

**LOINC Codes:**

32178-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HBE

**Test Group:**

Hepatitis

**Performing Lab:**

UC Davis

**Sendout:**

Yes

**Methodology:**

Microtiter

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Refrigerate serum, store in plastic tube. Order UCD Test code HBEHE.

**Reference Interval:**

Negative

**Synonyms:**

- HBeAg
- HBV
- e antigen
- e Ag

**Reported:**

Test run Wednesday. Turnaround time: 2-7 days.

**Additional Information:**

HBeAg is a marker of extensive viral replication found almost exclusively in HBsAg-positive sera (in rare mutants not expressing HBsAg, HBeAg can remain positive. Persistently HBeAg-positive patients are more infectious than HBeAg-individuals, more likely to develop chronic liver disease, have less satisfactory results following liver transplantation, and may be candidates for alpha-interferon therapy.

**NOTE:** HBIG and HBV vaccine are administered to neonates, intimate contacts and recipients of needle sticks on the basis of HBsAg positivity, even if the mother/index case is HBeAg-negative.

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**CPT Codes:**

87350

**LOINC Codes:**

32178-6

# Hepatitis B Surface Antibody, Quantitative

LAB3450

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday day shift

**Methodology:**

Microparticle Chemiluminescent Immunoassay

**Reported:**

1-3 days

**Additional Information:**

HBsAb is a marker of immunity to HBV infection, either by prior exposure to the virus or immunization with Hepatitis B vaccine. This assay reports the quantitative amount of antiviral antibodies present. Values greater than 10 mIU/mL are considered adequate for protection from viral infection. Results should be interpreted as follows:

NEGATIVE: &lt; 8 mIU/mL

EQUIVOCAL: 8-11 mIU/mL

POSITIVE: &gt;= 12 mIU/mL

Equivocal results may be seen in individuals with adequate immunity; however, clinical correlation is required. All initially equivocal results are repeated in duplicate to confirm. Repeat testing could be performed in individuals with a recent vaccination history.

**Synonyms:**

- HBsAb
- Hep B Surface Ab
- HBV
- . anti-HBs
- anti-HBsAg
- surface antibody

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top or Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated 1 week

## PROCESSING

**Test Code:**

HBABQ

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerate serum

**Preferred Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated 1 week

## RESULT INTERPRETATION



**Units:**

mIU/mL

**Reference Interval:**

< 8 mIU/mL: Not immune  
8-11 mIU/mL: Equivocal, questionable immunity  
>= 12 mIU/mL: Immune

**Additional Information:**

HBsAb is a marker of immunity to HBV infection, either by prior exposure to the virus or immunization with Hepatitis B vaccine. This assay reports the quantitative amount of antiviral antibodies present. Values greater than 10 mIU/mL are considered adequate for protection from viral infection. Results should be interpreted as follows:

NEGATIVE: < 8 mIU/mL  
EQUIVOCAL: 8-11 mIU/mL  
POSITIVE: >= 12 mIU/mL

Equivocal results may be seen in individuals with adequate immunity; however, clinical correlation is required. All initially equivocal results are repeated in duplicate to confirm. Repeat testing could be performed in individuals with a recent vaccination history.

**ADMINISTRATIVE****CPT Codes:**

86317

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HBABQ

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday day shift

**Methodology:**

Microparticle Chemiluminescent Immunoassay

**Collect:**

Gold top or Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Specimen Preparation:**

Refrigerate serum

**Units:**

mIU/mL

**Reference Interval:**

< 8 mIU/mL: Not immune  
8-11 mIU/mL: Equivocal, questionable immunity  
>= 12 mIU/mL: Immune

**Synonyms:**

- HBsAb
- Hep B Surface Ab
- HBV
- anti-HBs
- anti-HBsAg
- surface antibody

**Stability (from collection to initiation):**

Refrigerated 1 week

**Reported:**

1-3 days

**Additional Information:**

HBsAb is a marker of immunity to HBV infection, either by prior exposure to the virus or immunization with Hepatitis B vaccine. This assay reports the quantitative amount of antiviral antibodies present. Values greater than 10 mIU/mL are considered adequate for protection from viral infection. Results should be interpreted as follows:

NEGATIVE: < 8 mIU/mL

EQUIVOCAL: 8-11 mIU/mL

POSITIVE:  $\geq$  12 mIU/mL

Equivocal results may be seen in individuals with adequate immunity; however, clinical correlation is required. All initially equivocal results are repeated in duplicate to confirm. Repeat testing could be performed in individuals with a recent vaccination history.

**CPT Codes:**

86317

# Hepatitis B Surface Antigen

LAB471

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift). Note: confirmatory test is performed Monday &amp; Thursday only.

**Methodology:**

Microparticle Chemiluminescent Immunoassay

**Reported:**

1-3 days (Confirmation of positives requires additional 3-5 days)

**Additional Information:**

Routine testing of neonates (&lt; 28 days of age) is not recommended.

HBsAg is the most useful single marker of acute or chronic HBV infection. The distinction between chronic carriage and acute or convalescent carriage can be difficult; chronic carriage is suggested by the absence of IgM anti-HBc, a positive test for Total (and therefore IgG) anti-HBc, and persistence of HBsAg for more than 6 months. A confirmatory test will be automatically be performed on all positive assays (ordered only by Immunology)

This test is not FDA approved for donor screening. For pre-transplant donor screen see Pre-Transplant Send out (PTXID).

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**Reflex Testing:**

A confirmatory test will automatically be run on all positive specimens at an additional charge.

**Synonyms:**

- HBsAg
- Hep B surface Ag
- HBV
- Australia antigen
- HAA
- Hepatitis associated antigen
- surface antigen

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum (insufficient for confirmatory testing)

**Stability (from collection to initiation):**

Refrigerated 6 days

## PROCESSING

**Test Code:**

HBAG

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerate sample

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum (insufficient for confirmatory testing)

**Stability (from collection to initiation):**

Refrigerated 6 days

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Routine testing of neonates (&lt; 28 days of age) is not recommended.

HBsAg is the most useful single marker of acute or chronic HBV infection. The distinction between chronic carriage and acute or convalescent carriage can be difficult; chronic carriage is suggested by the absence of IgM anti-HBc, a positive test for Total (and therefore IgG) anti-HBc, and persistence of HBsAg for more than 6 months. A confirmatory test will be automatically be performed on all positive assays (ordered only by Immunology)

This test is not FDA approved for donor screening. For pre-transplant donor screen see Pre-Transplant Send out (PTXID).

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**ADMINISTRATIVE****CPT Codes:**

87340

**LOINC Codes:**

5196-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HBAG

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift). Note: confirmatory test is performed Monday &amp; Thursday only.

**Methodology:**

Microparticle Chemiluminescent Immunoassay

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum (insufficient for confirmatory testing)

**Specimen Preparation:**

Refrigerate sample

**Reference Interval:**

Negative

**Synonyms:**

- HBsAg
- Hep B surface Ag
- HBV
- Australia antigen
- HAA
- Hepatitis associated antigen
- surface antigen

**Stability (from collection to initiation):**

Refrigerated 6 days

**Reported:**

1-3 days (Confirmation of positives requires additional 3-5 days)

**Reflex Testing:**

A confirmatory test will automatically be run on all positive specimens at an additional charge.

**Additional Information:**

Routine testing of neonates (< 28 days of age) is not recommended.

HBsAg is the most useful single marker of acute or chronic HBV infection. The distinction between chronic carriage and acute or convalescent carriage can be difficult; chronic carriage is suggested by the absence of IgM anti-HBc, a positive test for Total (and therefore IgG) anti-HBc, and persistence of HBsAg for more than 6 months. A confirmatory test will be automatically be performed on all positive assays (ordered only by Immunology)

This test is not FDA approved for donor screening. For pre-transplant donor screen see Pre-Transplant Send out (PTXID).

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**CPT Codes:**

87340

**LOINC Codes:**

5196-1

# Hepatitis B Virus Drug Resistance and BCP/Precore Mutations

LAB5479

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

PCR and Sequencing

**Reported:**

10-12 days

**Additional Information:**

This test can only be performed reliably on specimens with a viral load of at least 600 IU/mL.

**Synonyms:**

- HBV

## COLLECTION

**Sample Type:**

Serum, or EDTA plasma

**Label Abbreviation:**

HBVDRG

**Collect:**

Red top, Gold top, Lavender top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.3 mL

**Remarks:**

This test can only be performed reliably on specimens with a viral load of at least 600 IU/mL. Transport as soon as possible to laboratory for processing

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen 1 month.

## PROCESSING

**Test Code:**

HBVDRG

**Test Group:**

HBV

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Serum: Allow blood to clot, centrifuge and aliquot within 2 hours of collection. Freeze aliquot.

Plasma: centrifuge and aliquot within 2 hours of collection. Freeze aliquot.

Transport frozen to China Basin

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.3 mL

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen 1 month.

## RESULT INTERPRETATION

**Additional Information:**

This test can only be performed reliably on specimens with a viral load of at least 600 IU/mL.

**ADMINISTRATIVE****CPT Codes:**

87912

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HBVDRG

**Test Group:**

HBV

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

PCR and Sequencing

**Remarks:**

This test can only be performed reliably on specimens with a viral load of at least 600 IU/mL. Transport as soon as possible to laboratory for processing

**Collect:**

Red top, Gold top, Lavender top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum, or EDTA plasma

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.3 mL

**Specimen Preparation:**

Serum: Allow blood to clot, centrifuge and aliquot within 2 hours of collection. Freeze aliquot.

Plasma: centrifuge and aliquot within 2 hours of collection. Freeze aliquot.

Transport frozen to China Basin

**Synonyms:**

- HBV

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen 1 month.

**Reported:**

10-12 days

**Additional Information:**

This test can only be performed reliably on specimens with a viral load of at least 600 IU/mL.

**CPT Codes:**

87912

# Hepatitis C Antibody

LAB868

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift).

**Methodology:**

Microparticle Chemiluminescent Immunoassay

**Reported:**

1-3 days

**Additional Information:**

Results will be reported as:

|           |                                                                                                                                                                          |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEGATIVE  | no detectable antibody present, presumed negative                                                                                                                        |
| EQUIVOCAL | very low level detected, may reflect false positive or early infection, repeat or supplemental testing such as HCV viral load could be performed if clinically indicated |
| POSITIVE  | high level antibody detected, most patients are truly positive for HCV infection and supplemental testing is not generally recommended                                   |

This test is not FDA approved for donor screening. For pre-transplant donor screen see Pre-Transplant Send out (PTXID).

Positive results are automatically forwarded to California Public Health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**Synonyms:**

- Hep C Ab
- HCVAb
- anti-HCV antibody

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.25 mL serum (this volume is insufficient for repeat testing if needed)

**Stability (from collection to initiation):**

Refrigerated 7 days

## PROCESSING

**Test Code:**

HCV

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerate sample

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.25 mL serum (this volume is insufficient for repeat testing if needed)



**Stability (from collection to initiation):**  
Refrigerated 7 days

## RESULT INTERPRETATION

**Reference Interval:**  
Negative

**Additional Information:**

Results will be reported as:

|           |                                                                                                                                                                          |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEGATIVE  | no detectable antibody present, presumed negative                                                                                                                        |
| EQUIVOCAL | very low level detected, may reflect false positive or early infection, repeat or supplemental testing such as HCV viral load could be performed if clinically indicated |
| POSITIVE  | high level antibody detected, most patients are truly positive for HCV infection and supplemental testing is not generally recommended                                   |

This test is not FDA approved for donor screening. For pre-transplant donor screen see Pre-Transplant Send out (PTXID).

Positive results are automatically forwarded to California Public Health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**Interpretive Data:**

|           |                                                                                                                                                                          |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEGATIVE  | no detectable antibody present, presumed negative                                                                                                                        |
| EQUIVOCAL | very low level detected, may reflect false positive or early infection, repeat or supplemental testing such as HCV viral load could be performed if clinically indicated |
| POSITIVE  | high level antibody detected, most patients are truly positive for HCV infection and supplemental testing is not generally recommended                                   |

## ADMINISTRATIVE

**CPT Codes:**  
86803

**LOINC Codes:**  
13955-0

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
HCV

**Test Group:**  
Hepatitis

**Performing Lab:**  
Immunology

**Performed:**  
Monday-Friday (day shift).

**Methodology:**  
Microparticle Chemiluminescent Immunoassay

**Collect:**  
Gold Top or Red Top

**Amount to Collect:**  
1 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
0.5 mL serum

**Minimum Volume:**  
0.25 mL serum (this volume is insufficient for repeat testing if needed)

**Specimen Preparation:**  
Refrigerate sample

**Reference Interval:**  
Negative

**Interpretive Data:**

|           |                                                                                                                                                                          |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEGATIVE  | no detectable antibody present, presumed negative                                                                                                                        |
| EQUIVOCAL | very low level detected, may reflect false positive or early infection, repeat or supplemental testing such as HCV viral load could be performed if clinically indicated |
| POSITIVE  | high level antibody detected, most patients are truly positive for HCV infection and supplemental testing is not generally recommended                                   |

**Synonyms:**

- Hep C Ab
- HCVAb
- anti-HCV antibody

**Stability (from collection to initiation):**

Refrigerated 7 days

**Reported:**

1-3 days

**Additional Information:**

Results will be reported as:

|           |                                                                                                                                                                          |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEGATIVE  | no detectable antibody present, presumed negative                                                                                                                        |
| EQUIVOCAL | very low level detected, may reflect false positive or early infection, repeat or supplemental testing such as HCV viral load could be performed if clinically indicated |
| POSITIVE  | high level antibody detected, most patients are truly positive for HCV infection and supplemental testing is not generally recommended                                   |

This test is not FDA approved for donor screening. For pre-transplant donor screen see Pre-Transplant Send out (PTXID).

Positive results are automatically forwarded to California Public Health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**CPT Codes:**

86803

**LOINC Codes:**

13955-0

# Hepatitis C Antibody, Reflex Quantitative Real-Time PCR

LAB6141

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

See individual tests - Hepatitis C Antibody (HCV) and Hepatitis C RNA, Quantitative (HCVRT) for additional information

**Additional Information:**

See individual tests - Hepatitis C Antibody (HCV) and Hepatitis C RNA, Quantitative (HCVRT) for additional information

**Reflex Testing:**

Positive HCV Antibody will automatically reflex to HCVRT test. Additional charge applies.

**Synonyms:**

- HCV
- Hepatitis C Antibody
- Hepatitis
- anti-HCV antibody
- HCVAB
- Hep C Ab

## COLLECTION

**Sample Type:**

Serum and EDTA Plasma

**Collect:**

Gold Top or Red Top and Pearl White Top

**Amount to Collect:**

1 mL blood for Gold Top or Red Top

8.5 mL blood for Pearl White Top

**Preferred Volume:**

0.5 mL serum and 3 mL plasma

**Minimum Volume:**

See individual test for details

**Rejection Criteria:**

See individual tests - Hepatitis C Antibody (HCV) and Hepatitis C RNA, Quantitative (HCVRT) for additional information

## PROCESSING

**Test Code:**

HCVSP

**Performing Lab:**

Immunology

**Specimen Preparation:**

See individual tests - Hepatitis C Antibody (HCV) and Hepatitis C RNA, Quantitative (HCVRT) for additional information

**Preferred Volume:**

0.5 mL serum and 3 mL plasma

**Minimum Volume:**

See individual test for details

**Rejection Criteria:**

See individual tests - Hepatitis C Antibody (HCV) and Hepatitis C RNA, Quantitative (HCVRT) for additional information

## RESULT INTERPRETATION

**Additional Information:**

See individual tests - Hepatitis C Antibody (HCV) and Hepatitis C RNA, Quantitative (HCVRT) for additional information

## ADMINISTRATIVE

**CPT Codes:**

HCV - 86803, HCVRT - 87522

**LOINC Codes:**

HCV - 13955-0, HCVRT - 38180-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HCVSP

**Performing Lab:**

Immunology

**Performed:**

See individual tests - Hepatitis C Antibody (HCV) and Hepatitis C RNA, Quantitative (HCVRT) for additional information

**Collect:**

Gold Top or Red Top and Pearl White Top

**Amount to Collect:**

1 mL blood for Gold Top or Red Top

8.5 mL blood for Pearl White Top

**Sample Type:**

Serum and EDTA Plasma

**Preferred Volume:**

0.5 mL serum and 3 mL plasma

**Minimum Volume:**

See individual test for details

**Rejection Criteria:**

See individual tests - Hepatitis C Antibody (HCV) and Hepatitis C RNA, Quantitative (HCVRT) for additional information

**Specimen Preparation:**

See individual tests - Hepatitis C Antibody (HCV) and Hepatitis C RNA, Quantitative (HCVRT) for additional information

**Synonyms:**

- HCV
- Hepatitis C Antibody
- Hepatitis
- anti-HCV antibody
- HCVAB
- Hep C Ab

**Reflex Testing:**

Positive HCV Antibody will automatically reflex to HCVRT test. Additional charge applies.

**Additional Information:**

See individual tests - Hepatitis C Antibody (HCV) and Hepatitis C RNA, Quantitative (HCVRT) for additional information

**CPT Codes:**

HCV - 86803, HCVRT - 87522

**LOINC Codes:**

HCV - 13955-0, HCVRT - 38180-6

# Hepatitis C RNA, Quantitative by Real-Time PCR

LAB5242

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Methodology:**

RT-PCR

**Reported:**

Performed once per week. Turnaround time 3-9 days

**Additional Information:**

High off-scale results are routinely reported as &gt; 100,000,000 IU/mL or &gt; 8.0 log IU/mL.

Low level results where HCV RNA is detected by the assay but not quantifiable are reported as Detected with a result <12 IU/mL or <1.08 log IU/mL.

Target Not Detected is reported when no HCV RNA can be detected by the assay. This result should not imply the patient is not infected with HCV. Viral loads less than 12 IU/mL will not be reliably detected by this assay. Correlation with clinical findings and serologic results are recommended.

This test may be used as a marker for the effect of interferon or other therapy, but should not be used for diagnosis without confirmation by other established means. Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**Synonyms:**

- Hepatitis C RNA, Qualitative, PCR
- Hepatitis C RNA, Quantitative, PCR
- HCV
- Hepatitis C RNA, Quantitative by B-DNA

## COLLECTION

**Sample Type:**

EDTA Plasma

**Collect:**

Pearl White top preferred, Lavender top acceptable

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.5 mL plasma

**Stability (from collection to initiation):**

Transport to laboratory IMMEDIATELY after collection. Sample needs to be processed within 4 hours.

Sample stability after processing:

- Room temperature 1 day
- Refrigerated 2 days
- Frozen at -20°C or colder, 60 days or longer

**Unacceptable Conditions:**

Sample not collected in Pearl top or Lavender top tubes.  
Sample outside stability period.

## PROCESSING

**Test Code:**

HCVRT

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Specimen Preparation:**

Pearl White top - centrifuge and store in original tube in refrigerator.

Lavender top - centrifuge and separate plasma from blood cells. Store plasma aliquot in refrigerator.

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.5 mL plasma

**Unacceptable Conditions:**

Sample not collected in Pearl top or Lavender top tubes.

Sample outside stability period.

**Stability (from collection to initiation):**

Transport to laboratory IMMEDIATELY after collection. Sample needs to be processed within 4 hours.

Sample stability after processing:

-Room temperature 1 day

-Refrigerated 2 days

-Frozen at -20°C or colder, 60 days or longer

**RESULT INTERPRETATION****Units:**

IU/mL and log IU/mL

**Reference Interval:**

Target not detected (< 12 IU/mL or < 1.08 log IU/mL)

**Additional Information:**

High off-scale results are routinely reported as > 100,000,000 IU/mL or > 8.0 log IU/mL.

Low level results where HCV RNA is detected by the assay but not quantifiable are reported as Detected with a result <12 IU/mL or <1.08 log IU/mL.

Target Not Detected is reported when no HCV RNA can be detected by the assay. This result should not imply the patient is not infected with HCV. Viral loads less than 12 IU/mL will not be reliably detected by this assay. Correlation with clinical findings and serologic results are recommended.

This test may be used as a marker for the effect of interferon or other therapy, but should not be used for diagnosis without confirmation by other established means. Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**ADMINISTRATIVE****CPT Codes:**

87522

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HCVRT

**Test Group:**

Hepatitis

**Performing Lab:**

Immunology

**Methodology:**

RT-PCR

**Collect:**

Pearl White top preferred, Lavender top acceptable

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

EDTA Plasma

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.5 mL plasma

**Unacceptable Conditions:**

Sample not collected in Pearl top or Lavender top tubes.  
Sample outside stability period.

**Specimen Preparation:**

Pearl White top - centrifuge and store in original tube in refrigerator.  
Lavender top - centrifuge and separate plasma from blood cells. Store plasma aliquot in refrigerator.

**Units:**

IU/mL and log IU/mL

**Reference Interval:**

Target not detected (< 12 IU/mL or < 1.08 log IU/mL)

**Synonyms:**

- Hepatitis C RNA, Qualitative, PCR
- Hepatitis C RNA, Quantitative, PCR
- HCV
- Hepatitis C RNA, Quantitative by B-DNA

**Stability (from collection to initiation):**

Transport to laboratory IMMEDIATELY after collection. Sample needs to be processed within 4 hours.

Sample stability after processing:

- Room temperature 1 day
- Refrigerated 2 days
- Frozen at -20°C or colder, 60 days or longer

**Reported:**

Performed once per week. Turnaround time 3-9 days

**Additional Information:**

High off-scale results are routinely reported as > 100,000,000 IU/mL or > 8.0 log IU/mL.

Low level results where HCV RNA is detected by the assay but not quantifiable are reported as Detected with a result <12 IU/mL or <1.08 log IU/mL.

Target Not Detected is reported when no HCV RNA can be detected by the assay. This result should not imply the patient is not infected with HCV. Viral loads less than 12 IU/mL will not be reliably detected by this assay. Correlation with clinical findings and serologic results are recommended.

This test may be used as a marker for the effect of interferon or other therapy, but should not be used for diagnosis without confirmation by other established means. Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**CPT Codes:**

87522

# Hepatitis C Virus (HCV) Genotype with Reflex to HCV High-Resolution Genotype by Sequencing

LAB6300

## ORDERING

**Ordering Recommendations:**

Reflex genotyping panel for prognosis and treatment selection when a higher level of subtype resolution is required. Do not order prior to molecular confirmation of positive HCV screen.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Sequencing/Polymerase Chain Reaction

**Reported:**

8-10 days

**Reflex Testing:**

Reflex to HCV High-Resolution Genotyping

**Synonyms:**

- HCV, Subtype (Hepatitis C Virus Genotyping)
- HCVGR

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

HCVGR

**Collect:**

Lavender (EDTA), pink (K2EDTA), plasma preparation tube, or serum separator tube.

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

1 mL serum or plasma

**Stability (from collection to initiation):**

On cells: Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 4 Months.

**Storage/Transport Temperature:**

Frozen.

**Unacceptable Conditions:**

Heparinized specimens.

## PROCESSING

**Test Code:**

HCVGR

**ARUP Test Code:**

2009255

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate from cells ASAP or within 24 hours of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube. (Min: 1 mL)

**Preferred Volume:**

2 mL serum or plasma



**Minimum Volume:**

1 mL serum or plasma

**Unacceptable Conditions:**

Heparinized specimens.

**Stability (from collection to initiation):**

On cells: Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 4 Months.

**Storage/Transport Temperature:**

Frozen.

**RESULT INTERPRETATION****Reference Interval:**

By report

**Interpretive Data:**

Refer to report.

**ADMINISTRATIVE****CPT Codes:**

87902; if reflexed, add 87902

**LOINC:**

- 92731-9

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Reflex genotyping panel for prognosis and treatment selection when a higher level of subtype resolution is required. Do not order prior to molecular confirmation of positive HCV screen.

**Test Code:**

HCVGR

**ARUP Test Code:**

2009255

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Sequencing/Polymerase Chain Reaction

**Collect:**

Lavender (EDTA), pink (K2EDTA), plasma preparation tube, or serum separator tube.

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

1 mL serum or plasma

**Unacceptable Conditions:**

Heparinized specimens.

**Specimen Preparation:**

Separate from cells ASAP or within 24 hours of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube. (Min: 1 mL)

**Reference Interval:**

By report

**Interpretive Data:**

Refer to report.

**Synonyms:**

- HCV, Subtype (Hepatitis C Virus Genotyping)
- HCVGR

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

On cells: Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 4 Months.

**Reported:**

8-10 days

**Reflex Testing:**

Reflex to HCV High-Resolution Genotyping

**CPT Codes:**

87902; if reflexed, add 87902

**LOINC:**

- 92731-9

**Notes:**

This test may be unsuccessful if HCV RNA viral load is less than log 4.2 or 16,000 IU/mL. If initial result is "1a or 1b," or a mixed genotype containing type 1, or type 6, then Hepatitis C High Resolution Genotyping will be added. Additional charges apply.

# Hepatitis D Antibody

LAB1240

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

EIA

**Reported:**

Test run Wednesday &amp; Friday. Turnaround time: 2-7 days.

**Additional Information:**

Anti-HDV is a marker for acute or persisting infection with the "delta" agent, a defective RNA virus which can only infect HBV-infected patients. Combined HBV-HDV infection may be more severe than HBV infection alone. Antibody to HDV ordinarily persists for about 6 months following acute infection; detection beyond that point is evidence that the patient has become a carrier. Clinical use is to diagnose hepatitis delta virus (HDV) infection in patients with fulminant hepatic failure, or known previous HBV infection. A positive HDV antibody test, along with the presence of HbsAg, indicates HBV/HDV coinfection

**Synonyms:**

- Delta Antibody
- HDV Ab
- anti-HDV antibody
- Delta agent
- Delta antibody

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

HDV

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 2 weeks, frozen at -20C 1 month, frozen at -70C indefinite.

**Unacceptable Conditions:**

Plasma samples

## PROCESSING

**Test Code:**

HDV

**Test Group:**

Hepatitis

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze serum at -20C. Deliver serum to immunology, who will forward the specimen to the sendout desk where appropriate. Order Nichols # 4990X .

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Plasma samples

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 2 weeks, frozen at -20C 1 month, frozen at -70C indefinite.

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Anti-HDV is a marker for acute or persisting infection with the "delta" agent, a defective RNA virus which can only infect HBV-infected patients. Combined HBV-HDV infection may be more severe than HBV infection alone. Antibody to HDV ordinarily persists for about 6 months following acute infection; detection beyond that point is evidence that the patient has become a carrier. Clinical use is to diagnose hepatitis delta virus (HDV) infection in patients with fulminant hepatic failure, or known previous HBV infection. A positive HDV antibody test, along with the presence of HbsAg, indicates HBV/HDV coinfection

**ADMINISTRATIVE****CPT Codes:**

86692-90

**LOINC Codes:**

40727-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HDV

**Test Group:**

Hepatitis

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

EIA

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Plasma samples

**Specimen Preparation:**

Freeze serum at -20C. Deliver serum to immunology, who will forward the specimen to the sendout desk where appropriate. Order Nichols # 4990X .

**Reference Interval:**

Negative

**Synonyms:**

- Delta Antibody
- HDV Ab
- anti-HDV antibody
- Delta agent
- Delta antibody

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 2 weeks, frozen at -20C 1 month, frozen at -70C indefinite.

**Reported:**

Test run Wednesday & Friday. Turnaround time: 2-7 days.

**Additional Information:**

Anti-HDV is a marker for acute or persisting infection with the "delta" agent, a defective RNA virus which can only infect HBV-infected patients. Combined HBV-HDV infection may be more severe than HBV infection alone. Antibody to HDV ordinarily persists for about 6 months following acute infection; detection beyond that point is evidence that the patient has become a carrier. Clinical use is to diagnose hepatitis delta virus (HDV) infection in patients with fulminant hepatic failure, or known previous HBV infection. A positive HDV antibody test, along with the presence of HbsAg, indicates HBV/HDV coinfection

**CPT Codes:**

86692-90

**LOINC Codes:**

40727-0

# Hepatitis D RNA, Qualitative

LAB6026

## ORDERING

**Ordering Recommendations:**

Should only be ordered in patient who are Hepatitis B surface Antigen positive.

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

PCR

**Reported:**

3-5 days

**Additional Information:**

Hepatitis D Virus (HDV) is an RNA virus whose transmission is dependent on associated hepatitis B viral infection.

**Synonyms:**

- HDV
- DELTA ANTIGEN
- HDV RNA RTPC
- HEP D PCR

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

HDVR

**Collect:**

Gold top or Red top

**Amount to Collect:**

1.5 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 week, frozen 1 month

## PROCESSING

**Test Code:**

HDVR

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 34469.

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 week, frozen 1 month

## RESULT INTERPRETATION

**Reference Interval:**

Not detected

**Additional Information:**

Hepatitis D Virus (HDV) is an RNA virus whose transmission is dependent on associated hepatitis B viral infection.

**ADMINISTRATIVE****CPT Codes:**

87798-90

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Should only be ordered in patient who are Hepatitis B surface Antigen positive.

**Test Code:**

HDVR

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

PCR

**Collect:**

Gold top or Red top

**Amount to Collect:**

1.5 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 34469.

**Reference Interval:**

Not detected

**Synonyms:**

- HDV
- DELTA ANTIGEN
- HDV RNA RTPC
- HEP D PCR

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 week, frozen 1 month

**Reported:**

3-5 days

**Additional Information:**

Hepatitis D Virus (HDV) is an RNA virus whose transmission is dependent on associated hepatitis B viral infection.

**CPT Codes:**

87798-90

# Hepatitis E Antibody, IgM

LAB3462

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

EIA

**Reported:**

Test performed Monday and Thursday. Turnaround time: 2-5 days.

**Additional Information:**

Hepatitis E Virus (HEV) is a major cause of enteric non-A hepatitis worldwide. HEV IgM is typically detected within 2-4 weeks after infection, and then declines rapidly during convalescence.

This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Focus Diagnostics. This test should not be used for diagnosis without confirmation by other medically established means.

**Synonyms:**

- HEV

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

HEVM

**Collect:**

Gold top, Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

## PROCESSING

**Test Code:**

HEVM

**Test Group:**

Hepatitis

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Serum should be removed from cells promptly after collection and transferred to a plastic tube. Freeze serum at -20C.  
Order Quest # 36582X

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

## RESULT INTERPRETATION



**Reference Interval:**

Not detected

**Additional Information:**

Hepatitis E Virus (HEV) is a major cause of enteric non-A hepatitis worldwide. HEV IgM is typically detected within 2-4 weeks after infection, and then declines rapidly during convalescence.

This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Focus Diagnostics. This test should not be used for diagnosis without confirmation by other medically established means.

**ADMINISTRATIVE****CPT Codes:**

86790-90

**LOINC Codes:**

14212-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HEVM

**Test Group:**

Hepatitis

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

EIA

**Collect:**

Gold top, Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.1 mL serum

**Specimen Preparation:**

Serum should be removed from cells promptly after collection and transferred to a plastic tube. Freeze serum at -20C.  
Order Quest # 36582X

**Reference Interval:**

Not detected

**Synonyms:**

- HEV

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

**Reported:**

Test performed Monday and Thursday. Turnaround time: 2-5 days.

**Additional Information:**

Hepatitis E Virus (HEV) is a major cause of enteric non-A hepatitis worldwide. HEV IgM is typically detected within 2-4 weeks after infection, and then declines rapidly during convalescence.

This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Focus Diagnostics. This test should not be used for diagnosis without confirmation by other medically established means.

**CPT Codes:**

86790-90

**LOINC Codes:**

14212-5

**HEPTEG**

LAB3079

**ORDERING****Approval Required:**

By appointment only, contact Mission Bay Hematology at x-60194.

**Available Stat:**

No

**Performing Lab:**

Mission Bay Hematology

**Performed:**

By appointment only, 0800-1530 daily

**Reported:**

2 hours

**Additional Information:**

Patient has to be on a heparinized line at the time of draw.

**Synonyms:**

- Hep Thromboelastograph (TEG5000)

**COLLECTION****Sample Type:**

Citrated Whole Blood

**Collect:**

Citrated Blue Top

**Amount to Collect:**

2.7 ml

**Preferred Volume:**

2.7 ml

**Minimum Volume:**

2.7 ml

**Remarks:**

By appointment only, contact Mission Bay Hematology at x-60194.

1. Use a 21G needle to perform the venipuncture.
2. Draw and discard the first 3 mL of blood or fill another tube. Blue top cannot be the first tube drawn.
3. After collection, mix each tube by gently inverting 3 to 4 times.
4. Discard the sample if there is a venous collapse or stoppage of blood flow during collection. Likewise, avoid prolonged placement of the tourniquet or a traumatic phlebotomy.
5. Sample should be hand delivered immediately to the Hematology laboratory.

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection.

**Unacceptable Conditions:**

Unapproved orders, sample past stability time, tubed samples, samples from a traumatic phlebotomy, over or under filled tubes.

**PROCESSING****Test Code:**

HEPTEG

**Performing Lab:**

Mission Bay Hematology

**Preferred Volume:**

2.7 ml

**Minimum Volume:**

2.7 ml

**Unacceptable Conditions:**

Unapproved orders, sample past stability time, tubed samples, samples from a traumatic phlebotomy, over or under filled tubes.

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection.

**RESULT INTERPRETATION****Units:**

R (min) K (min) Angle (deg) MA (mm)

**Reference Interval:**

ADULT NORMAL VALUES: HEPTEG

| R (min)  | K (min) | Angle (deg) | MA (mm)   |
|----------|---------|-------------|-----------|
| 5.0-10.4 | 0.8-2.8 | 55.2-78.4   | 50.6-69.4 |

The thrombelastograph has been cleared by the U.S. FDA as a medical device indicated for use with adult patients where an evaluation of their blood coagulation properties is desired. The use of TEG in pediatric patients has not been cleared by the FDA. The performance characteristics of the test were assessed by the UCSF Clinical Laboratories.

**Additional Information:**

Patient has to be on a heparinized line at the time of draw.

**ADMINISTRATIVE****CPT Codes:**

85347, 85384, 85576, 85390

**LOINC Codes:**

69552-8

**COMPLETE VIEW****Approval Required:**

By appointment only, contact Mission Bay Hematology at x-60194.

**Available Stat:**

No

**Test Code:**

HEPTEG

**Performing Lab:**

Mission Bay Hematology

**Performed:**

By appointment only, 0800-1530 daily

**Remarks:**

By appointment only, contact Mission Bay Hematology at x-60194.

1. Use a 21G needle to perform the venipuncture.
2. Draw and discard the first 3 mL of blood or fill another tube. Blue top cannot be the first tube drawn.
3. After collection, mix each tube by gently inverting 3 to 4 times.
4. Discard the sample if there is a venous collapse or stoppage of blood flow during collection. Likewise, avoid prolonged placement of the tourniquet or a traumatic phlebotomy.
5. Sample should be hand delivered immediately to the Hematology laboratory.

**Collect:**

Citrated Blue Top

**Amount to Collect:**

2.7 ml

**Sample Type:**

Citrated Whole Blood

**Preferred Volume:**

2.7 ml

**Minimum Volume:**

2.7 ml

**Unacceptable Conditions:**

Unapproved orders, sample past stability time, tubed samples, samples from a traumatic phlebotomy, over or under filled tubes.

**Units:**

R (min) K (min) Angle (deg) MA (mm)

**Reference Interval:**

ADULT NORMAL VALUES: HEPTEG

| R (min)  | K (min) | Angle (deg) | MA (mm)   |
|----------|---------|-------------|-----------|
| 5.0-10.4 | 0.8-2.8 | 55.2-78.4   | 50.6-69.4 |

The thrombelastograph has been cleared by the U.S. FDA as a medical device indicated for use with adult patients where an evaluation of their blood coagulation properties is desired. The use of TEG in pediatric patients has not been cleared by the FDA. The performance characteristics of the test were assessed by the UCSF Clinical Laboratories.

**Synonyms:**

- Hep Thromboelastograph (TEG5000)

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection.

**Reported:**

2 hours

**Additional Information:**

Patient has to be on a heparinized line at the time of draw.

**CPT Codes:**

85347, 85384, 85576, 85390

**LOINC Codes:**

69552-8

# Herpes Simplex Type 1 and Type 2 Antibodies, IgG

LAB507

## ORDERING

**Available Stat:**  
No

**Performing Lab:**  
Immunology

**Performed:**  
Tuesday and Friday

**Methodology:**  
Chemiluminescent Immunoassay

**Reported:**  
1 - 8 days

**Synonyms:**

- HSV 1,2 Ab
- HSV IgG
- TORCH antibodies

## COLLECTION

**Sample Type:**  
Serum

**Collect:**  
Gold top

**Amount to Collect:**  
2 mL blood

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

## PROCESSING

**Test Code:**  
HSVP

**Test Group:**  
Herpes

**Performing Lab:**  
Immunology

**Specimen Preparation:**  
Freeze sample at -20C

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

## RESULT INTERPRETATION

**Reference Interval:**  
Negative

## ADMINISTRATIVE

**CPT Codes:**  
86695 x 2

**LOINC Codes:**  
36921-5

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

HSVP

**Test Group:**

Herpes

**Performing Lab:**

Immunology

**Performed:**

Tuesday and Friday

**Methodology:**

Chemiluminescent Immunoassay

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Freeze sample at -20C

**Reference Interval:**

Negative

**Synonyms:**

- HSV 1,2 Ab
- HSV IgG
- TORCH antibodies

**Reported:**

1 - 8 days

**CPT Codes:**

86695 x 2

**LOINC Codes:**

36921-5

# Herpes Simplex Virus Culture with Reflex to HSV Typing

LC3576

## ORDERING

**Ordering Recommendations:**

Use to detect herpes simplex virus (HSV) by viral culture and differentiate types 1 and 2. Molecular testing is generally preferred; refer to Herpes Simplex Virus (HSV-1/HSV-2) Subtype by PCR (2010095). Orthopoxviruses, including monkeypox virus, cannot be identified clinically using this testing method. Refer to <https://www.aruplab.com/monkeypox-testing> for more information.

**Approval Required:**

Yes, consult with Microbiology Director x3-1628

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Cell Culture/Microscopy/Immunofluorescent Stain

**Reported:**

1-7 days

**Synonyms:**

- Drug susceptibility testing
- HSV
- antiviral susceptibility testing
- Acyclovir
- Foscarnet
- Herpes Culture
- Herpes Simplex Viral Culture
- HSV type 1
- HSV type 2
- HSV-1 or HSV-2
- HSV1 and HSV2
- HSVCX
- P319

## COLLECTION

**Label Abbreviation:**

HSV CX

**Collect:**

Buccal mucosa, eye, genital, rectal, throat or vesicle swab, neonatal surface swab, or bronchoalveolar lavage, tissue, or vesicle fluid.

**Remarks:**

Specimen source preferred.

**Stability (from collection to initiation):**

Ambient: 2 hours; Refrigerated: 72 hours; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Blood, CSF, plasma, or serum. Bacterial transport systems; molecular transport systems; calcium alginate, dry, or wood swabs.

## PROCESSING

**Test Code:**

P319

**Test Group:**

Herpes

**ARUP Test Code:**

0065065

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Fluid: Transfer 3 mL specimen to a sterile container. (Min: 0.5 mL) Also acceptable: Transfer to 3 mL viral transport media (ARUP Supply #12884) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Swab or Tissue: Place in 3 mL viral transport media (ARUP Supply #12884) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

**Unacceptable Conditions:**

Blood, CSF, plasma, or serum. Bacterial transport systems; molecular transport systems; calcium alginate, dry, or wood swabs.

**Stability (from collection to initiation):**

Ambient: 2 hours; Refrigerated: 72 hours; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

Culture negative for herpes simplex virus.

**ADMINISTRATIVE****CPT Codes:**

87255; if reflexed, add 87140 x2

**LOINC:**

- 5859-4

**LOINC Codes:**

Culture: 16291-7Acyclovir: 73574-6, 9416-9Foscarnet: 42317-8

**COMPLETE VIEW****Approval Required:**

Yes, consult with Microbiology Director x3-1628

**Available Stat:**

No

**Ordering Recommendations:**

Use to detect herpes simplex virus (HSV) by viral culture and differentiate types 1 and 2. Molecular testing is generally preferred; refer to Herpes Simplex Virus (HSV-1/HSV-2) Subtype by PCR (2010095). Orthopoxviruses, including monkeypox virus, cannot be identified clinically using this testing method. Refer to <https://www.aruplab.com/monkeypox-testing> for more information.

**Test Code:**

P319

**Test Group:**

Herpes

**ARUP Test Code:**

0065065

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Cell Culture/Microscopy/Immunofluorescent Stain

**Remarks:**

Specimen source preferred.

**Collect:**

Buccal mucosa, eye, genital, rectal, throat or vesicle swab, neonatal surface swab, or bronchoalveolar lavage, tissue, or vesicle fluid.

**Unacceptable Conditions:**

Blood, CSF, plasma, or serum. Bacterial transport systems; molecular transport systems; calcium alginate, dry, or wood swabs.



**Specimen Preparation:**

Fluid: Transfer 3 mL specimen to a sterile container. (Min: 0.5 mL) Also acceptable: Transfer to 3 mL viral transport media (ARUP Supply #12884) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Swab or Tissue: Place in 3 mL viral transport media (ARUP Supply #12884) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

**Reference Interval:**

Culture negative for herpes simplex virus.

**Synonyms:**

- Drug susceptibility testing
- HSV
- antiviral susceptibility testing
- Acyclovir
- Foscarnet
- Herpes Culture
- Herpes Simplex Viral Culture
- HSV type 1
- HSV type 2
- HSV-1 or HSV-2
- HSV1 and HSV2
- HSVCX
- P319

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: 2 hours; Refrigerated: 72 hours; Frozen: Unacceptable

**Reported:**

1-7 days

**CPT Codes:**

87255; if reflexed, add 87140 x2

**LOINC:**

- 5859-4

**LOINC Codes:**

Culture: 16291-7Acyclovir: 73574-6, 9416-9Foscarnet: 42317-8

**Notes:**

If culture is positive for HSV, then HSV typing test will be added. Additional charges apply.

# Herpes Simplex Virus NAAT, Qualitative

LAB5611

## ORDERING

**Ordering Recommendations:**

CSF testing should not be ordered on an immunocompetent patient unless there is no other explanation for CSF findings AND there are > 5 cells/mm<sup>3</sup> or a protein of > 50 mg/dL. These criteria do not apply if the patient is immunocompromised.

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily, all shifts

**Methodology:**

RT-PCR

**Reported:**

1 day

**Additional Information:**

Quantification can be performed on positive samples by ordering add-on HSV PCR, quantitative test

**Synonyms:**

- HSV PCR
- HSV
- Herpes
- HSV Qual

## COLLECTION

**Sample Type:**

Swab from cutaneous or mucocutaneous lesion  
Blood (plasma)  
CSF

**Collect:**

Flocked swb in universal transport medium (UTM)  
Lavender top (EDTA)  
CSF tube

**Amount to Collect:**

1 flocked swab  
3 mL whole blood  
1 mL CSF

**Preferred Volume:**

1 flocked swab  
1 mL plasma  
1 mL CSF

**Minimum Volume:**

1 flocked swab  
0.2 mL whole blood  
0.5 mL CSF

**Remarks:**

Unroof lesion and swab fluid of vesicle and base of lesion to obtain cells. Immediately place swab in UTM.

Do not draw blood from heparin containing lines.

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month

**Unacceptable Conditions:**

Samples not received in suitable container/transport medium. Unsuitable specimen types

## PROCESSING

**Test Code:**

LAB5611

**Test Group:**

Herpes simplex

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Send CSF samples to CB ASAP at room temperature

**Preferred Volume:**1 flocked swab  
1 mL plasma  
1 mL CSF**Minimum Volume:**1 flocked swab  
0.2 mL whole blood  
0.5 mL CSF**Unacceptable Conditions:**

Samples not received in suitable container/transport medium. Unsuitable specimen types

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**Critical Values:**

Detected (CSF samples)

**Additional Information:**

Quantification can be performed on positive samples by ordering add-on HSV PCR, quantitative test

**ADMINISTRATIVE****CPT Codes:**

87529 x2

**LOINC Codes:**

16952-4, 16960-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**CSF testing should not be ordered on an immunocompetent patient unless there is no other explanation for CSF findings  
AND there are > 5 cells/mm<sup>3</sup> or a protein of > 50 mg/dL These criteria do not apply if the patient is immunocompromised.**Test Code:**

LAB5611

**Test Group:**

Herpes simplex

**Performing Lab:**

Microbiology

**Performed:**

Daily, all shifts

**Methodology:**

RT-PCR

**Remarks:**

Unroof lesion and swab fluid of vesicle and base of lesion to obtain cells. Immediately place swab in UTM.

Do not draw blood from heparin containing lines.

**Collect:**Flocked swb in universal transport medium (UTM)  
Lavender top (EDTA)  
CSF tube**Amount to Collect:**1 flocked swab  
3 mL whole blood  
1 mL CSF

**Sample Type:**

Swab from cutaneous or mucocutaneous lesion  
Blood (plasma)  
CSF

**Preferred Volume:**

1 flocked swab  
1 mL plasma  
1 mL CSF

**Minimum Volume:**

1 flocked swab  
0.2 mL whole blood  
0.5 mL CSF

**Unacceptable Conditions:**

Samples not received in suitable container/transport medium. Unsuitable specimen types

**Specimen Preparation:**

Send CSF samples to CB ASAP at room temperature

**Reference Interval:**

Not detected

**Critical Values:**

Detected (CSF samples)

**Synonyms:**

- HSV PCR
- HSV
- Herpes
- HSV Qual

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month

**Reported:**

1 day

**Additional Information:**

Quantification can be performed on positive samples by ordering add-on HSV PCR, quantitative test

**CPT Codes:**

87529 x2

**LOINC Codes:**

16952-4, 16960-7

# Herpes Simplex Virus PCR, Aqueous Fluid

LAB917

## ORDERING

**Ordering Recommendations:**

For testing of CSF, order Rapid HSV DNA, CSF.

For testing of blood, order Rapid HSV DNA, skin lesion / blood.

Quantification can be performed on positive samples by ordering add-on Herpes Simplex Virus PCR, Quantitative test.

**Available Stat:**

No

**Performing Lab:**

Amniotic fluid: Quest Diagnostics

Other samples: Viracor, see <https://www.eurofins-viracor.com/clinical/test-menu/8500-herpes-simplex-viruses-1-2-hsv-1-hsv-2-quantitative-pcr/>**Methodology:**

Real time PCR

**Reported:**

2-5 days

**Additional Information:**

HSV is a etiologic agent of encephalitis and aseptic meningitis as well as a wide variety of other infections. PCR for HSV in CNS disease is highly sensitive, whereas culture is often negative. This assay differentiates between HSV-1 and HSV-2.

This test has not been cleared or approved by the U.S. Food and Drug Administration. It was developed and its performance characteristics have been determined by the performing laboratory.

**Synonyms:**

- HSV
- PCR
- HSVPCRAQF

## COLLECTION

**Sample Type:**

CSF, amniotic fluid, EDTA plasma

**Label Abbreviation:**

HSVPCRAQF

**Collect:**

CSF or Amniotic fluid: Sterile tube

Blood: Lavender top

Other sample types: See Specimen Information section at <https://www.eurofins-viracor.com/clinical/test-menu/8500-herpes-simplex-viruses-1-2-hsv-1-hsv-2-quantitative-pcr/>**Amount to Collect:**

CSF or Amniotic fluid: 1 mL

Blood: 3 mL

**Preferred Volume:**

CSF or Amniotic fluid: 1 mL

Plasma: 1 mL

**Minimum Volume:**

CSF or Amniotic fluid: 0.5 mL

Plasma: 0.5 mL

**Stability (from collection to initiation):**

CSF and amniotic fluid: Frozen at -70C 1 month

Plasma: Room temperature 4 days, frozen at -70C 1 month

## PROCESSING

**Test Code:**

HSVPCRAQF

**Test Group:**

Herpes

**Sendout:**

Yes

**Performing Lab:**

Amniotic fluid: Quest Diagnostics

Other samples: Viracor, see <https://www.eurofins-viracor.com/clinical/test-menu/8500-herpes-simplex-viruses-1-2-hsv-1-hsv-2-quantitative-pcr/>**Specimen Preparation:**

Test sent out and reported by Microbiology.

CSF and amniotic fluid: Store at -70°C. Ship frozen on dry ice.

Blood: Centrifuge blood, remove plasma, and freeze at -70°C. Ship frozen on dry ice.

CSF and plasma: Send to Viracor for HSV1 and HSV2 Real time qPCR #8500

Amniotic fluid: Send to Focus for Herpes Simplex Virus, Type 1 &amp; 2 DNA, Quantitative Real-Time PCR # 43220

**Preferred Volume:**

CSF or Amniotic fluid: 1 mL

Plasma: 1 mL

**Minimum Volume:**

CSF or Amniotic fluid: 0.5 mL

Plasma: 0.5 mL

**Stability (from collection to initiation):**

CSF and amniotic fluid: Frozen at -70°C 1 month

Plasma: Room temperature 4 days, frozen at -70°C 1 month

**RESULT INTERPRETATION****Units:**

copies/mL

**Reference Interval:**

Not detected

**Additional Information:**

HSV is a etiologic agent of encephalitis and aseptic meningitis as well as a wide variety of other infections. PCR for HSV in CNS disease is highly sensitive, whereas culture is often negative. This assay differentiates between HSV-1 and HSV-2.

This test has not been cleared or approved by the U.S. Food and Drug Administration. It was developed and its performance characteristics have been determined by the performing laboratory.

**ADMINISTRATIVE****CPT Codes:**

87530-90 x2

**LOINC Codes:**

5014-6

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

For testing of CSF, order Rapid HSV DNA, CSF.

For testing of blood, order Rapid HSV DNA, skin lesion / blood.

Quantification can be performed on positive samples by ordering add-on Herpes Simplex Virus PCR, Quantitative test.

**Test Code:**

HSVPCRAQF

**Test Group:**

Herpes

**Performing Lab:**

Amniotic fluid: Quest Diagnostics

Other samples: Viracor, see <https://www.eurofins-viracor.com/clinical/test-menu/8500-herpes-simplex-viruses-1-2-hsv-1-hsv-2-quantitative-pcr/>**Sendout:**

Yes

**Methodology:**

Real time PCR

**Collect:**

CSF or Amniotic fluid: Sterile tube

Blood: Lavender top

Other sample types: See Specimen Information section at <https://www.eurofins-viracor.com/clinical/test-menu/8500-herpes-simplex-viruses-1-2-hsv-1-hsv-2-quantitative-pcr/>

**Amount to Collect:**

CSF or Amniotic fluid: 1 mL

Blood: 3 mL

**Sample Type:**

CSF, amniotic fluid, EDTA plasma

**Preferred Volume:**

CSF or Amniotic fluid: 1 mL

Plasma: 1 mL

**Minimum Volume:**

CSF or Amniotic fluid: 0.5 mL

Plasma: 0.5 mL

**Specimen Preparation:**

Test sent out and reported by Microbiology.

CSF and amniotic fluid: Store at -70°C. Ship frozen on dry ice.

Blood: Centrifuge blood, remove plasma, and freeze at -70°C. Ship frozen on dry ice.

CSF and plasma: Send to Viracor for HSV1 and HSV2 Real time qPCR #8500

Amniotic fluid: Send to Focus for Herpes Simplex Virus, Type 1 & 2 DNA, Quantitative Real-Time PCR # 43220

**Units:**

copies/mL

**Reference Interval:**

Not detected

**Synonyms:**

- HSV
- PCR
- HSVPCRAQF

**Stability (from collection to initiation):**

CSF and amniotic fluid: Frozen at -70°C 1 month

Plasma: Room temperature 4 days, frozen at -70°C 1 month

**Reported:**

2-5 days

**Additional Information:**

HSV is a etiologic agent of encephalitis and aseptic meningitis as well as a wide variety of other infections. PCR for HSV in CNS disease is highly sensitive, whereas culture is often negative. This assay differentiates between HSV-1 and HSV-2.

This test has not been cleared or approved by the U.S. Food and Drug Administration. It was developed and its performance characteristics have been determined by the performing laboratory.

**CPT Codes:**

87530-90 x2

**LOINC Codes:**

5014-6

# Herpes Simplex Virus Subtype by PCR, Amniotic Fluid

LAB156

## ORDERING

**Ordering Recommendations:**

Preferred test to detect herpes simplex virus types 1 and 2 (HSV-1/HSV-2).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Qualitative Polymerase Chain Reaction

**Reported:**

1-3 days

**Synonyms:**

- Herpes Simplex Virus, Type 1/2 DNA, Real-Time PCR,
- HSV
- HSV Types 1 and 2
- HSVSAF

## COLLECTION

**Sample Type:**

Amniotic fluid

**Label Abbreviation:**

HSVSAF

**Collect:**

Sterile container

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Remarks:**

Specimen source required.

**Stability (from collection to initiation):**

Central Processing, please send/transport ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving. China Basin Processing will give Cytogenetics lab all tubes and Cytogenetics lab will bring all send out tests back to Sendout lab. Sendout department will then send the tubes out at frozen temperature.

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
(send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)  
From China Basin Central Processing to Cytogenetics: Room Temperature  
From China Basin Central Processing to Send Out institution: Frozen

**Unacceptable Conditions:**

Heparinized specimens.

## PROCESSING

**Test Code:**

HSVSAF

**ARUP Test Code:**

2010095

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 1 mL amniotic fluid to a sterile container. (Min: 0.5 mL)



**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Heparinized specimens.

**Stability (from collection to initiation):**

Central Processing, please send/transport ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving. China Basin Processing will give Cytogenetics lab all tubes and Cytogenetics lab will bring all send out tests back to Sendout lab. Sendout department will then send the tubes out at frozen temperature.

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
 (send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)  
 From China Basin Central Processing to Cytogenetics: Room Temperature  
 From China Basin Central Processing to Send Out institution: Frozen

**RESULT INTERPRETATION****Interpretive Data:**

A negative result does not rule out the presence of PCR inhibitors in the patient specimen or test-specific nucleic acid in concentrations below the level of detection by this test.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

87529 x2

**LOINC:**

- 5014-6
- 31208-2
- 16130-7
- 16131-5

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Preferred test to detect herpes simplex virus types 1 and 2 (HSV-1/HSV-2).

**Test Code:**

HSVSAF

**ARUP Test Code:**

2010095

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Qualitative Polymerase Chain Reaction

**Remarks:**

Specimen source required.

**Collect:**

Sterile container

**Sample Type:**

Amniotic fluid

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Heparinized specimens.

**Specimen Preparation:**

Transfer 1 mL amniotic fluid to a sterile container. (Min: 0.5 mL)

**Interpretive Data:**

A negative result does not rule out the presence of PCR inhibitors in the patient specimen or test-specific nucleic acid in concentrations below the level of detection by this test.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Herpes Simplex Virus, Type 1/2 DNA, Real-Time PCR,
- HSV
- HSV Types 1 and 2
- HSVSAF

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
(send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)  
From China Basin Central Processing to Cytogenetics: Room Temperature  
From China Basin Central Processing to Send Out institution: Frozen

**Stability (from collection to initiation):**

Central Processing, please send/transport ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving. China Basin Processing will give Cytogenetics lab all tubes and Cytogenetics lab will bring all send out tests back to Sendout lab. Sendout department will then send the tubes out at frozen temperature.

**Reported:**

1-3 days

**CPT Codes:**

87529 x2

**LOINC:**

- 5014-6
- 31208-2
- 16130-7
- 16131-5

# High Resolution Blood, Chromosome Analysis

LAB3102

## ORDERING

**Approval Required:**

If expedited testing is needed for clinical decisions contact the Cytogenetics laboratory at x3-4844.

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily, Monday-Friday

**Methodology:**

Giemsa banding and brightfield microscopy

**Reported:**

28 days

**Reflex Testing:**

If an abnormality is detected the Cytogenetics Director will determine the appropriate additional studies (e.g. C-banding, NOR) to be performed to characterize the abnormality.

If additional metaphases are required for final interpretation additional counts will be performed and billed for.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**Synonyms:**

- Cytogenetic analysis
- CYBL
- Karyotype
- Karyotyping

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Collect:**

Sodium heparin dark green top

**Amount to Collect:**

Adult or child: 5 mL blood

Infant: 2 mL blood

**Preferred Volume:**

Adult or child: 5 mL blood

?Infant: 2 mL blood

**Minimum Volume:**

Adult or child: 2 mL blood

?Infant: 2 mL blood

**Remarks:**

If expedited testing is needed for clinical decisions contact the Cytogenetics laboratory.

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason.

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## PROCESSING

**Test Code:**

CYHR

**Test Group:**

Chromosome Analysis

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Preferred Volume:**

Adult or child: 5 mL blood  
?Infant: 2 mL blood

**Minimum Volume:**

Adult or child: 2 mL blood  
?Infant: 2 mL blood

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Stability (from collection to initiation):**

48 hours

**RESULT INTERPRETATION****Reference Interval:**

46,XY normal male  
46,XX normal female

**ADMINISTRATIVE****CPT Codes:**

88230, 88262, 88289

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

48818-9

**COMPLETE VIEW****Approval Required:**

If expedited testing is needed for clinical decisions contact the Cytogenetics laboratory at x3-4844.

**Available Stat:**

No

**Test Code:**

CYHR

**Test Group:**

Chromosome Analysis

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily, Monday-Friday

**Methodology:**

Giemsa banding and brightfield microscopy

**Remarks:**

If expedited testing is needed for clinical decisions contact the Cytogenetics laboratory.

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason.

**Collect:**

Sodium heparin dark green top

**Amount to Collect:**

Adult or child: 5 mL blood  
Infant: 2 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

Adult or child: 5 mL blood  
?Infant: 2 mL blood

**Minimum Volume:**

Adult or child: 2 mL blood  
?Infant: 2 mL blood

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Reference Interval:**

46,XY normal male  
46,XX normal female

**Synonyms:**

- Cytogenetic analysis
- CYBL
- Karyotype
- Karyotyping

**Stability (from collection to initiation):**

48 hours

**Reported:**

28 days

**Reflex Testing:**

If an abnormality is detected the Cytogenetics Director will determine the appropriate additional studies (e.g. C-banding, NOR) to be performed to characterize the abnormality.

If additional metaphases are required for final interpretation additional counts will be performed and billed for.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**CPT Codes:**

88230, 88262, 88289

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

48818-9

# Histamine, Plasma

LAB1033

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enzyme immunoassay

**Reported:**

Set up 2x per week. TAT: 6-8 days

**Additional Information:**

Histamine is a mediator of the allergic response. Histamine release causes itching, flushing, hives, vomiting, syncope, and even shock. In addition, some patients with gastric carcinoids may exhibit high concentrations of Histamine.

This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute.

This test should not be used for diagnosis without confirmation by other medically established means.

## COLLECTION

**Patient Preparation:**

Patient should avoid taking allergy causing drugs, antihistamines, oral corticosteroids and substances which block H2 receptors 24 hours prior to collection.

**Sample Type:**

EDTA plasma

**Label Abbreviation:**

HIST

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

Avoid hemolysis.

**Stability (from collection to initiation):**

Room temperature and refrigerated 1 day, frozen at -20C 1 week.

**Unacceptable Conditions:**

Hemolyzed

**Rejection Criteria:**

Thawed, refrigerated or room temperature sample.

## PROCESSING

**Test Code:**

HIST

**Test Group:**

Histamine

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Centrifuge immediately and freeze in plastic vial at -20C. Transport frozen to China basin. Order Quest # 36586X

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Hemolyzed

**Rejection Criteria:**

Thawed, refrigerated or room temperature sample.

**Stability (from collection to initiation):**

Room temperature and refrigerated 1 day, frozen at -20C 1 week.

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

0.1-1.8 ng/mL

**Additional Information:**

Histamine is a mediator of the allergic response. Histamine release causes itching, flushing, hives, vomiting, syncope, and even shock. In addition, some patients with gastric carcinoids may exhibit high concentrations of Histamine.

This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute.

This test should not be used for diagnosis without confirmation by other medically established means.

**ADMINISTRATIVE****CPT Codes:**

83088-90

**LOINC Codes:**

2416-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HIST

**Test Group:**

Histamine

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Enzyme immunoassay

**Patient Preparation:**

Patient should avoid taking allergy causing drugs, antihistamines, oral corticosteroids and substances which block H2 receptors 24 hours prior to collection.

**Remarks:**

Avoid hemolysis.

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Sample Type:**

EDTA plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Rejection Criteria:**

Thawed, refrigerated or room temperature sample.

**Unacceptable Conditions:**

Hemolyzed

**Specimen Preparation:**

Centrifuge immediately and freeze in plastic vial at -20C. Transport frozen to China basin. Order Quest # 36586X

**Units:**

ng/mL

**Reference Interval:**

0.1-1.8 ng/mL

**Stability (from collection to initiation):**

Room temperature and refrigerated 1 day, frozen at -20C 1 week.

**Reported:**

Set up 2x per week. TAT: 6-8 days

**Additional Information:**

Histamine is a mediator of the allergic response. Histamine release causes itching, flushing, hives, vomiting, syncope, and even shock. In addition, some patients with gastric carcinoids may exhibit high concentrations of Histamine.

This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute.

This test should not be used for diagnosis without confirmation by other medically established means.

**CPT Codes:**

83088-90

**LOINC Codes:**

2416-6



# Histamine, urine

HISTU

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Radioimmunoassay

**Reported:**

Set up 2x per week. TAT 8-10 days.

**Additional Information:**

Histamine is a mediator of the allergic response. Histamine release causes itching, flushing, hives, vomiting, syncope, and even shock. In addition, some patients with gastric carcinoids may exhibit high concentrations of Histamine.

This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute.

This test should not be used for diagnosis without confirmation by other medically established means.

## COLLECTION

**Patient Preparation:**

Patient should avoid taking allergy causing drugs, antihistamines, oral corticosteroids and substances which block H2 receptors 24 hours prior to collection.

**Sample Type:**

24 hour urine collection

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Remarks:**

Refrigerate specimen during collection. Protect sample from light

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 2 weeks, frozen at -20C 2 weeks.

**Unacceptable Conditions:**

Container not refrigerated during collection or not protected from light

## PROCESSING

**Test Code:**

HISTU

**Test Group:**

Histamine

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Process immediately. Aliquot 10 mL. Record total volume on both test request form and specimen container. Transport refrigerated. Order Quest # 6825N

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection or not protected from light

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 2 weeks, frozen at -20C 2 weeks.

**RESULT INTERPRETATION****Units:**

mg/24 hours

**Reference Interval:**

Normal: 0.006 - 0.131 mg/24 hours

**Additional Information:**

Histamine is a mediator of the allergic response. Histamine release causes itching, flushing, hives, vomiting, syncope, and even shock. In addition, some patients with gastric carcinoids may exhibit high concentrations of Histamine.

This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute.

This test should not be used for diagnosis without confirmation by other medically established means.

**ADMINISTRATIVE****CPT Codes:**

82570-90, 83088-90

**LOINC Codes:**

9410-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HISTU

**Test Group:**

Histamine

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Radioimmunoassay

**Patient Preparation:**

Patient should avoid taking allergy causing drugs, antihistamines, oral corticosteroids and substances which block H2 receptors 24 hours prior to collection.

**Remarks:**

Refrigerate specimen during collection. Protect sample from light

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection or not protected from light

**Specimen Preparation:**

Process immediately. Aliquot 10 mL. Record total volume on both test request form and specimen container. Transport refrigerated. Order Quest # 6825N

**Units:**

mg/24 hours

**Reference Interval:**

Normal: 0.006 - 0.131 mg/24 hours

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 2 weeks, frozen at -20C 2 weeks.

**Reported:**

Set up 2x per week. TAT 8-10 days.

**Additional Information:**

Histamine is a mediator of the allergic response. Histamine release causes itching, flushing, hives, vomiting, syncope, and even shock. In addition, some patients with gastric carcinoids may exhibit high concentrations of Histamine.

This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute.

This test should not be used for diagnosis without confirmation by other medically established means.

**CPT Codes:**

82570-90, 83088-90

**LOINC Codes:**

9410-2

# Histone Antibody

LAB5456

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

EIA

**Reported:**

3-5 days

**Synonyms:**

- HIST

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

HISTO

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Frozen 1 month

## PROCESSING

**Test Code:**

HISTO

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot serum and freeze. Forward to CB.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Frozen 1 month

## RESULT INTERPRETATION

**Units:**

U

**Reference Interval:**

&lt; 1.0 U

## ADMINISTRATIVE

**CPT Codes:**

83516-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HISTO

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

EIA

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Aliquot serum and freeze. Forward to CB.

**Units:**

U

**Reference Interval:**

&lt; 1.0 U

**Synonyms:**

- HIST

**Stability (from collection to initiation):**

Frozen 1 month

**Reported:**

3-5 days

**CPT Codes:**

83516-90

# Histoplasma capsulatum Antibody, by Complement Fixation

LAB3584

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

Complement fixation

**Reported:**

Test set up Monday - Friday, Turn around time 3-5 days

**Additional Information:**

Patients should be screened by immunodiffusion before requesting complement fixation. Titers to both mycelial and yeast phase antigens are reported, yeast phase antigen being more sensitive but less specific than mycelial phase antigen. Cross reactions frequently occur with Blastomyces and Coccidioides.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Collect samples prior to performing fungal skin testing which can significantly increase antibody titers in sensitized individuals making results of this test uninterpretable.

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

**Unacceptable Conditions:**

Hemolysis, lipemia

**Rejection Criteria:**

Hemolysis, lipemia

## PROCESSING

**Test Code:**

HICFB

**Test Group:**

Histoplasma

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Order Quest test # 938X. For B&amp;T patients order LabCorp test # 164319

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Hemolysis, lipemia

**Rejection Criteria:**

Hemolysis, lipemia

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

Titer

**Reference Interval:**

&lt; 1:8

**Additional Information:**

Patients should be screened by immunodiffusion before requesting complement fixation. Titers to both mycelial and yeast phase antigens are reported, yeast phase antigen being more sensitive but less specific than mycelial phase antigen. Cross reactions frequently occur with Blastomyces and Coccidioides.

**ADMINISTRATIVE****CPT Codes:**

86698-90 x2

**LOINC Codes:**

20573-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HICFB

**Test Group:**

Histoplasma

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

Complement fixation

**Remarks:**

Collect samples prior to performing fungal skin testing which can significantly increase antibody titers in sensitized individuals making results of this test uninterpretable.

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Hemolysis, lipemia

**Unacceptable Conditions:**

Hemolysis, lipemia

**Specimen Preparation:**

Order Quest test # 938X. For B&amp;T patients order LabCorp test # 164319

**Units:**

Titer

**Reference Interval:**

&lt; 1:8

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month.

**Reported:**

Test set up Monday - Friday, Turn around time 3-5 days

**Additional Information:**

Patients should be screened by immunodiffusion before requesting complement fixation. Titers to both mycelial and yeast phase antigens are reported, yeast phase antigen being more sensitive but less specific than mycelial phase antigen. Cross reactions frequently occur with Blastomyces and Coccidioides.

**CPT Codes:**

86698-90 x2

**LOINC Codes:**

20573-2



# Histoplasma capsulatum Antigen

LAB3452

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mira Vista via Quest Diagnostics

**Performed:**

Monday-Friday

**Methodology:**

Enzyme Immunoassay (EIA)

**Reported:**

1-3 days

**Additional Information:**

Urine is the most sensitive specimen for diagnosis.

Sensitivity:

Disseminated infection: 92%

Severe pulmonary infection: 80%

Self-limited pulmonary infection: 34%

Chronic pulmonary infection: 14%

**Synonyms:**

- H. capsulatum

## COLLECTION

**Sample Type:**

Urine, plasma, serum, CSF, BAL, other body fluids

**Collect:**

Sterile leak-proof container, EDTA Lavender top, NA Green top, SST gold top

**Amount to Collect:**

0.5 mL urine

2.5 mL blood

0.8 mL CSF

0.5 mL BAL/Body fluids

**Preferred Volume:**

0.5 mL urine

1.2 mL plasma or serum

0.8 mL CSF

0.5 mL BAL/Body fluids

**Minimum Volume:**

Urine, BAL or other body fluids: 0.5 mL

CSF: 0.8 mL

Serum or plasma: 1.2 mL

**Stability (from collection to initiation):**

Room temperature: 14 days

Refrigerated: 14 days

Frozen: Indefinite

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

If specimen is too viscous to pipette • Tissue • Sputum • Bronchial brushings • Stool • FNA • Biopsy • Tracheal or bone marrow aspirate stored in transport media fixative or isolator tubes

## PROCESSING

**Test Code:**

HISTAG

**Sendout:**

Yes

**Performing Lab:**

Mira Vista via Quest Diagnostics

**Specimen Preparation:**

Refrigerate sample. Order Quest test code #34441X

**Preferred Volume:**

0.5 mL urine  
1.2 mL plasma or serum  
0.8 mL CSF  
0.5 mL BAL/Body fluids

**Minimum Volume:**

Urine, BAL or other body fluids: 0.5 mL  
CSF: 0.8 mL  
Serum or plasma: 1.2 mL

**Unacceptable Conditions:**

If specimen is too viscous to pipette • Tissue • Sputum • Bronchial brushings • Stool • FNA • Biopsy • Tracheal or bone marrow aspirate stored in transport media fixative or isolator tubes

**Stability (from collection to initiation):**

Room temperature: 14 days  
Refrigerated: 14 days  
Frozen: Indefinite

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

None Detected

**Additional Information:**

Urine is the most sensitive specimen for diagnosis.

## Sensitivity:

Disseminated infection: 92%  
Severe pulmonary infection: 80%  
Self-limited pulmonary infection: 34%  
Chronic pulmonary infection: 14%

**Interpretive Data:**

Interfering substances and cross-reactivities include sodium hydroxide and sputolysin. Cross-reactivity occurs between blastomycosis and histoplasmosis and in paracoccidioidomycosis, penicilliosis, coccidioidomycosis, aspergillosis and sporotrichosis.

Positive: 0.20-20.00 ng/mL

Positive Above the Limit of Quantification: Results greater than 20.00 ng/mL fall outside the linear range of the assay.  
These results are positive, but not accurately quantifiable.

**ADMINISTRATIVE****CPT Codes:**

87385-90

**LOINC Codes:**

13971-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HISTAG

**Performing Lab:**

Mira Vista via Quest Diagnostics

**Sendout:**

Yes

**Performed:**

Monday-Friday

**Methodology:**

Enzyme Immunoassay (EIA)

**Collect:**

Sterile leak-proof container, EDTA Lavender top, NA Green top, SST gold top

**Amount to Collect:**

0.5 mL urine  
2.5 mL blood  
0.8 mL CSF  
0.5 mL BAL/Body fluids

**Sample Type:**

Urine, plasma, serum, CSF, BAL, other body fluids

**Preferred Volume:**

0.5 mL urine  
1.2 mL plasma or serum  
0.8 mL CSF  
0.5 mL BAL/Body fluids

**Minimum Volume:**

Urine, BAL or other body fluids: 0.5 mL  
CSF: 0.8 mL  
Serum or plasma: 1.2 mL

**Unacceptable Conditions:**

If specimen is too viscous to pipette • Tissue • Sputum • Bronchial brushings • Stool • FNA • Biopsy • Tracheal or bone marrow aspirate stored in transport media fixative or isolator tubes

**Specimen Preparation:**

Refrigerate sample. Order Quest test code #34441X

**Units:**

ng/mL

**Reference Interval:**

None Detected

**Interpretive Data:**

Interfering substances and cross-reactivities include sodium hydroxide and sputolysin. Cross-reactivity occurs between blastomycosis and histoplasmosis and in paracoccidioidomycosis, penicilliosis, coccidioidomycosis, aspergillosis and sporotrichosis.

Positive: 0.20-20.00 ng/mL

Positive Above the Limit of Quantification: Results greater than 20.00 ng/mL fall outside the linear range of the assay. These results are positive, but not accurately quantifiable.

**Synonyms:**

- H. capsulatum

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: 14 days  
Refrigerated: 14 days  
Frozen: Indefinite

**Reported:**

1-3 days

**Additional Information:**

Urine is the most sensitive specimen for diagnosis.

Sensitivity:

Disseminated infection: 92%  
Severe pulmonary infection: 80%  
Self-limited pulmonary infection: 34%  
Chronic pulmonary infection: 14%

**CPT Codes:**

87385-90

**LOINC Codes:**

13971-7

# HIV 1,2 Combo Antigen/Antibody

LAB5543

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday - Friday (day shift only)

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

3-5 days (3-5 additional days for confirmation of positives)

**Additional Information:**

This test detects antibodies to HIV-1 and HIV-2 along with the p24 antigen. Reactive results will be tested secondarily with an immunoassay to differentiate HIV-1 antibodies from HIV-2 antibodies. Indeterminate or negative results on the secondary assay will be reflex tested for HIV nucleic acid (HIV-1 NAT, sendout test). Positive screening with negative or equivocal secondary testing could indicate acute HIV infection or a false positive result. This testing methodology follows the CDC recommendations published in June 2014 (for further information, see <http://www.cdc.gov/hiv/guidelines/testing.html>).

Note: Per the CDC recommendations, HIV-1 Western blot testing is generally not indicated with the availability of the HIV-1 NAT test. HIV-1 NAT can be ordered separately in cases where a false positive screening result is suspected.

**Reflex Testing:**

HIV-1/2 Antibody Differentiation will automatically be performed on all positive samples at an additional charge. Indeterminate or negative results on the secondary assay will be reflex to HIV-1 NAT testing (send out test).

**Synonyms:**

- Human Immunodeficiency virus:HIV-1, HIV-2 Antibody & HIV-1 p24 Antigen

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Remarks:**

For tests not ordered directly via APEX, the ordering provider should document patient consent in the medical record

**Stability (from collection to initiation):**

Room temperature 3 days

**Unacceptable Conditions:**

Grossly hemolyzed samples

## PROCESSING

**Test Code:**

HIVAA

**Test Group:**

HIV

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerate samples.

**Preferred Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed samples

**Stability (from collection to initiation):**

Room temperature 3 days

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

This test detects antibodies to HIV-1 and HIV-2 along with the p24 antigen. Reactive results will be tested secondarily with an immunoassay to differentiate HIV-1 antibodies from HIV-2 antibodies. Indeterminate or negative results on the secondary assay will be reflex tested for HIV nucleic acid (HIV-1 NAT, sendout test). Positive screening with negative or equivocal secondary testing could indicate acute HIV infection or a false positive result. This testing methodology follows the CDC recommendations published in June 2014 (for further information, see <http://www.cdc.gov/hiv/guidelines/testing.html>).

Note: Per the CDC recommendations, HIV-1 Western blot testing is generally not indicated with the availability of the HIV-1 NAT test. HIV-1 NAT can be ordered separately in cases where a false positive screening result is suspected.

**Interpretive Data:**

Assay interpretation for secondary testing:

| HIV-1 Antibody Result | HIV-2 Antibody Result | Assay Interpretation                                                                                                                                                                                                                                      |
|-----------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nonreactive           | Nonreactive           | HIV ANTIBODY NEGATIVE                                                                                                                                                                                                                                     |
| Indeterminate         | Nonreactive           | HIV-1 INDETERMINATE <sup>a</sup>                                                                                                                                                                                                                          |
| Nonreactive           | Indeterminate         | HIV-2 INDETERMINATE <sup>b</sup>                                                                                                                                                                                                                          |
| Indeterminate         | Indeterminate         | HIV INDETERMINATE <sup>c</sup>                                                                                                                                                                                                                            |
| Reactive              | Nonreactive           | HIV-1 POSITIVE                                                                                                                                                                                                                                            |
| Reactive              | Indeterminate         | HIV-1 POSITIVE                                                                                                                                                                                                                                            |
| Nonreactive           | Reactive              | HIV-2 POSITIVE                                                                                                                                                                                                                                            |
| Indeterminate         | Reactive              | HIV-2 POSITIVE                                                                                                                                                                                                                                            |
| Reactive              | Reactive              | HIV POSITIVE Untypable (undifferentiated): Antibodies to HIV-1 and HIV-2 confirmed in the sample. This may occur in an HIV-2 positive sample with significant cross-reactivity to HIV-1, or may be due to co-infection with both HIV-1 and HIV-2 (rare).* |

<sup>a</sup> HIV-1 band(s) detected but did not meet the criteria for HIV-1 Positivity. No HIV-2 bands were detected.

<sup>b</sup> HIV-2 band(s) detected but did not meet the criteria for HIV-2 Positivity. No HIV-1 bands were detected.

<sup>c</sup> HIV band(s) detected but did not meet the criteria for HIV-1 Positivity or HIV-2 Positivity.

**ADMINISTRATIVE****CPT Codes:**

87389

**LOINC Codes:**

56888-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HIVAA

**Test Group:**

HIV

**Performing Lab:**

Immunology

**Performed:**

Monday - Friday (day shift only)

**Methodology:**

Chemiluminescent Immunoassay

**Remarks:**

For tests not ordered directly via APEX, the ordering provider should document patient consent in the medical record

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed samples

**Specimen Preparation:**

Refrigerate samples.

**Reference Interval:**

Negative

**Interpretive Data:**

Assay interpretation for secondary testing:

| HIV-1 Antibody Result | HIV-2 Antibody Result | Assay Interpretation                                                                                                                                                                                                                                      |
|-----------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nonreactive           | Nonreactive           | HIV ANTIBODY NEGATIVE                                                                                                                                                                                                                                     |
| Indeterminate         | Nonreactive           | HIV-1 INDETERMINATE <sup>a</sup>                                                                                                                                                                                                                          |
| Nonreactive           | Indeterminate         | HIV-2 INDETERMINATE <sup>b</sup>                                                                                                                                                                                                                          |
| Indeterminate         | Indeterminate         | HIV INDETERMINATE <sup>c</sup>                                                                                                                                                                                                                            |
| Reactive              | Nonreactive           | HIV-1 POSITIVE                                                                                                                                                                                                                                            |
| Reactive              | Indeterminate         | HIV-1 POSITIVE                                                                                                                                                                                                                                            |
| Nonreactive           | Reactive              | HIV-2 POSITIVE                                                                                                                                                                                                                                            |
| Indeterminate         | Reactive              | HIV-2 POSITIVE                                                                                                                                                                                                                                            |
| Reactive              | Reactive              | HIV POSITIVE Untypable (undifferentiated): Antibodies to HIV-1 and HIV-2 confirmed in the sample. This may occur in an HIV-2 positive sample with significant cross-reactivity to HIV-1, or may be due to co-infection with both HIV-1 and HIV-2 (rare).* |

<sup>a</sup> HIV-1 band(s) detected but did not meet the criteria for HIV-1 Positivity. No HIV-2 bands were detected.<sup>b</sup> HIV-2 band(s) detected but did not meet the criteria for HIV-2 Positivity. No HIV-1 bands were detected.<sup>c</sup> HIV band(s) detected but did not meet the criteria for HIV-1 Positivity or HIV-2 Positivity.**Synonyms:**

- Human Immunodeficiency virus:HIV-1, HIV-2 Antibody & HIV-1 p24 Antigen

**Stability (from collection to initiation):**

Room temperature 3 days

**Reported:**

3-5 days (3-5 additional days for confirmation of positives)

**Reflex Testing:**

HIV-1/2 Antibody Differentiation will automatically be performed on all positive samples at an additional charge.

Indeterminate or negative results on the secondary assay will be reflex to HIV-1 NAT testing (send out test).

**Additional Information:**

This test detects antibodies to HIV-1 and HIV-2 along with the p24 antigen. Reactive results will be tested secondarily with an immunoassay to differentiate HIV-1 antibodies from HIV-2 antibodies. Indeterminate or negative results on the secondary assay will be reflex tested for HIV nucleic acid (HIV-1 NAT, sendout test). Positive screening with negative or equivocal secondary testing could indicate acute HIV infection or a false positive result. This testing methodology follows the CDC recommendations published in June 2014 (for further information, see <http://www.cdc.gov/hiv/guidelines/testing.html>).

Note: Per the CDC recommendations, HIV-1 Western blot testing is generally not indicated with the availability of the HIV-1 NAT test. HIV-1 NAT can be ordered separately in cases where a false positive screening result is suspected.

**CPT Codes:**

87389

**LOINC Codes:**

56888-1

# HIV Genotyping

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Monogram Bioscience

**Methodology:**

PCR/ABI

**Additional Information:**

Note: Patients must have a viral load of at least 500 copies/mL for genotyping to be performed.

Testing recommendations:

Drug-Resistance Testing (Last updated February 12, 2013; last reviewed February 12, 2013:  
<http://aidsinfo.nih.gov/guidelines>)

**Panel's Recommendations:**

HIV drug-resistance testing is recommended in persons with HIV infection at entry into care regardless of whether antiretroviral therapy (ART) will be initiated immediately or deferred (AII). If therapy is deferred, repeat testing should be considered at the time of ART initiation (CIII).

Genotypic testing is recommended as the preferred resistance testing to guide therapy in antiretroviral (ARV)-naïve patients (AIII).

Standard genotypic drug-resistance testing in ARV-naïve persons involves testing for mutations in the reverse transcriptase (RT) and protease (PR) genes. If transmitted integrase strand transfer inhibitor (INSTI) resistance is a concern, providers may wish to supplement standard genotypic resistance testing with an INSTI genotype test (CIII).

HIV drug-resistance testing should be performed to assist in the selection of active drugs when changing ARV regimens in persons with virologic failure and HIV RNA levels >1,000 copies/mL (AI). In persons with HIV RNA levels >500 but <1,000 copies/mL, testing may be unsuccessful but should still be considered (BII).

Drug-resistance testing should also be performed when managing suboptimal viral load reduction (AII).

In persons failing INSTI-based regimens, genotypic testing for INSTI resistance should be performed to determine whether to include a drug from this class in subsequent regimens (AII).

Drug-resistance testing in the setting of virologic failure should be performed while the person is taking prescribed ARV drugs or, if not possible, within 4 weeks after discontinuing therapy (AII).

Genotypic testing is recommended as the preferred resistance testing to guide therapy in patients with suboptimal virologic responses or virologic failure while on first or second regimens (AII).

The addition of phenotypic to genotypic testing is generally preferred for persons with known or suspected complex drugresistance mutation patterns, particularly to protease inhibitors (PIs) (BIII).

Genotypic resistance testing is recommended for all pregnant women before initiation of ART (AIII) and for those entering pregnancy with detectable HIV RNA levels while on therapy (AI)

|                                                 |                                            |                                                                    |              |
|-------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------|--------------|
| Rating of Recommendations                       | A = Strong                                 | B = Moderate                                                       | C = Optional |
| Rating of Evidence                              | I = Data from randomized controlled trials | II = Data from well-designed nonrandomized trials or observational |              |
| cohort studies with long-term clinical outcomes | III = Expert opinion                       |                                                                    |              |

**Synonyms:**

- PCR

## COLLECTION

**Sample Type:**

EDTA Plasma

**Label Abbreviation:**

MOLT

**Collect:**

Lavender top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

3 mL plasma

**Remarks:**

**Note:** If both genotyping and phenotyping are requested for B&T patients, TWO separate tubes should be drawn.

**PROCESSING****Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

HIV

**Sendout:**

Yes

**Performing Lab:**

Monogram Bioscience

**Specimen Preparation:**

Centrifuge sample @ 100-1200g x 10-15 min. and separate plasma within 6 hours of sample collection. Transfer plasma to capped plastic tube and freeze at -20C. Do not thaw sample after freezing. Ship frozen with dry ice.

**Note:** If both genotyping and phenotyping are requested for B&T patients, aliquot the two tubes separately and freeze at -20C.

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

3 mL plasma

**RESULT INTERPRETATION****Additional Information:**

**Note:** Patients must have a viral load of at least 500 copies/mL for genotyping to be performed.

Testing recommendations:

Drug-Resistance Testing (Last updated February 12, 2013; last reviewed February 12, 2013:  
<http://aidsinfo.nih.gov/guidelines>)

**Panel's Recommendations:**

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Genotypic testing is recommended as the preferred resistance testing to guide therapy in antiretroviral (ARV)-naïve patients (AIII).

Standard genotypic drug-resistance testing in ARV-naïve persons involves testing for mutations in the reverse transcriptase (RT) and protease (PR) genes. If transmitted integrase strand transfer inhibitor (INSTI) resistance is a concern, providers may wish to supplement standard genotypic resistance testing with an INSTI genotype test (CIII).

HIV drug-resistance testing should be performed to assist in the selection of active drugs when changing ARV regimens in persons with virologic failure and HIV RNA levels >1,000 copies/mL (AI). In persons with HIV RNA levels >500 but <1,000 copies/mL, testing may be unsuccessful but should still be considered (BII).

Drug-resistance testing should also be performed when managing suboptimal viral load reduction (AII).

In persons failing INSTI-based regimens, genotypic testing for INSTI resistance should be performed to determine whether to include a drug from this class in subsequent regimens (AII).

Drug-resistance testing in the setting of virologic failure should be performed while the person is taking prescribed ARV drugs or, if not possible, within 4 weeks after discontinuing therapy (AII).

Genotypic testing is recommended as the preferred resistance testing to guide therapy in patients with suboptimal virologic responses or virologic failure while on first or second regimens (AII).

The addition of phenotypic to genotypic testing is generally preferred for persons with known or suspected complex drugresistance mutation patterns, particularly to protease inhibitors (PIs) (BIII).

Genotypic resistance testing is recommended for all pregnant women before initiation of ART (AIII) and for those entering pregnancy with detectable HIV RNA levels while on therapy (AI)

|                                                 |                                            |                                                                    |              |
|-------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------|--------------|
| Rating of Recommendations                       | A = Strong                                 | B = Moderate                                                       | C = Optional |
| Rating of Evidence                              | I = Data from randomized controlled trials | II = Data from well-designed nonrandomized trials or observational |              |
| cohort studies with long-term clinical outcomes | III = Expert opinion                       |                                                                    |              |

**COMPLETE VIEW****Available Stat:**

No



**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

HIV

**Performing Lab:**

Monogram Bioscience

**Sendout:**

Yes

**Methodology:**

PCR/ABI

**Remarks:**

**Note:** If both genotyping and phenotyping are requested for B&T patients, TWO separate tubes should be drawn.

**Collect:**

Lavender top

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA Plasma

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

3 mL plasma

**Specimen Preparation:**

Centrifuge sample @ 100-1200g x 10-15 min. and separate plasma within 6 hours of sample collection. Transfer plasma to capped plastic tube and freeze at -20C. Do not thaw sample after freezing. Ship frozen with dry ice.

**Note:** If both genotyping and phenotyping are requested for B&T patients, aliquot the two tubes separately and freeze at -20C.

**Synonyms:**

- PCR

**Additional Information:**

Note: Patients must have a viral load of at least 500 copies/mL for genotyping to be performed.

Testing recommendations:

Drug-Resistance Testing (Last updated February 12, 2013; last reviewed February 12, 2013;  
<http://aidsinfo.nih.gov/guidelines>)

**Panel's Recommendations:**

HIV drug-resistance testing is recommended in persons with HIV infection at entry into care regardless of whether antiretroviral therapy (ART) will be initiated immediately or deferred (AII). If therapy is deferred, repeat testing should be considered at the time of ART initiation (CIII).

Genotypic testing is recommended as the preferred resistance testing to guide therapy in antiretroviral (ARV)-naïve patients (AIII).

Standard genotypic drug-resistance testing in ARV-naïve persons involves testing for mutations in the reverse transcriptase (RT) and protease (PR) genes. If transmitted integrase strand transfer inhibitor (INSTI) resistance is a concern, providers may wish to supplement standard genotypic resistance testing with an INSTI genotype test (CIII).

HIV drug-resistance testing should be performed to assist in the selection of active drugs when changing ARV regimens in persons with virologic failure and HIV RNA levels >1,000 copies/mL (AI). In persons with HIV RNA levels >500 but <1,000 copies/mL, testing may be unsuccessful but should still be considered (BII).

Drug-resistance testing should also be performed when managing suboptimal viral load reduction (AII).

In persons failing INSTI-based regimens, genotypic testing for INSTI resistance should be performed to determine whether to include a drug from this class in subsequent regimens (AII).

Drug-resistance testing in the setting of virologic failure should be performed while the person is taking prescribed ARV drugs or, if not possible, within 4 weeks after discontinuing therapy (AII).

Genotypic testing is recommended as the preferred resistance testing to guide therapy in patients with suboptimal virologic responses or virologic failure while on first or second regimens (AII).

The addition of phenotypic to genotypic testing is generally preferred for persons with known or suspected complex drugresistance mutation patterns, particularly to protease inhibitors (PIs) (BIII).

Genotypic resistance testing is recommended for all pregnant women before initiation of ART (AIII) and for those entering pregnancy with detectable HIV RNA levels while on therapy (AI)

|                                                 |                                            |                                                                    |                 |
|-------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------|-----------------|
| Rating of Recommendations                       | A = Strong                                 | B = Moderate                                                       | C =<br>Optional |
| Rating of Evidence                              | I = Data from randomized controlled trials | II = Data from well-designed nonrandomized trials or observational |                 |
| cohort studies with long-term clinical outcomes | III = Expert opinion                       |                                                                    |                 |

# HIV Phenotyping

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Monogram Biosciences

**Methodology:**

Culture

**Additional Information:**

HIV susceptibility testing (genotyping or phenotyping) should be reserved for patients who are: 1. Failing treatment requiring a change in regimen (prior to change in regimen) 2. Pregnant or 3. Have acute/recent HIV infection (w/in 3-6 months) in areas with high levels of transmission of resistance viruses (usually to AZT/3TC). Phenotyping requires a viral load > 500 copies/mL.

Reference: Hirsch MS et al. JAMA 2000, 283(10): 2442-4

## COLLECTION

**Sample Type:**

EDTA plasma

**Label Abbreviation:**

MOLT

**Collect:**

Lavender top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

3 mL plasma

**Remarks:**

**Note:** If both genotyping and phenotyping are requested for B&T patients, TWO separate tubes should be drawn.

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

HIV

**Sendout:**

Yes

**Performing Lab:**

Monogram Biosciences

**Specimen Preparation:**

Centrifuge sample @ 100-1200g x 10-15 min. and separate plasma within 6 hours of sample collection. Transfer plasma to capped plastic tube and freeze at -20C. Do not thaw sample after freezing. Ship frozen with dry ice.

**Note:** If both genotyping and phenotyping are requested for B&T patients, aliquot the two tubes separately and freeze at -20C.

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

3 mL plasma

## RESULT INTERPRETATION

**Reference Interval:**

See Additional Information

**Additional Information:**

HIV susceptibility testing (genotyping or phenotyping) should be reserved for patients who are: 1. Failing treatment requiring a change in regimen (prior to change in regimen) 2. Pregnant or 3. Have acute/recent HIV infection (w/in 3-6 months) in areas with high levels of transmission of resistance viruses (usually to AZT/3TC). Phenotyping requires a viral load > 500 copies/mL.

Reference: Hirsch MS et al. JAMA 2000, 283(10): 2442-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

HIV

**Performing Lab:**

Monogram Biosciences

**Sendout:**

Yes

**Methodology:**

Culture

**Remarks:**

**Note:** If both genotyping and phenotyping are requested for B&T patients, TWO separate tubes should be drawn.

**Collect:**

Lavender top

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA plasma

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

3 mL plasma

**Specimen Preparation:**

Centrifuge sample @ 100-1200g x 10-15 min. and separate plasma within 6 hours of sample collection. Transfer plasma to capped plastic tube and freeze at -20C. Do not thaw sample after freezing. Ship frozen with dry ice.

**Note:** If both genotyping and phenotyping are requested for B&T patients, aliquot the two tubes separately and freeze at -20C.

**Reference Interval:**

See Additional Information

**Additional Information:**

HIV susceptibility testing (genotyping or phenotyping) should be reserved for patients who are: 1. Failing treatment requiring a change in regimen (prior to change in regimen) 2. Pregnant or 3. Have acute/recent HIV infection (w/in 3-6 months) in areas with high levels of transmission of resistance viruses (usually to AZT/3TC). Phenotyping requires a viral load > 500 copies/mL.

Reference: Hirsch MS et al. JAMA 2000, 283(10): 2442-4

# HIV, Rapid Antibody Screen

LAB3215

## ORDERING

**Approval Required:**

Testing Limited to OB Service and Employee Health

**Available Stat:**

Yes

**Performing Lab:**

Mission Bay Hospital Lab

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

OraQuick ADVANCE Qualitative Immunoassay

**Reported:**

1 hour

Note: Samples originating from Parnassus may exceed the 1-hour TAT.

**Additional Information:**

The Screening HIV Antibody test is only offered in the following situations:

1. High-risk OB patients in whom a prenatal HIV antibody test was not performed and when delivery is expected within the next 24 hours.
2. Testing of patients after a healthcare worker has had a needlestick or body fluid exposure.

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**Reflex Testing:**

If positive a HIV differentiation using the "HIV-1/2 Antibody Differentiation" test will automatically be performed at a separate charge.

**Synonyms:**

- HIV Ab
- Rapid HIV screen

## COLLECTION

**Sample Type:**

EDTA whole blood &amp; serum

**Collect:**

Lavender top &amp; Red top

**Amount to Collect:**

0.5 mL blood (LAV) &amp; 3 mL (Red)

**Preferred Volume:**

0.5 mL blood (EDTA) &amp; 1 mL serum

**Remarks:**

Testing is limited to OB service, and Employee Health. Consent should be documented in the patient or employee record as applicable. Include contact information (pager #) for phoning results on the request.

**Stability (from collection to initiation):**

Room temperature or refrigerated: 5 days

**Unacceptable Conditions:**

Samples NOT received from OB or Employee Health.

## PROCESSING

**Test Code:**

HIVR

**Test Group:**

HIV

**Performing Lab:**

Mission Bay Hospital Lab

**Specimen Preparation:**

Refer all Parnassus samples to Central Processing pneumatic tube station #150 or #250 Phone x18279 or deliver samples to Central Processing on the 5th floor.

Refer all Mission bay samples to Mission Bay Hospital Lab, pneumatic tube station #21 Phone x42146

**Preferred Volume:**

0.5 mL blood (EDTA) & 1 mL serum

**Unacceptable Conditions:**

Samples NOT received from OB or Employee Health.

**Stability (from collection to initiation):**

Room temperature or refrigerated: 5 days

**RESULT INTERPRETATION****Reference Interval:**

Nonreactive

**Critical Values:**

All results will be phoned

**Additional Information:**

The Screening HIV Antibody test is only offered in the following situations:

1. High-risk OB patients in whom a prenatal HIV antibody test was not performed and when delivery is expected within the next 24 hours.
2. Testing of patients after a healthcare worker has had a needlestick or body fluid exposure.

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**ADMINISTRATIVE****CPT Codes:**

86703

**LOINC Codes:**

49580-4

**COMPLETE VIEW****Approval Required:**

Testing Limited to OB Service and Employee Health

**Available Stat:**

Yes

**Test Code:**

HIVR

**Test Group:**

HIV

**Performing Lab:**

Mission Bay Hospital Lab

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

OraQuick ADVANCE Qualitative Immunoassay

**Remarks:**

Testing is limited to OB service, and Employee Health. Consent should be documented in the patient or employee record as applicable. Include contact information (pager #) for phoning results on the request.

**Collect:**

Lavender top & Red top

**Amount to Collect:**

0.5 mL blood (LAV) & 3 mL (Red)

**Sample Type:**

EDTA whole blood & serum

**Preferred Volume:**

0.5 mL blood (EDTA) & 1 mL serum

**Unacceptable Conditions:**

Samples NOT received from OB or Employee Health.

**Specimen Preparation:**

Refer all Parnassus samples to Central Processing pneumatic tube station #150 or #250 Phone x18279 or deliver samples to Central Processing on the 5th floor.

Refer all Mission bay samples to Mission Bay Hospital Lab, pneumatic tube station #21 Phone x42146

**Reference Interval:**

Nonreactive

**Critical Values:**

All results will be phoned

**Synonyms:**

- HIV Ab
- Rapid HIV screen

**Stability (from collection to initiation):**

Room temperature or refrigerated: 5 days

**Reported:**

1 hour

Note: Samples originating from Parnassus may exceed the 1-hour TAT.

**Reflex Testing:**

If positive a HIV differentiation using the "HIV-1/2 Antibody Differentiation" test will automatically be performed at a separate charge.

**Additional Information:**

The Screening HIV Antibody test is only offered in the following situations:

1. High-risk OB patients in whom a prenatal HIV antibody test was not performed and when delivery is expected within the next 24 hours.
2. Testing of patients after a healthcare worker has had a needlestick or body fluid exposure.

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**CPT Codes:**

86703

**LOINC Codes:**

49580-4

# HIV-1 DNA, Qualitative - for patients < 24 months of age

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

PCR

**Reported:**

Set up: Tues-Sat; Report available: next day.

**Additional Information:**

This test is performed ONLY on neonates and infants up to 24 months with perinatal HIV exposure, not for disease monitoring. The test detects viral DNA that has integrated into the host genome within white blood cells rather than free RNA. In general, this test is considered interchangeable with HIV-1 RNA measured by PCR, but the minimum blood volume required is lower (1 mL whole blood vs. 1.1 mL plasma). The sensitivity of either test is low during the first month of life, and repeat testing at 1-2 months of age is recommended.

[Click here for the CDC definition of HIV infection in patients < 18 months of age](#)

**Synonyms:**

- Neonatal HIV screen

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top, Yellow (ACD) acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

**Stability (from collection to initiation):**

Room temperature: 6 days

Refrigerated: 6 days

Frozen: Unacceptable

**Storage/Transport Temperature:**

Room temperature

**Rejection Criteria:**

Hemolysis • Received frozen • Heparinized whole blood

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

HIV

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Do NOT centrifuge. Keep at room temperature. Complete form including specimen number, age, sex and date only; do not include patient name or hospital number. Order Quest # 98376P.

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood



**Rejection Criteria:**

Hemolysis • Received frozen • Heparinized whole blood

**Stability (from collection to initiation):**

Room temperature: 6 days

Refrigerated: 6 days

Frozen: Unacceptable

**Storage/Transport Temperature:**

Room temperature

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**Additional Information:**

This test is performed ONLY on neonates and infants up to 24 months with perinatal HIV exposure, not for disease monitoring. The test detects viral DNA that has integrated into the host genome within white blood cells rather than free RNA. In general, this test is considered interchangeable with HIV-1 RNA measured by PCR, but the minimum blood volume required is lower (1 mL whole blood vs. 1.1 mL plasma). The sensitivity of either test is low during the first month of life, and repeat testing at 1-2 months of age is recommended.

[Click here for the CDC definition of HIV infection in patients < 18 months of age](#)

**ADMINISTRATIVE****CPT Codes:**

87535

**LOINC Codes:**

44871-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

HIV

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

PCR

**Collect:**

Lavender top, Yellow (ACD) acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

**Rejection Criteria:**

Hemolysis • Received frozen • Heparinized whole blood

**Specimen Preparation:**

Do NOT centrifuge. Keep at room temperature. Complete form including specimen number, age, sex and date only; do not include patient name or hospital number. Order Quest # 98376P.

**Reference Interval:**

Not detected

**Synonyms:**

- Neonatal HIV screen

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

Room temperature: 6 days

Refrigerated: 6 days

Frozen: Unacceptable

**Reported:**

Set up: Tues-Sat; Report available: next day.

**Additional Information:**

This test is performed ONLY on neonates and infants up to 24 months with perinatal HIV exposure, not for disease monitoring. The test detects viral DNA that has integrated into the host genome within white blood cells rather than free RNA. In general, this test is considered interchangeable with HIV-1 RNA measured by PCR, but the minimum blood volume required is lower (1 mL whole blood vs. 1.1 mL plasma). The sensitivity of either test is low during the first month of life, and repeat testing at 1-2 months of age is recommended.

[Click here for the CDC definition of HIV infection in patients < 18 months of age](#)

**CPT Codes:**

87535

**LOINC Codes:**

44871-2

# HIV-1 RNA PCR, CSF

LAB6025

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

PCR

**Reported:**

3-5 days

**Additional Information:**

This test is intended for use in conjunction with clinical presentation and other laboratory markers of disease progress for the clinical management of HIV-1 infected patients. The test can be used to assess patient prognosis by measuring the baseline HIV-1 RNA level or to monitor the effects of antiretroviral therapy by measuring changes in EDTA plasma HIV-1 RNA levels during the course of antiretroviral treatment.

## COLLECTION

**Sample Type:**

CSF

**Collect:**

CSF tube

**Amount to Collect:**

3 mL CSF

**Preferred Volume:**

3 mL CSF

**Minimum Volume:**

1.1 mL CSF

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 6 days, frozen 42 days

**Rejection Criteria:**

Specimen collected using heparin as anticoagulant. Leaking, uncapped or broken containers.

## PROCESSING

**Test Code:**

HIVRC

**Test Group:**

HIV

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 16186.

**Preferred Volume:**

3 mL CSF

**Minimum Volume:**

1.1 mL CSF

**Rejection Criteria:**

Specimen collected using heparin as anticoagulant. Leaking, uncapped or broken containers.

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 6 days, frozen 42 days

## RESULT INTERPRETATION

**Units:**

Copies/mL &amp; Log copies/mL

**Reference Interval:**

< 20 copies/mL  
< 1.30 log copies/mL

**Additional Information:**

This test is intended for use in conjunction with clinical presentation and other laboratory markers of disease progress for the clinical management of HIV-1 infected patients. The test can be used to assess patient prognosis by measuring the baseline HIV-1 RNA level or to monitor the effects of antiretroviral therapy by measuring changes in EDTA plasma HIV-1 RNA levels during the course of antiretroviral treatment.

**ADMINISTRATIVE****CPT Codes:**

87536-90

**LOINC Codes:**

41497-9, 41498-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HIVRC

**Test Group:**

HIV

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

PCR

**Collect:**

CSF tube

**Amount to Collect:**

3 mL CSF

**Sample Type:**

CSF

**Preferred Volume:**

3 mL CSF

**Minimum Volume:**

1.1 mL CSF

**Rejection Criteria:**

Specimen collected using heparin as anticoagulant. Leaking, uncapped or broken containers.

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 16186.

**Units:**

Copies/mL & Log copies/mL

**Reference Interval:**

< 20 copies/mL  
< 1.30 log copies/mL

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 6 days, frozen 42 days

**Reported:**

3-5 days

**Additional Information:**

This test is intended for use in conjunction with clinical presentation and other laboratory markers of disease progress for the clinical management of HIV-1 infected patients. The test can be used to assess patient prognosis by measuring the baseline HIV-1 RNA level or to monitor the effects of antiretroviral therapy by measuring changes in EDTA plasma HIV-1 RNA levels during the course of antiretroviral treatment.

**CPT Codes:**

87536-90

**LOINC Codes:**

41497-9, 41498-7

# HIV-1 RNA, Quantitative, by Real time PCR

LAB919

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Methodology:**

RT-PCR

**Reported:**

Performed 2x per week. Turnaround time: 3-7 days.

**Additional Information:**

This test is FDA approved for monitoring patients with a known diagnosis of HIV. This test is generally not used to establish a diagnosis of HIV. However, in the setting of acute HIV, if the antibody test is negative or equivocal, a high viral load is often present. If ordered for diagnostic purposes the provider should sign in the attestation area of the ID Serology and Molecular Testing requisition to document that patient consent was obtained.

High off-scale results are routinely reported as > 2,000,000 copies/mL or > 6.3 log copies/mL.

Low level results where HIV RNA is detected by the assay but not quantifiable are reported as 'Detected' with a result <20 copies/mL or <1.30 log copies/mL.

'<20 copies/mL, Not Detected' or '<1.30 log copies/mL, Not Detected' is reported when no HIV RNA can be detected by the assay. This result should not imply the patient is not infected with HIV. Viral loads less than 20 copies/mL will not be reliably detected by this assay. Correlation with clinical findings and serologic results are recommended.

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

Note: Patients undergoing gene therapy with HIV-1 lentiviral vector may contain the conserved HIV-1 sequence detected by the Alinity m HIV-1 AMP reagent.

## COLLECTION

**Sample Type:**

EDTA Plasma

**Collect:**

Pearl White top preferred, Lavender top acceptable

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.5 mL plasma (this volume is insufficient for repeat testing)

**Stability (from collection to initiation):**

- Room temperature 1 day
- Refrigerated 2 days
- Frozen at -20°C or colder, 60 days or longer

**Unacceptable Conditions:**

- Sample not collected in Pearl top or Lavender top tubes
- Sample outside stability period

## PROCESSING

**Test Code:**

HIVRT

**Test Group:**

HIV

**Performing Lab:**

Immunology

**Specimen Preparation:**

Pearl White top - centrifuge and store in original tube in refrigerator.

Lavender top - centrifuge and separate plasma from blood cells. Store plasma aliquot in refrigerator.

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.5 mL plasma (this volume is insufficient for repeat testing)

**Unacceptable Conditions:**

Sample not collected in Pearl top or Lavender top tubes  
Sample outside stability period

**Stability (from collection to initiation):**

-Room temperature 1 day  
-Refrigerated 2 days  
-Frozen at -20°C or colder, 60 days or longer

**RESULT INTERPRETATION****Units:**

copies/mL or log copies/mL

**Reference Interval:**

< 20 copies/mL  
< 1.30 log copies/mL

**Additional Information:**

This test is FDA approved for monitoring patients with a known diagnosis of HIV. This test is generally not used to establish a diagnosis of HIV. However, in the setting of acute HIV, if the antibody test is negative or equivocal, a high viral load is often present. If ordered for diagnostic purposes the provider should sign in the attestation area of the ID Serology and Molecular Testing requisition to document that patient consent was obtained.

High off-scale results are routinely reported as > 2,000,000 copies/mL or > 6.3 log copies/mL.

Low level results where HIV RNA is detected by the assay but not quantifiable are reported as 'Detected' with a result <20 copies/mL or <1.30 log copies/mL.

'<20 copies/mL, Not Detected' or '<1.30 log copies/mL, Not Detected' is reported when no HIV RNA can be detected by the assay. This result should not imply the patient is not infected with HIV. Viral loads less than 20 copies/mL will not be reliably detected by this assay. Correlation with clinical findings and serologic results are recommended.

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

Note: Patients undergoing gene therapy with HIV-1 lentiviral vector may contain the conserved HIV-1 sequence detected by the Alinity m HIV-1 AMP reagent.

**ADMINISTRATIVE****CPT Codes:**

87536

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HIVRT

**Test Group:**

HIV

**Performing Lab:**

Immunology

**Methodology:**

RT-PCR

**Collect:**

Pearl White top preferred, Lavender top acceptable

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

EDTA Plasma

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

1.5 mL plasma (this volume is insufficient for repeat testing)

**Unacceptable Conditions:**

Sample not collected in Pearl top or Lavender top tubes  
Sample outside stability period

**Specimen Preparation:**

Pearl White top - centrifuge and store in original tube in refrigerator.

Lavender top - centrifuge and separate plasma from blood cells. Store plasma aliquot in refrigerator.

**Units:**

copies/mL or log copies/mL

**Reference Interval:**

< 20 copies/mL  
< 1.30 log copies/mL

**Stability (from collection to initiation):**

-Room temperature 1 day  
-Refrigerated 2 days  
-Frozen at -20°C or colder, 60 days or longer

**Reported:**

Performed 2x per week. Turnaround time: 3-7 days.

**Additional Information:**

This test is FDA approved for monitoring patients with a known diagnosis of HIV. This test is generally not used to establish a diagnosis of HIV. However, in the setting of acute HIV, if the antibody test is negative or equivocal, a high viral load is often present. If ordered for diagnostic purposes the provider should sign in the attestation area of the ID Serology and Molecular Testing requisition to document that patient consent was obtained.

High off-scale results are routinely reported as > 2,000,000 copies/mL or > 6.3 log copies/mL.

Low level results where HIV RNA is detected by the assay but not quantifiable are reported as 'Detected' with a result <20 copies/mL or <1.30 log copies/mL.

'<20 copies/mL, Not Detected' or '<1.30 log copies/mL, Not Detected' is reported when no HIV RNA can be detected by the assay. This result should not imply the patient is not infected with HIV. Viral loads less than 20 copies/mL will not be reliably detected by this assay. Correlation with clinical findings and serologic results are recommended.

Positive results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

Note: Patients undergoing gene therapy with HIV-1 lentiviral vector may contain the conserved HIV-1 sequence detected by the Alinity m HIV-1 AMP reagent.

**CPT Codes:**

87536

# HLA Antibody Specificity - Class I

HTSL1 (Sunquest: ILLS1)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific HLA Class I antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. In addition to solid organ testing protocols, this test can be requested for evaluation of refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class I Single Antigen Testing by Luminex, Single Antigen Specificity Class I

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top x 2

**Amount to Collect:**

12 mL blood

**Preferred Volume:**

6 mL serum

**Remarks:**For additional collection information, please refer to the ITL Sample Collection Guide [here](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

HTSL1 (Sunquest: ILLS1)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

6 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

## RESULT INTERPRETATION



**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific HLA Class I antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. In addition to solid organ testing protocols, this test can be requested for evaluation of refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86832

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTSL1 (Sunquest: ILLS1)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**For additional collection information, please refer to the ITL Sample Collection Guide [here](#)

ITL (415) 476-3387

**Collect:**

Red top x 2

**Amount to Collect:**

12 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

6 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class I Single Antigen Testing by Luminex, Single Antigen Specificity Class I

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific HLA Class I antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. In addition to solid organ testing protocols, this test can be requested for evaluation of refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86832

# HLA Antibody Specificity - Class II

HTLS2 (Sunquest: ILLS2)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top x2

**Amount to Collect:**

12 mL blood

**Preferred Volume:**

6 mL serum

**Remarks:**For additional collection information, please refer to the ITL Sample Collection Guide [here](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

HTLS2 (Sunquest: ILLS2)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

6 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

## RESULT INTERPRETATION

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86833

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTLS2 (Sunquest: ILLS2)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**

For additional collection information, please refer to the ITL Sample Collection Guide [here](#)

ITL (415) 476-3387

**Collect:**

Red top x2

**Amount to Collect:**

12 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

6 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86833

# HLA Antibody Testing - Class I PRA

HTPRA1 (Sunquest: ILPRA1)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Additional Information:**

This test detects sensitization to HLA Class I antigens through blood transfusion, organ transplantation, pregnancy, etc. It is reported as a percentage of positive cells in a panel. In addition to solid organ testing protocols, this test can be requested for evaluation of refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class I PRA by Luminex, PRA Class I

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top x 2

**Amount to Collect:**

12 mL blood

**Preferred Volume:**

6 mL serum

**Minimum Volume:**

1.25 mL serum

**Remarks:**

For additional collection information, please refer to the ITL Sample Collection Guide [here](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

HTPRA1 (Sunquest: ILPRA1)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

6 mL serum

**Minimum Volume:**

1.25 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**RESULT INTERPRETATION****Additional Information:**

This test detects sensitization to HLA Class I antigens through blood transfusion, organ transplantation, pregnancy, etc. It is reported as a percentage of positive cells in a panel. In addition to solid organ testing protocols, this test can be requested for evaluation of refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86830

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTPRA1 (Sunquest: ILPRA1)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**

For additional collection information, please refer to the ITL Sample Collection Guide [here](#)

ITL (415) 476-3387

**Collect:**

Red top x 2

**Amount to Collect:**

12 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

6 mL serum

**Minimum Volume:**

1.25 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class I PRA by Luminex, PRA Class I

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test detects sensitization to HLA Class I antigens through blood transfusion, organ transplantation, pregnancy, etc. It is reported as a percentage of positive cells in a panel. In addition to solid organ testing protocols, this test can be requested for evaluation of refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86830

# HLA Antibody Testing - Class II PRA

HTPRA2 (Sunquest: ILPRA2)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Additional Information:**

This test detects sensitization to HLA Class I antigens through blood transfusion, organ transplantation, pregnancy, etc. It is reported as a percentage of positive cells in a panel. In addition to solid organ testing protocols, this test can be requested for evaluation of refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class I PRA by Luminex, PRA Class II

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

12 mL blood

**Preferred Volume:**

6 mL serum

**Minimum Volume:**

1.25 mL serum

**Remarks:**

For additional collection information, please refer to the ITL Sample Collection Guide [here](#)

ITL (415) 476-3387

## PROCESSING

**Test Code:**

HTPRA2 (Sunquest: ILPRA2)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

6 mL serum

**Minimum Volume:**

1.25 mL serum

## RESULT INTERPRETATION

**Additional Information:**

This test detects sensitization to HLA Class I antigens through blood transfusion, organ transplantation, pregnancy, etc. It is reported as a percentage of positive cells in a panel. In addition to solid organ testing protocols, this test can be requested for evaluation of refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86831

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTPRA2 (Sunquest: ILPRA2)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**For additional collection information, please refer to the ITL Sample Collection Guide [here](#)

ITL (415) 476-3387

**Collect:**

Red top

**Amount to Collect:**

12 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

6 mL serum

**Minimum Volume:**

1.25 mL serum

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class I PRA by Luminex, PRA Class II

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test detects sensitization to HLA Class I antigens through blood transfusion, organ transplantation, pregnancy, etc. It is reported as a percentage of positive cells in a panel. In addition to solid organ testing protocols, this test can be requested for evaluation of refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86831

# HLA C1Q Fixing Antibody - Class I

HTC1QAB1 (Sunquest: ILC1Q1)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring.

This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top x2

**Amount to Collect:**

12 mL blood

**Preferred Volume:**

6 mL serum

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

HTC1QAB1 (Sunquest: ILC1Q1)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

6 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours



**RESULT INTERPRETATION****Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring.

This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86833

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTC1QAB1 (Sunquest: ILC1Q1)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Red top x2

**Amount to Collect:**

12 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

6 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring.

This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86833

# HLA C1Q Fixing Antibody - Class II

HTC1QAB2 (Sunquest: ILC1Q2)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top x2

**Amount to Collect:**

12 mL blood

**Preferred Volume:**

6 mL serum

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

HTC1QAB2 (Sunquest: ILC1Q2)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

6 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

## RESULT INTERPRETATION

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86833

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTC1QAB2 (Sunquest: ILC1Q2)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Red top x2

**Amount to Collect:**

12 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

6 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86833

# HLA Celiac

ILCEL

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular - SSP/SSOP

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 8 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**Please see ITL Sample Collection Guide [here](#).**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

**Rejection Criteria:**

WBC count too low (&lt;1,000)

## PROCESSING

**Test Code:**

HTCELIAC (Sunquest: ILCEL)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Rejection Criteria:**

WBC count too low (&lt;1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

## ADMINISTRATIVE

**CPT Codes:**

81373

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

HTCELIAC (Sunquest: ILCEL)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular - SSP/SSOP

**Remarks:**

Please see ITL Sample Collection Guide [here](#).

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Rejection Criteria:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 8 working days.

**CPT Codes:**

81373

# HLA Class I Typing - Intermediate resolution

HTSSP (Sunquest: ILC11R)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular -SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

## PROCESSING

**Test Code:**

HTSSP (Sunquest: ILC11R)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

## ADMINISTRATIVE

**CPT Codes:**

81382

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

HTSSP (Sunquest: ILC1IR)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular -SBT

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**

81382

# HLA Class II Typing - Intermediate resolution

HTEXG (Sunquest: ILC2IR)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular -SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

## PROCESSING

**Test Code:**

HTEXG (Sunquest: ILC2IR)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

## ADMINISTRATIVE

**CPT Codes:**

81382

## COMPLETE VIEW



**Available Stat:**

Yes

**Test Code:**

HTEXG (Sunquest: ILC2IR)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular -SBT

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**

81382

# HLA-A High Resolution Typing

HTSEA (Sunquest: ILSEA)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Molecular -SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Unacceptable Conditions:**

WBC count too low (<1,000)

## PROCESSING

**Test Code:**

HTSEA (Sunquest: ILSEA)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

## ADMINISTRATIVE

**CPT Codes:**

81380

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

HTSEA (Sunquest: ILSEA)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular -SBT

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**

81380

# HLA-A Typing - Intermediate Resolution

HTALD (Sunquest: ILALD)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Molecular - SSP/SSOP

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 8 working days.

**Synonyms:**

- HLA-A Typing by SSP/SSOP

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

**Unacceptable Conditions:**

WBC count too low (<1,000). For other specimens, contact ITL at 6-3387.

## PROCESSING

**Test Code:**

HTALD (Sunquest: ILALD)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000). For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

## ADMINISTRATIVE

**CPT Codes:**  
81373

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
HTALD (Sunquest: ILALD)

**Test Group:**  
HLA Typing

**Performing Lab:**  
Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**  
Yes

**Methodology:**  
Molecular - SSP/SSOP

**Remarks:**  
[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**  
Yellow top (ACD)

**Amount to Collect:**  
8.5 mL blood

**Sample Type:**  
ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**  
8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**  
1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**  
WBC count too low (<1,000). For other specimens, contact ITL at 6-3387.

**Specimen Preparation:**  
Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Synonyms:**  

- HLA-A Typing by SSP/SSOP

**Stability (from collection to initiation):**  
If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

**Reported:**  
Test run Monday - Friday. Expected TAT for routine test is < 8 working days.

**CPT Codes:**  
81373

# HLA-A2 Typing

ILA2

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular - SSP/SSOP

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 8 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**Please see ITL Sample Collection Guide [here](#).**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

**Rejection Criteria:**

WBC count too low (&lt;1,000)

## PROCESSING

**Test Code:**

HTA2 (Sunquest: ILA2)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Rejection Criteria:**

WBC count too low (&lt;1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

## ADMINISTRATIVE

**CPT Codes:**

81373

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

HTA2 (Sunquest: ILA2)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular - SSP/SSOP

**Remarks:**

Please see ITL Sample Collection Guide [here](#).

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Rejection Criteria:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 8 working days.

**CPT Codes:**

81373

# HLA-A68 Typing

ILA68

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular - SSP/SSOP

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 8 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**Please see ITL Sample Collection Guide [here](#).**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

**Rejection Criteria:**

WBC count too low (&lt;1,000)

## PROCESSING

**Test Code:**

HTA68 (Sunquest: ILA68)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Rejection Criteria:**

WBC count too low (&lt;1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

## ADMINISTRATIVE

**CPT Codes:**

81373

## COMPLETE VIEW



**Available Stat:**

Yes

**Test Code:**

HTA68 (Sunquest: ILA68)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular - SSP/SSOP

**Remarks:**

Please see ITL Sample Collection Guide [here](#).

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Rejection Criteria:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 8 working days.

**CPT Codes:**

81373

# HLA-ABC Typing - Intermediate Resolution

ILSSP

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular - SSP/SSOP

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 8 working days.

**Synonyms:**

- Class I Typing by SSP/SSOP, HLA Typing Class I

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good up to 72 hours

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

## PROCESSING

**Test Code:**

ILSSP

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good up to 72 hours

## ADMINISTRATIVE

**CPT Codes:**  
81372

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
ILSSP

**Test Group:**  
HLA Typing

**Performing Lab:**  
Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**  
Yes

**Methodology:**  
Molecular - SSP/SSOP

**Remarks:**  
[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**  
Yellow top (ACD)

**Amount to Collect:**  
8.5 mL blood

**Sample Type:**  
ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**  
8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**  
1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**  
WBC count too low (<1,000)

**Specimen Preparation:**  
Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Synonyms:**

- Class I Typing by SSP/SSOP, HLA Typing Class I

**Stability (from collection to initiation):**  
If kept at ambient temperature, can be good up to 72 hours

**Reported:**  
Test run Monday - Friday. Expected TAT for routine test is < 8 working days.

**CPT Codes:**  
81372

# HLA-B High Resolution Typing

HTSEB (Sunquest: ILSEB)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Molecular -SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Unacceptable Conditions:**

WBC count too low (<1,000)

## PROCESSING

**Test Code:**

HTSEB (Sunquest: ILSEB)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

## ADMINISTRATIVE

**CPT Codes:**

81380

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

HTSEB (Sunquest: ILSEB)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular -SBT

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**

81380

# HLA-B Typing - Intermediate Resolution

HTBLD (Sunquest: ILBLD)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Molecular - SSP/SSOP

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 8 working days.

**Synonyms:**

- HLA-B Typing by SSP/SSOP

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

**Unacceptable Conditions:**

WBC count too low (<1,000). For other specimens, contact ITL at 6-3387.

## PROCESSING

**Test Code:**

HTBLD (Sunquest: ILBLD)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000). For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

## ADMINISTRATIVE

**CPT Codes:**  
81373

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
HTBLD (Sunquest: ILBLD)

**Test Group:**  
HLA Typing

**Performing Lab:**  
Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**  
Yes

**Methodology:**  
Molecular - SSP/SSOP

**Remarks:**  
[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**  
Yellow top (ACD)

**Amount to Collect:**  
8.5 mL blood

**Sample Type:**  
ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**  
8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**  
1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**  
WBC count too low (<1,000). For other specimens, contact ITL at 6-3387.

**Specimen Preparation:**  
Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Synonyms:**  

- HLA-B Typing by SSP/SSOP

**Stability (from collection to initiation):**  
If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

**Reported:**  
Test run Monday - Friday. Expected TAT for routine test is < 8 working days.

**CPT Codes:**  
81373

# HLA-B\*1502 Typing

HT1502 (Sunquest: IL1502)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular - SSP/SSOP/SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Synonyms:**

- HLA-B High Resolution Typing for Carbamazepine sensitivity

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

## PROCESSING

**Test Code:**

HT1502 (Sunquest: IL1502)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

## ADMINISTRATIVE



**CPT Codes:**  
81381

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
HT1502 (Sunquest: IL1502)

**Test Group:**  
HLA Typing

**Performing Lab:**  
Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**  
Yes

**Methodology:**  
Molecular - SSP/SSOP/SBT

**Remarks:**  
[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**  
Yellow top (ACD)

**Amount to Collect:**  
8.5 mL blood

**Sample Type:**  
ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**  
8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**  
1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**  
WBC count too low (<1,000)

**Specimen Preparation:**  
Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Synonyms:**

- HLA-B High Resolution Typing for Carbamazepine sensitivity

**Stability (from collection to initiation):**  
If kept at ambient temperature, can be good for >72 hours

**Reported:**  
Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**  
81381

# HLA-B\*5701 Typing

HT5701 (Sunquest: IL5701)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular - SSP/SSOP/SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Synonyms:**

- HLA-B High Resolution Typing for Abacavir sensitivity

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

## PROCESSING

**Test Code:**

HT5701 (Sunquest: IL5701)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

## ADMINISTRATIVE

**CPT Codes:**  
81381

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
HT5701 (Sunquest: IL5701)

**Test Group:**  
HLA Typing

**Performing Lab:**  
Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**  
Yes

**Methodology:**  
Molecular - SSP/SSOP/SBT

**Remarks:**  
[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**  
Yellow top (ACD)

**Amount to Collect:**  
8.5 mL blood

**Sample Type:**  
ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**  
8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**  
1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**  
WBC count too low (<1,000)

**Specimen Preparation:**  
Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Synonyms:**

- HLA-B High Resolution Typing for Abacavir sensitivity

**Stability (from collection to initiation):**  
If kept at ambient temperature, can be good for >72 hours

**Reported:**  
Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**  
81381

# HLA-B\*5801 Typing

IL5801

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular -SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**Please see ITL Sample Collection Guide [here](#).**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

**Rejection Criteria:**

WBC count too low (&lt;1,000)

## PROCESSING

**Test Code:**

HT5801 (Sunquest: IL5801)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Rejection Criteria:**

WBC count too low (&lt;1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

## ADMINISTRATIVE

**CPT Codes:**

81380

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

HT5801 (Sunquest: IL5801)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular -SBT

**Remarks:**

Please see ITL Sample Collection Guide [here](#).

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Rejection Criteria:**

WBC count too low (<1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**

81380

# HLA-B27 Typing

HTB27 (Sunquest: ILB27)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular - SSP/SSOP

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 8 working days.

**Synonyms:**

- HLA Typing for Ankylosing Spondylitis

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

## PROCESSING

**Test Code:**

HTB27 (Sunquest: ILB27)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

8.5 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

## ADMINISTRATIVE

**CPT Codes:**

81374

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTB27 (Sunquest: ILB27)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular - SSP/SSOP

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood

**Preferred Volume:**

8.5 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- HLA Typing for Ankylosing Spondylitis

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 8 working days.

**CPT Codes:**

81374

# HLA-B51-Typing

ILB51

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular -SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**Please see ITL Sample Collection Guide [here](#).**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

**Rejection Criteria:**

WBC count too low (&lt;1,000)

## PROCESSING

**Test Code:**

HTB51 (Sunquest: ILB51)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Rejection Criteria:**

WBC count too low (&lt;1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

## ADMINISTRATIVE

**CPT Codes:**

81380

## COMPLETE VIEW



**Available Stat:**

Yes

**Test Code:**

HTB51 (Sunquest: ILB51)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular -SBT

**Remarks:**

Please see ITL Sample Collection Guide [here](#).

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Rejection Criteria:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**

81380

# HLA-C High Resolution Typing

HTSEC (Sunquest: ILSEC)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Molecular -SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Unacceptable Conditions:**

WBC count too low (<1,000)

## PROCESSING

**Test Code:**

HTSEC (Sunquest: ILSEC)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

## ADMINISTRATIVE

**CPT Codes:**

81380

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

HTSEC (Sunquest: ILSEC)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular -SBT

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**

81380

# HLA-C Typing - Intermediate Resolution

HTCLD (Sunquest: ILCLD)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Molecular - SSP/SSOP

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 8 working days.

**Synonyms:**

- HLA-C Typing by SSP/SSOP, HLA-Cw Typing

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

**Unacceptable Conditions:**

WBC count too low (<1,000)

## PROCESSING

**Test Code:**

HTCLD (Sunquest: ILCLD)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

## ADMINISTRATIVE

**CPT Codes:**  
81373

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
HTCLD (Sunquest: ILCLD)

**Test Group:**  
HLA Typing

**Performing Lab:**  
Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**  
Yes

**Methodology:**  
Molecular - SSP/SSOP

**Remarks:**  
[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**  
Yellow top (ACD)

**Amount to Collect:**  
8.5 mL blood

**Sample Type:**  
ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**  
8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**  
1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**  
WBC count too low (<1,000)

**Specimen Preparation:**  
Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Synonyms:**  

- HLA-C Typing by SSP/SSOP, HLA-Cw Typing

**Stability (from collection to initiation):**  
If kept at ambient temperature, can be good for up to 72 hours. For other specimens, contact ITL at 6-3387.

**Reported:**  
Test run Monday - Friday. Expected TAT for routine test is < 8 working days.

**CPT Codes:**  
81373

# HLA-Comprehensive High Resolution Typing

ILCOM

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular -SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**Please see ITL Sample Collection Guide [here](#) .**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

**Rejection Criteria:**

WBC count too low (&lt;1,000)

## PROCESSING

**Test Code:**

HTCOMPHLA (Sunquest: ILCOM)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Rejection Criteria:**

WBC count too low (&lt;1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

## ADMINISTRATIVE

**CPT Codes:**

81380

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

HTCOMPHLA (Sunquest: ILCOM)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular -SBT

**Remarks:**

Please see ITL Sample Collection Guide [here](#) .

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Rejection Criteria:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days

**CPT Codes:**

81380

# HLA-DPA1 High Resolution Typing

HTDPA (Sunquest: ILDPA)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Molecular -SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Unacceptable Conditions:**

WBC count too low (<1,000)

## PROCESSING

**Test Code:**

HTDPA (Sunquest: ILDPA)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

## ADMINISTRATIVE

**CPT Codes:**

81382

## COMPLETE VIEW



**Available Stat:**

Yes

**Test Code:**

HTDPA (Sunquest: ILDPA)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular -SBT

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**

81382

# HLA-DPB1 High Resolution Typing

HTDPB (Sunquest: ILDPB)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Molecular -SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Unacceptable Conditions:**

WBC count too low (<1,000)

## PROCESSING

**Test Code:**

HTDPB (Sunquest: ILDPB)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

## ADMINISTRATIVE

**CPT Codes:**

81382

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

HTDPB (Sunquest: ILDPB)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular -SBT

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**

81382

# HLA-DQA1 High Resolution Typing

HTDQA (Sunquest: ILDQA)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Molecular -SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Unacceptable Conditions:**

WBC count too low (<1,000)

## PROCESSING

**Test Code:**

HTDQA (Sunquest: ILDQA)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

## ADMINISTRATIVE

**CPT Codes:**

81382

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

HTDQA (Sunquest: ILDQA)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular -SBT

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**

81382

# HLA-DQB1 High Resolution Typing

HTDQB (Sunquest: ILDQB)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Molecular -SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Unacceptable Conditions:**

WBC count too low (<1,000)

## PROCESSING

**Test Code:**

HTDQB (Sunquest: ILDQB)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

## ADMINISTRATIVE

**CPT Codes:**

81382

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

HTDQB (Sunquest: ILDQB)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular -SBT

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**

81382

# HLA-DR/DQ Typing - Intermediate Resolution

ILEXG

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular - SSP/SSOP

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 8 working days.

**Synonyms:**

- Class II Typing by SSP/SSOP

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good up to 72 hours

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

## PROCESSING

**Test Code:**

ILEXG

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (&lt;1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good up to 72 hours

## ADMINISTRATIVE



**CPT Codes:**  
81375

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
ILEXG

**Test Group:**  
HLA Typing

**Performing Lab:**  
Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**  
Yes

**Methodology:**  
Molecular - SSP/SSOP

**Remarks:**  
[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**  
Yellow top (ACD)

**Amount to Collect:**  
8.5 mL blood

**Sample Type:**  
ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**  
8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**  
1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**  
WBC count too low (<1,000)

**Specimen Preparation:**  
Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Synonyms:**  

- Class II Typing by SSP/SSOP

**Stability (from collection to initiation):**  
If kept at ambient temperature, can be good up to 72 hours

**Reported:**  
Test run Monday - Friday. Expected TAT for routine test is < 8 working days.

**CPT Codes:**  
81375

# HLA-DRB1 High Resolution Typing

HTSED (Sunquest: ILSED)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Molecular -SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Unacceptable Conditions:**

WBC count too low (<1,000)

## PROCESSING

**Test Code:**

HTSED (Sunquest: ILSED)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

## ADMINISTRATIVE

**CPT Codes:**

81382

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

HTSED (Sunquest: ILSED)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular -SBT

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood; contact ITL at 6-3887 for other specimens such as amniotic fluid, bone marrow aspirate, buccal mucosa, cord blood, cultured cells, DNA, whole blood spotted on filter paper, etc.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Unacceptable Conditions:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**

81382

# HLA-DRB3/4/5 High Resolution Typing

ILDRB

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular -SSP/SBT

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

## COLLECTION

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Remarks:**Please see ITL Sample Collection Guide [here](#).**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

**Rejection Criteria:**

WBC count too low (&lt;1,000)

## PROCESSING

**Test Code:**

HTDRB345 (Sunquest: ILDRB)

**Test Group:**

HLA Typing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Rejection Criteria:**

WBC count too low (&lt;1,000)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for &gt;72 hours

## ADMINISTRATIVE

**CPT Codes:**

81382

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

HTDRB345 (Sunquest: ILDRB)

**Test Group:**

HLA Typing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular -SSP/SBT

**Remarks:**

Please see ITL Sample Collection Guide [here](#).

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood; for other specimens, contact ITL at 6-3887

**Minimum Volume:**

1 mL blood; for other specimens, contact ITL at 6-3887

**Rejection Criteria:**

WBC count too low (<1,000)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge. For other specimens, contact ITL at 6-3387.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for >72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**CPT Codes:**

81382

# Hold SNP Array

HSNPA

## ORDERING

### Approval Required:

Yes, if not ordered by Genetics, Neurology or Neonatal Intensive Care Unit faculty or fellows. Requests on inpatients require approval from Cytogenetics/Array staff. Insurance authorization required for outpatients.

### Available Stat:

No

### Performing Lab:

Medical Genomics - Cytogenetics (Microarray)

### Performed:

N/A

### Methodology:

N/A

### Additional Information:

The sample will be retained for two (2) weeks from the time of collection pending receipt of the payer authorization. If authorization is not received by the laboratory in that time frame the sample will be discarded.

This test should be ordered only when:

- (1) The patient is present to have their sample collected and it would be problematic for the patient to return AND there has not yet been authorization received from the patient's insurer that they will reimburse for a SNP array to be performed.
- (2) If routine chromosome analysis is desired prior to performing the array as this will obviate the need to collect another sample for array testing.

For questions, contact the microarray laboratory at 514-8964

Microarray results are reported based on the human genome build 19 (hg19/GRCh37). Cases prior December 1st, 2011, were reported based on hg18/NCBI36. Which human genome build is used must be noted when looking up regions in publicly available databases.

### Limitations

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds)
- Imbalances of regions not represented on the array
- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination)

### Synonyms:

- Hold for authorization
- Hold for approval
- Hold for insurance authorization
- Hold for insurance approval
- Microarray

## COLLECTION

### Sample Type:

EDTA or Heparinized whole blood, Extracted DNA

### Collect:

Lavender top preferred, Dark Green top acceptable

### Amount to Collect:

Adult: 5 mL blood

Infant/child: 3 mL blood

### Preferred Volume:

Adult: 5 mL blood

Infant/Child: 3 mL blood

Extracted DNA: 10 µg (mcg)

### Minimum Volume:

Adult: 2 mL blood

Infant/Child: 2 mL blood

Extracted DNA: 10 µg (mcg)

**Remarks:**

Insurance pre-authorization required for outpatients

Only collect samples Monday - Friday and avoid holidays.

Do not collect sample in lithium heparin (Lt. Green top).

Transport sample at room temperature as soon as possible to lab. If transport is delayed refrigerate sample.

**Note:** Samples will only be held for 2 weeks pending insurance authorization.

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks.

**Unacceptable Conditions:**

Unlabeled sample, insufficient sample, clotted samples, samples received in Lithium-heparin (Lt. Green top)

**PROCESSING****Test Code:**

HSNPA

**Test Group:**

Microarray

**Performing Lab:**

Medical Genomics - Cytogenetics (Microarray)

**Specimen Preparation:**

Refrigerate samples **DO NOT CENTRIFUGE OR FREEZE**. Transport asap to China Basin Cytogenetics

For questions, contact the microarray laboratory at 514-8964

**Preferred Volume:**

Adult: 5 mL blood

Infant/Child: 3 mL blood

Extracted DNA: 10 µg (mcg)

**Minimum Volume:**

Adult: 2 mL blood

Infant/Child: 2 mL blood

Extracted DNA: 10 µg (mcg)

**Unacceptable Conditions:**

Unlabeled sample, insufficient sample, clotted samples, samples received in Lithium-heparin (Lt. Green top)

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks.

**RESULT INTERPRETATION****Reference Interval:**

Normal

**Additional Information:**

The sample will be retained for two (2) weeks from the time of collection pending receipt of the payer authorization. If authorization is not received by the laboratory in that time frame the sample will be discarded.

This test should be ordered only when:

- (1) The patient is present to have their sample collected and it would be problematic for the patient to return AND there has not yet been authorization received from the patient's insurer that they will reimburse for a SNP array to be performed.
- (2) If routine chromosome analysis is desired prior to performing the array as this will obviate the need to collect another sample for array testing.

For questions, contact the microarray laboratory at 514-8964

Microarray results are reported based on the human genome build 19 (hg19/GRCh37). Cases prior December 1st, 2011, were reported based on hg18/NCBI36. Which human genome build is used must be noted when looking up regions in publicly available databases.

**Limitations**

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds)
- Imbalances of regions not represented on the array
- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination)

**COMPLETE VIEW****Approval Required:**

Yes, if not ordered by Genetics, Neurology or Neonatal Intensive Care Unit faculty or fellows. Requests on inpatients require approval from Cytogenetics/Array staff. Insurance authorization required for outpatients.

**Available Stat:**

No

**Test Code:**

HSNPA

**Test Group:**

Microarray

**Performing Lab:**

Medical Genomics - Cytogenetics (Microarray)

**Performed:**

N/A

**Methodology:**

N/A

**Remarks:**

Insurance pre-authorization required for outpatients

Only collect samples Monday - Friday and avoid holidays.

Do not collect sample in lithium heparin (Lt. Green top).

Transport sample at room temperature as soon as possible to lab. If transport is delayed refrigerate sample.

**Note:** Samples will only be held for 2 weeks pending insurance authorization.

**Collect:**

Lavender top preferred, Dark Green top acceptable

**Amount to Collect:**

Adult: 5 mL blood

Infant/child: 3 mL blood

**Sample Type:**

EDTA or Heparinized whole blood, Extracted DNA

**Preferred Volume:**

Adult: 5 mL blood

Infant/Child: 3 mL blood

Extracted DNA: 10 µg (mcg)

**Minimum Volume:**

Adult: 2 mL blood

Infant/Child: 2 mL blood

Extracted DNA: 10 µg (mcg)

**Unacceptable Conditions:**

Unlabeled sample, insufficient sample, clotted samples, samples received in Lithium-heparin (Lt. Green top)

**Specimen Preparation:**

Refrigerate samples **DO NOT CENTRIFUGE OR FREEZE**. Transport asap to China Basin Cytogenetics

For questions, contact the microarray laboratory at 514-8964

**Reference Interval:**

Normal

**Synonyms:**

- Hold for authorization
- Hold for approval
- Hold for insurance authorization
- Hold for insurance approval
- Microarray

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks.



**Additional Information:**

The sample will be retained for two (2) weeks from the time of collection pending receipt of the payer authorization. If authorization is not received by the laboratory in that time frame the sample will be discarded.

This test should be ordered only when:

- (1) The patient is present to have their sample collected and it would be problematic for the patient to return AND there has not yet been authorization received from the patient's insurer that they will reimburse for a SNP array to be performed.
- (2) If routine chromosome analysis is desired prior to performing the array as this will obviate the need to collect another sample for array testing.

For questions, contact the microarray laboratory at 514-8964

Microarray results are reported based on the human genome build 19 (hg19/GRCh37). Cases prior December 1st, 2011, were reported based on hg18/NCBI36. Which human genome build is used must be noted when looking up regions in publicly available databases.

**Limitations**

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds)

Imbalances of regions not represented on the array

- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination)

# Hold Specimen

HSFD

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Central Processing

**Additional Information:**

If sample storage instructions are not included, sample will be stored refrigerated at 2-8C. Specimens are held for 2 weeks only. HSFD covers cost of materials and preliminary processing, such as centrifugation, aliquotting, storage and record-keeping.

## COLLECTION

**Sample Type:**

blood, urine, CSF or other body fluid

**Collect:**

CSF tube, Gold top, Red top, Light Green top, Dark Green top, Lavender top, Blue top, urine container

**Amount to Collect:**

5 mL blood

## PROCESSING

**Test Code:**

HSFD

**Performing Lab:**

Central Processing

**Specimen Preparation:**

If sample type is blood, spin sample first and aliquot plasma or serum. Please follow instructions included with the order on how to store sample. Order should indicate either frozen, refrigerated or room temperature storage requirement.

## RESULT INTERPRETATION

**Additional Information:**

If sample storage instructions are not included, sample will be stored refrigerated at 2-8C. Specimens are held for 2 weeks only. HSFD covers cost of materials and preliminary processing, such as centrifugation, aliquotting, storage and record-keeping.

## ADMINISTRATIVE

**CPT Codes:**

99001

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

HSFD

**Performing Lab:**

Central Processing

**Collect:**

CSF tube, Gold top, Red top, Light Green top, Dark Green top, Lavender top, Blue top, urine container

**Amount to Collect:**

5 mL blood

**Sample Type:**

blood, urine, CSF or other body fluid

**Specimen Preparation:**

If sample type is blood, spin sample first and aliquot plasma or serum. Please follow instructions included with the order on how to store sample. Order should indicate either frozen, refrigerated or room temperature storage requirement.

**Additional Information:**

If sample storage instructions are not included, sample will be stored refrigerated at 2-8C. Specimens are held for 2 weeks only. HSFD covers cost of materials and preliminary processing, such as centrifugation, aliquotting, storage and record-keeping.

**CPT Codes:**

99001

# Hold specimen frozen

HSFZ

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Central Processing

**Additional Information:**

If sample storage instructions are not included, sample will be stored refrigerated at 2-8C.

Specimens are held for 2 weeks only.

HSFZ covers cost of materials and preliminary processing, such as centrifugation, aliquotting, storage and record-keeping.

## COLLECTION

**Sample Type:**

Blood, urine, CSF or other body fluid

**Collect:**

CSF tube, Gold top, Red top, Light Green top, Dark Green top, Lavender top, Blue top, urine container

## PROCESSING

**Test Code:**

HSFZ

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Central Processing

**Specimen Preparation:**

If sample type is blood, spin sample first and aliquot plasma or serum.

Please follow instructions included with the order on how to store sample. Order should indicate either frozen, refrigerated or room temperature storage requirement.

## RESULT INTERPRETATION

**Additional Information:**

If sample storage instructions are not included, sample will be stored refrigerated at 2-8C.

Specimens are held for 2 weeks only.

HSFZ covers cost of materials and preliminary processing, such as centrifugation, aliquotting, storage and record-keeping.

## ADMINISTRATIVE

**CPT Codes:**

99001

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

HSFZ

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Central Processing

**Collect:**

CSF tube, Gold top, Red top, Light Green top, Dark Green top, Lavender top, Blue top, urine container

**Sample Type:**

Blood, urine, CSF or other body fluid

**Specimen Preparation:**

If sample type is blood, spin sample first and aliquot plasma or serum.

Please follow instructions included with the order on how to store sample. Order should indicate either frozen, refrigerated or room temperature storage requirement.

**Additional Information:**

If sample storage instructions are not included, sample will be stored refrigerated at 2-8C.

Specimens are held for 2 weeks only.

HSFZ covers cost of materials and preliminary processing, such as centrifugation, aliquotting, storage and record-keeping.

**CPT Codes:**

99001

# Hold specimen refrigerated

HSRF

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Central Processing

**Additional Information:**

If sample storage instructions are not included, sample will be stored refrigerated at 2-8C.

Specimens are held for 2 weeks only.

HSRF covers cost of materials and preliminary processing, such as centrifugation, aliquotting, storage and record-keeping.

## COLLECTION

**Sample Type:**

Blood, urine, CSF or other body fluid

**Collect:**

CSF tube, Gold top, Red top, Light Green top, Dark Green top, Lavender top, Blue top, urine container

## PROCESSING

**Test Code:**

HSRF

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Central Processing

**Specimen Preparation:**

If sample type is blood, spin sample first and aliquot plasma or serum.

Please follow instructions included with the order on how to store sample. Order should indicate either frozen, refrigerated or room temperature storage requirement.

## RESULT INTERPRETATION

**Additional Information:**

If sample storage instructions are not included, sample will be stored refrigerated at 2-8C.

Specimens are held for 2 weeks only.

HSRF covers cost of materials and preliminary processing, such as centrifugation, aliquotting, storage and record-keeping.

## ADMINISTRATIVE

**CPT Codes:**

99001

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

HSRF

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Central Processing

**Collect:**

CSF tube, Gold top, Red top, Light Green top, Dark Green top, Lavender top, Blue top, urine container

**Sample Type:**

Blood, urine, CSF or other body fluid

**Specimen Preparation:**

If sample type is blood, spin sample first and aliquot plasma or serum.

Please follow instructions included with the order on how to store sample. Order should indicate either frozen, refrigerated or room temperature storage requirement.

**Additional Information:**

If sample storage instructions are not included, sample will be stored refrigerated at 2-8C.

Specimens are held for 2 weeks only.

HSRF covers cost of materials and preliminary processing, such as centrifugation, aliquotting, storage and record-keeping.

**CPT Codes:**

99001

# Hold Specimen Room Temperature

HDRT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Central Processing

**Additional Information:**

If sample storage instructions are not included, sample will be stored refrigerated at 2-8C.

Specimens are held for 2 weeks only.

HDRT covers cost of materials and preliminary processing, such as centrifugation, aliquotting, storage and record-keeping.

## COLLECTION

**Sample Type:**

Blood, urine, CSF or other body fluid

**Collect:**

CSF tube, Gold top, Red top, Light Green top, Dark Green top, Lavender top, Blue top, urine container

## PROCESSING

**Test Code:**

HDRT

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Central Processing

**Specimen Preparation:**

If sample type is blood, spin sample first and aliquot plasma or serum.

Please follow instructions included with the order on how to store sample. Order should indicate either frozen, refrigerated or room temperature storage requirement.

## RESULT INTERPRETATION

**Additional Information:**

If sample storage instructions are not included, sample will be stored refrigerated at 2-8C.

Specimens are held for 2 weeks only.

HDRT covers cost of materials and preliminary processing, such as centrifugation, aliquotting, storage and record-keeping.

## ADMINISTRATIVE

**CPT Codes:**

99001

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

HDRT

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Central Processing

**Collect:**

CSF tube, Gold top, Red top, Light Green top, Dark Green top, Lavender top, Blue top, urine container

**Sample Type:**

Blood, urine, CSF or other body fluid

**Specimen Preparation:**

If sample type is blood, spin sample first and aliquot plasma or serum.

Please follow instructions included with the order on how to store sample. Order should indicate either frozen, refrigerated or room temperature storage requirement.



**Additional Information:**

If sample storage instructions are not included, sample will be stored refrigerated at 2-8C.

Specimens are held for 2 weeks only.

HDRT covers cost of materials and preliminary processing, such as centrifugation, aliquotting, storage and record-keeping.

**CPT Codes:**

99001

# Homocysteine, Total

LAB93

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Wednesday and Saturday; for expedited testing, see additional information section below.

**Methodology:**

Chemiluminescent Microparticle Immunoassay-Abbott Architect i2000

**Reported:**

1-4 days; for expedited testing, see additional information section below.

**Additional Information:**

Note: if an inborn error of metabolism is suspected, email [Clinlab.chemistry@ucsf.edu](mailto:Clinlab.chemistry@ucsf.edu) with the patient MRN and name to let the lab know that you are sending a sample for same day homocysteine testing. Draw the patient sample and deliver it to the lab. Samples should arrive at the lab by noon on weekdays, or 10am on weekends and holidays for results to be reported by 4pm.

Elevated levels are a risk factor for coronary artery disease and vascular thrombosis. The test for total plasma homocysteine may be used to screen for conditions causing homocystinuria. However, for cystinuria, order quantitative urine cystine.

Homocystinuria due to severe homozygous defects in the cystathionine beta synthase gene (or rare defects in other genes involved in the metabolism of sulfur-containing amino acids) may be associated with plasma homocysteine levels > 100 umol/L. Note that renal disease or deficiency in vitamin B12 or folate may also lead to similar elevations, although the C677T MTHFR mutation does not.

Homocysteine is measured as the sum of free homocysteine, homocysteine released by reduction from disulfides such as homocystine and cysteine-homocysteine, and homocysteine bound to serum proteins. "Total" homocysteine is sometimes signified by the abbreviations tHcy or Hcys or the term "Homocyst(e)ine".

Patients taking methotrexate, nicotinic acid, theophylline, nitrous oxide or L-dopa can have elevated serum or plasma homocysteine levels. S-adenosyl-methionine cross reacts in the Hcy assay (see lab procedure link)

Reference ranges for adults based on manufacturer's reference range, results of the National Health and Nutrition Examination Survey reported by Ganji and Kafai (Am J Clin Nutrition, 84:989-994, 2006), and in-house testing of laboratory personnel. Reference ranges for children based on the results of the CALIPER program using the Abbott Architect method for determining homocysteine (Bailey et al, Clinical Chemistry, 2013). Hyperhomocysteinemia is classified as moderate (15 - 30 umol/L), intermediate (30 - 100 umol/L), or severe (>100 umol/L). For further information on homocysteine testing, see Refsum et al, Annual Rev Medicine 49:31-62, 1998 and Maron et al, Clin Lab Med 26:591-609, 2006

**Synonyms:**

- Homocysteine, Total
- Homocystine

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is recommended because a protein-rich meal may increase results by 15%-20%.

**Sample Type:**

Heparinized Plasma (serum acceptable)

**Collect:**

Light Green top on ice (Gold top on ice acceptable)

**Amount to Collect:**

1mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.25 mL serum or plasma

**Remarks:**

Chill tube on ice before collection and transport on ice to lab.

If sample is not collected on ice, release of homocysteine from erythrocytes may increase levels by approximately 10% per hour at room temperature. (Clin Chem 50:3-32, 2004)

**PROCESSING****Test Code:**

HCYS

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Centrifuge immediately, aliquot and refrigerate plasma or serum.

If sample was not received on ice, append the ETC "ICEH" or the following comment: "Specimen not received on ice, may cause falsely elevated result in some cases."

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.25 mL serum or plasma

**RESULT INTERPRETATION****Units:**

umol/L

**Reference Interval:**

| Age               | Male & Female |
|-------------------|---------------|
| 5 days to <1 year | 3-10 umol/L   |
| 1-11 years        | 3-8 umol/L    |
| 12-14 years       | 5-10 umol/L   |
| 15-18 years       | 5-13 umol/L   |
| 19-70 years       | 4-14 umol/L   |
| >70 years         | 6-20 umol/L   |

**Additional Information:**

Note: if an inborn error of metabolism is suspected, email Clinlab.chemistry@ucsf.edu with the patient MRN and name to let the lab know that you are sending a sample for same day homocysteine testing. Draw the patient sample and deliver it to the lab. Samples should arrive at the lab by noon on weekdays, or 10am on weekends and holidays for results to be reported by 4pm.

Elevated levels are a risk factor for coronary artery disease and vascular thrombosis. The test for total plasma homocysteine may be used to screen for conditions causing homocystinuria. However, for cystinuria, order quantitative urine cystine.

Homocystinuria due to severe homozygous defects in the cystathionine beta synthase gene (or rare defects in other genes involved in the metabolism of sulfur-containing amino acids) may be associated with plasma homocysteine levels > 100 umol/L. Note that renal disease or deficiency in vitamin B12 or folate may also lead to similar elevations, although the C677T MTHFR mutation does not.

Homocysteine is measured as the sum of free homocysteine, homocysteine released by reduction from disulfides such as homocystine and cysteine-homocysteine, and homocysteine bound to serum proteins. "Total" homocysteine is sometimes signified by the abbreviations tHcy or Hcys or the term "Homocyst(e)ine".

Patients taking methotrexate, nicotinic acid, theophylline, nitrous oxide or L-dopa can have elevated serum or plasma homocysteine levels. S-adenosyl-methionine cross reacts in the Hcy assay (see lab procedure link)

Reference ranges for adults based on manufacturer's reference range, results of the National Health and Nutrition Examination Survey reported by Ganji and Kafai (Am J Clin Nutrition, 84:989-994, 2006), and in-house testing of laboratory personnel. Reference ranges for children based on the results of the CALIPER program using the Abbott Architect method for determining homocysteine (Bailey et al, Clinical Chemistry, 2013). Hyperhomocysteinemia is classified as moderate (15 - 30 umol/L), intermediate (30 - 100 umol/L), or severe (>100 umol/L). For further information on homocysteine testing, see Refsum et al, Annual Rev Medicine 49:31-62, 1998 and Maron et al, Clin Lab Med 26:591-609, 2006

**ADMINISTRATIVE**

**CPT Codes:**

83090

**LOINC Codes:**

13965-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HCYS

**Performing Lab:**

China Basin Chemistry

**Performed:**

Wednesday and Saturday; for expedited testing, see additional information section below.

**Methodology:**

Chemiluminescent Microparticle Immunoassay-Abbott Architect i2000

**Patient Preparation:**

An 8 hour fast before specimen collection is recommended because a protein-rich meal may increase results by 15%-20%.

**Remarks:**

Chill tube on ice before collection and transport on ice to lab.

If sample is not collected on ice, release of homocysteine from erythrocytes may increase levels by approximately 10% per hour at room temperature. (Clin Chem 50:3-32, 2004)

**Collect:**

Light Green top on ice (Gold top on ice acceptable)

**Amount to Collect:**

1mL blood

**Sample Type:**

Heparinized Plasma (serum acceptable)

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.25 mL serum or plasma

**Specimen Preparation:**

Centrifuge immediately, aliquot and refrigerate plasma or serum.

If sample was not received on ice, append the ETC "ICEH" or the following comment: "Specimen not received on ice, may cause falsely elevated result in some cases."

**Units:**

umol/L

**Reference Interval:**

| Age               | Male & Female |
|-------------------|---------------|
| 5 days to <1 year | 3-10 umol/L   |
| 1-11 years        | 3-8 umol/L    |
| 12-14 years       | 5-10 umol/L   |
| 15-18 years       | 5-13 umol/L   |
| 19-70 years       | 4-14 umol/L   |
| >70 years         | 6-20 umol/L   |

**Synonyms:**

- Homocysteine, Total
- Homocystine

**Reported:**

1-4 days; for expedited testing, see additional information section below.

**Additional Information:**

Note: if an inborn error of metabolism is suspected, email [Clinlab.chemistry@ucsf.edu](mailto:Clinlab.chemistry@ucsf.edu) with the patient MRN and name to let the lab know that you are sending a sample for same day homocysteine testing. Draw the patient sample and deliver it to the lab. Samples should arrive at the lab by noon on weekdays, or 10am on weekends and holidays for results to be reported by 4pm.

Elevated levels are a risk factor for coronary artery disease and vascular thrombosis. The test for total plasma homocysteine may be used to screen for conditions causing homocystinuria. However, for cystinuria, order quantitative urine cystine.

Homocystinuria due to severe homozygous defects in the cystathionine beta synthase gene (or rare defects in other genes involved in the metabolism of sulfur-containing amino acids) may be associated with plasma homocysteine levels > 100 umol/L. Note that renal disease or deficiency in vitamin B12 or folate may also lead to similar elevations, although the C677T MTHFR mutation does not.

Homocysteine is measured as the sum of free homocysteine, homocysteine released by reduction from disulfides such as homocystine and cysteine-homocysteine, and homocysteine bound to serum proteins. "Total" homocysteine is sometimes signified by the abbreviations tHcy or Hcys or the term "Homocyst(e)ine".

Patients taking methotrexate, nicotinic acid, theophylline, nitrous oxide or L-dopa can have elevated serum or plasma homocysteine levels. S-adenosyl-methionine cross reacts in the Hcy assay (see lab procedure link)

Reference ranges for adults based on manufacturer's reference range, results of the National Health and Nutrition Examination Survey reported by Ganji and Kafai (Am J Clin Nutrition, 84:989-994, 2006), and in-house testing of laboratory personnel. Reference ranges for children based on the results of the CALIPER program using the Abbott Architect method for determining homocysteine (Bailey et al, Clinical Chemistry, 2013). Hyperhomocysteinemia is classified as moderate (15 - 30 umol/L), intermediate (30 - 100 umol/L), or severe (>100 umol/L). For further information on homocysteine testing, see Refsum et al, Annual Rev Medicine 49:31-62, 1998 and Maron et al, Clin Lab Med 26:591-609, 2006

**CPT Codes:**

83090

**LOINC Codes:**

13965-9

# Homovanillic Acid, 24 Hour Urine

LAB3434

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC, ECD

**Reported:**

Test run Monday-Friday. Turnaround time: 3-6 days.

**Additional Information:**

To convert mg/d to mmol/d (SI units) multiply by 5.49.

Creatinine is assayed as a measure of completeness of urine collection. If total creatinine excretion is not within normal limits for the patient's age and sex (see entry for Creatinine) and the patient has normal renal function, the urine collection is probably incomplete and the result is invalid.

**Synonyms:**

- HVA
- 80422

## COLLECTION

**Patient Preparation:**

Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise and discontinue at least 2 weeks prior to testing any treatment with L-DOPA, which interferes in the assay.

**Sample Type:**

24 hour urine collection

**Label Abbreviation:**

HUV24

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Remarks:**

Refrigerate container during collection.

**Unacceptable Conditions:**

Container not refrigerated during collection.

## PROCESSING

**Test Code:**

HVA

**Test Group:**

Homovanillic

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate a 10 mL aliquot of the well-mixed collection. The final pH should be < 3. Record the total urine volume on the test request and on the aliquot. Order Quest #39527

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection.

**RESULT INTERPRETATION****Units:**

mg/24 h

**Reference Interval:**

|             |              |
|-------------|--------------|
| 3-8 years   | 0.5-6.7 mg/d |
| 9-12 years  | 1.1-6.8 mg/d |
| 13-17 years | 1.4-7.2 mg/d |
| > 17 years  | 1.6-7.5 mg/d |

**Additional Information:**

To convert mg/d to mmol/d (SI units) multiply by 5.49.

Creatinine is assayed as a measure of completeness of urine collection. If total creatinine excretion is not within normal limits for the patient's age and sex (see entry for Creatinine) and the patient has normal renal function, the urine collection is probably incomplete and the result is invalid.

**ADMINISTRATIVE****CPT Codes:**

83150-90

**LOINC Codes:**

2436-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HVA

**Test Group:**

Homovanillic

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC, ECD

**Patient Preparation:**

Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise and discontinue at least 2 weeks prior to testing any treatment with L-DOPA, which interferes in the assay.

**Remarks:**

Refrigerate container during collection.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection.

**Specimen Preparation:**

Refrigerate a 10 mL aliquot of the well-mixed collection. The final pH should be < 3. Record the total urine volume on the test request and on the aliquot. Order Quest #39527

**Units:**

mg/24 h

**Reference Interval:**

|             |              |
|-------------|--------------|
| 3-8 years   | 0.5-6.7 mg/d |
| 9-12 years  | 1.1-6.8 mg/d |
| 13-17 years | 1.4-7.2 mg/d |
| > 17 years  | 1.6-7.5 mg/d |

**Synonyms:**

- HVA
- 80422

**Reported:**

Test run Monday-Friday. Turnaround time: 3-6 days.

**Additional Information:**

To convert mg/d to mmol/d (SI units) multiply by 5.49.

Creatinine is assayed as a measure of completeness of urine collection. If total creatinine excretion is not within normal limits for the patient's age and sex (see entry for Creatinine) and the patient has normal renal function, the urine collection is probably incomplete and the result is invalid.

**CPT Codes:**

83150-90

**LOINC Codes:**

2436-4



# Homovanillic Acid, Urine, Random

LAB3388

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC, ECD

**Reported:**

Test run four days a week. Reports in two days.

**Additional Information:**

Homovanillic acid (HVA, 4-hydroxy-3-methoxyphenylacetic acid) has been identified as the principal urinary metabolite of dopa and dopamine. HVA is excreted in free form in relatively large amounts, and is frequently measured to support a diagnosis of neuroblastoma and malignant pheochromocytoma. HVA has been used to monitor chronic lead exposure and response to medication during the treatment of Parkinson's disease.

**Synonyms:**

- HVA

## COLLECTION

**Patient Preparation:**

It is preferable for the patient to be off medications for three days prior to collection. However, common antihypertensives (diuretics, ACE inhibitors, calcium channel blockers, alpha and beta blockers) cause minimal or no interference. Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection.

**Sample Type:**

Random urine

**Label Abbreviation:**

HVAR

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

## PROCESSING

**Test Code:**

HVAR

**Test Group:**

Homovanillic

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Preferably the sample should be acidified with 6N HCl (or boric acid) to pH < 3. Quest will accept samples from IMMEDIATELY after collection at -20C. Ship frozen. Order Quest Test #84855N.

Samples for Brown & Toland patients MUST be acidified or LabCorp will reject. Order test # 120246

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

## RESULT INTERPRETATION

**Units:**

mg/g creatinine

**Reference Interval:**

Homovanillic acid in random urine:

|                 |                         |
|-----------------|-------------------------|
| Birth-6 months  | 9.1-36 mg/g creatinine  |
| 7-11 months     | 11.2-33 mg/g creatinine |
| 1-2 years       | 8.5-38 mg/g creatinine  |
| 3-8 years       | 2.1-23 mg/g creatinine  |
| 9-12 years      | 1.1-12 mg/g creatinine  |
| >= 18 year olds | 1.4-5.3 mg/g creatinine |

Creatinine in random urine:

|                 |               |
|-----------------|---------------|
| Birth-6 months  | 0.02-0.32 g/L |
| 7-11 months     | 0.02-0.36 g/L |
| 1-2 years       | 0.02-1.28 g/L |
| 3-8 years       | 0.2-1.49 g/L  |
| 9-12 years      | 0.02-1.83 g/L |
| >= 18 year olds | 0.27-3.00 g/L |

**Additional Information:**

Homovanillic acid (HVA, 4-hydroxy-3-methoxyphenylacetic acid) has been identified as the principal urinary metabolite of dopa and dopamine. HVA is excreted in free form in relatively large amounts, and is frequently measured to support a diagnosis of neuroblastoma and malignant pheochromocytoma. HVA has been used to monitor chronic lead exposure and response to medication during the treatment of Parkinson's disease.

**ADMINISTRATIVE****CPT Codes:**

83150-90

**LOINC Codes:**

11146-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HVAR

**Test Group:**

Homovanillic

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC, ECD

**Patient Preparation:**

It is preferable for the patient to be off medications for three days prior to collection. However, common antihypertensives (diuretics, ACE inhibitors, calcium channel blockers, alpha and beta blockers) cause minimal or no interference. Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection.

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Specimen Preparation:**

Preferably the sample should be acidified with 6N HCl (or boric acid) to pH < 3. Quest will accept samples from IMMEDIATELY after collection at -20C. Ship frozen. Order Quest Test #84855N.

Samples for Brown & Toland patients MUST be acidified or LabCorp will reject. Order test # 120246

**Units:**

mg/g creatinine

**Reference Interval:**

Homovanillic acid in random urine:

|                 |                         |
|-----------------|-------------------------|
| Birth-6 months  | 9.1-36 mg/g creatinine  |
| 7-11 months     | 11.2-33 mg/g creatinine |
| 1-2 years       | 8.5-38 mg/g creatinine  |
| 3-8 years       | 2.1-23 mg/g creatinine  |
| 9-12 years      | 1.1-12 mg/g creatinine  |
| >= 18 year olds | 1.4-5.3 mg/g creatinine |

Creatinine in random urine:

|                 |               |
|-----------------|---------------|
| Birth-6 months  | 0.02-0.32 g/L |
| 7-11 months     | 0.02-0.36 g/L |
| 1-2 years       | 0.02-1.28 g/L |
| 3-8 years       | 0.2-1.49 g/L  |
| 9-12 years      | 0.02-1.83 g/L |
| >= 18 year olds | 0.27-3.00 g/L |

**Synonyms:**

- HVA

**Reported:**

Test run four days a week. Reports in two days.

**Additional Information:**

Homovanillic acid (HVA, 4-hydroxy-3-methoxyphenylacetic acid) has been identified as the principal urinary metabolite of dopa and dopamine. HVA is excreted in free form in relatively large amounts, and is frequently measured to support a diagnosis of neuroblastoma and malignant pheochromocytoma. HVA has been used to monitor chronic lead exposure and response to medication during the treatment of Parkinson's disease.

**CPT Codes:**

83150-90

**LOINC Codes:**

11146-8

# Human Herpes virus 6, DNA

LAB3354

## ORDERING

**Available Stat:**

No

**Performing Lab:**

UCSF Microbiology

**Performed:**

3 times per week

**Methodology:**

Real time PCR

**Reported:**

1-4 days

**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- HHV-6 PCR
- Human Herpes virus 6, PCR
- HHV6
- HHV6PCR

## COLLECTION

**Sample Type:**

Plasma

**Collect:**

EDTA (lavender) tube

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1.2 mL plasma

**Minimum Volume:**

0.6 mL plasma

**Remarks:**

CSF, BAL, and unfixed tissue should be collected and submitted in a sterile tube or container. Bone marrow should be collected in an EDTA (lavender) tube.

**Stability (from collection to initiation):**

EDTA (lavender) tube: 6 hours

**Storage/Transport Temperature:**

EDTA (lavender tube: Room temp. Plasma: Frozen.

**Unacceptable Conditions:**

grossly hemolyzed specimens, heparin tubes

## PROCESSING

**Test Code:**

HHV6

**Test Group:**

Herpes

**Sendout:**

CSF, BAL, and tissue should be frozen. Bone marrow should be uncentrifuged and ambient.

**Performing Lab:**

UCSF Microbiology

**Specimen Preparation:**

Separate plasma from cells within 6 hours. Freeze plasma at -80 deg C.

**Preferred Volume:**

1.2 mL plasma

**Minimum Volume:**

0.6 mL plasma

**Unacceptable Conditions:**

grossly hemolyzed specimens, heparin tubes

**Stability (from collection to initiation):**

EDTA (lavender) tube: 6 hours

**Storage/Transport Temperature:**

EDTA (lavender tube: Room temp. Plasma: Frozen.

**RESULT INTERPRETATION****Units:**

International Units per milliliter (IU/mL)

**Reference Interval:**

Not detected

**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Interpretive Data:**

Reportable range: 1,250 IU/mL - 12,500,000 IU/mL. Lab developed test.

**ADMINISTRATIVE****CPT Codes:**

87533

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

29495-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HHV6

**Test Group:**

Herpes

**Performing Lab:**

UCSF Microbiology

**Sendout:**

CSF, BAL, and tissue should be frozen. Bone marrow should be uncentrifuged and ambient.

**Performed:**

3 times per week

**Methodology:**

Real time PCR

**Remarks:**

CSF, BAL, and unfixed tissue should be collected and submitted in a sterile tube or container. Bone marrow should be collected in an EDTA (lavender) tube.

**Collect:**

EDTA (lavender) tube

**Amount to Collect:**

3 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

1.2 mL plasma

**Minimum Volume:**

0.6 mL plasma

**Unacceptable Conditions:**

grossly hemolyzed specimens, heparin tubes

**Specimen Preparation:**

Separate plasma from cells within 6 hours. Freeze plasma at -80 deg C.

**Units:**

International Units per milliliter (IU/mL)

**Reference Interval:**

Not detected

**Interpretive Data:**

Reportable range: 1,250 IU/mL - 12,500,000 IU/mL. Lab developed test.

**Synonyms:**

- HHV-6 PCR
- Human Herpes virus 6, PCR
- HHV6
- HHV6PCR

**Storage/Transport Temperature:**

EDTA (lavender tube: Room temp. Plasma: Frozen.

**Stability (from collection to initiation):**

EDTA (lavender) tube: 6 hours

**Reported:**

1-4 days

**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

87533

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

29495-9

# Human Herpes Virus 7 PCR, Plasma

LAB3525

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Viracor

**Methodology:**

Real time PCR

**Reported:**

Performed Monday-Friday. Turnaround 4-6 days

**Additional Information:**Assay range: 100-1.0x10<sup>8</sup> copies/mL**Synonyms:**

- HHV7 PCR
- Human Herpes virus 7, PCR
- HHV-7

## COLLECTION

**Sample Type:**

EDTA whole blood, Unfixed tissue, CSF, Marrow, BAL

**Collect:**

Lavender top, CSF tube or sterile collection tube

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

2 mL blood

**Remarks:**

Tissue specimens should be placed in sterile saline to keep moist.

**Unacceptable Conditions:**

Improperly submitted samples

## PROCESSING

**Test Code:**

HHV7

**Test Group:**

Herpes

**Sendout:**

Yes

**Performing Lab:**

Viracor

**Specimen Preparation:**

Whole Blood (Plasma): Separate plasma from cells. Transfer 2 mL plasma to a sterile container. (Min: 0.5 mL). Send Frozen.

CSF: Transfer 2 mL CSF to a sterile container. (Min: 0.5 mL). Send Frozen.

Bone Marrow: Do not centrifuge. Send original tube ambient.

BAL: Transfer 2 mL BAL to sterile container. (Min: 0.5 mL). Send Frozen.

Tissue: Send 5 mg fresh tissue frozen.

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

2 mL blood

**Unacceptable Conditions:**

Improperly submitted samples

**RESULT INTERPRETATION****Units:**

copies/mL

**Additional Information:**Assay range: 100-1.0x10<sup>8</sup> copies/mL**ADMINISTRATIVE****CPT Codes:**

87799-90

**LOINC Codes:**

49399-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HHV7

**Test Group:**

Herpes

**Performing Lab:**

Viracor

**Sendout:**

Yes

**Methodology:**

Real time PCR

**Remarks:**

Tissue specimens should be placed in sterile saline to keep moist.

**Collect:**

Lavender top, CSF tube or sterile collection tube

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood, Unfixed tissue, CSF, Marrow, BAL

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

2 mL blood

**Unacceptable Conditions:**

Improperly submitted samples

**Specimen Preparation:**

Whole Blood (Plasma): Separate plasma from cells. Transfer 2 mL plasma to a sterile container. (Min: 0.5 mL). Send Frozen.

CSF: Transfer 2 mL CSF to a sterile container. (Min: 0.5 mL). Send Frozen.

Bone Marrow: Do not centrifuge. Send original tube ambient.

BAL: Transfer 2 mL BAL to sterile container. (Min: 0.5 mL). Send Frozen.

Tissue: Send 5 mg fresh tissue frozen.

**Units:**

copies/mL

**Synonyms:**

- HHV7 PCR
- Human Herpes virus 7, PCR
- HHV-7



**Reported:**

Performed Monday-Friday. Turnaround 4-6 days

**Additional Information:**

Assay range: 100-1.0x10<sup>8</sup> copies/mL

**CPT Codes:**

87799-90

**LOINC Codes:**

49399-9

# Human Herpes Virus 8, DNA (Whole Blood)

LAB4194

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Viracor

**Methodology:**

Real time PCR

**Additional Information:**Assay range: 100-1.0x10<sup>8</sup> copies/mL**Synonyms:**

- HHV8 PCR
- Human Herpes virus 8, PCR
- HHV-8

## COLLECTION

**Sample Type:**

EDTA whole blood, Unfixed tissue, CSF, BAL

**Collect:**

Lavender top, CSF tube or sterile collection tube

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

2 mL blood

## PROCESSING

**Test Code:**

HHV8

**Test Group:**

Herpes

**Sendout:**

Yes

**Performing Lab:**

Viracor

**Specimen Preparation:**

Keep non-CSF samples at room temperature and ship at room temperature. Samples should be received at Viracor within 96 hours of collection. CSF must be frozen transported to China Basin and then shipped on dry ice to ViraCor.

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

2 mL blood

## RESULT INTERPRETATION

**Units:**

copies/mL

**Reference Interval:**

Not detected

**Additional Information:**Assay range: 100-1.0x10<sup>8</sup> copies/mL

## ADMINISTRATIVE

**CPT Codes:**

87799-90

**LOINC Codes:**  
49403-9

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
HHV8

**Test Group:**  
Herpes

**Performing Lab:**  
Viracor

**Sendout:**  
Yes

**Methodology:**  
Real time PCR

**Collect:**  
Lavender top, CSF tube or sterile collection tube

**Amount to Collect:**  
3 mL blood

**Sample Type:**  
EDTA whole blood, Unfixed tissue, CSF, BAL

**Preferred Volume:**  
3 mL blood

**Minimum Volume:**  
2 mL blood

**Specimen Preparation:**  
Keep non-CSF samples at room temperature and ship at room temperature. Samples should be received at Viracor within 96 hours of collection. CSF must be frozen transported to China Basin and then shipped on dry ice to ViraCor.

**Units:**  
copies/mL

**Reference Interval:**  
Not detected

**Synonyms:**

- HHV8 PCR
- Human Herpes virus 8, PCR
- HHV-8

**Additional Information:**  
Assay range: 100-1.0x10<sup>8</sup> copies/mL

**CPT Codes:**  
87799-90

**LOINC Codes:**  
49403-9

# Human Papilloma Virus High-Risk DNA w/Genotypes 16/18 (aka HPV)

LAB6193

## ORDERING

### Ordering Recommendations:

1. For Primary HPV testing and later reflex to Cytology (with additional charge) if HPV result is Positive or Indeterminate, use this order in Apex and bring collected thin prep sample to Clinical Labs:  
"Primary HPV w/ Reflex Cytology (aka HPV) - Lab 2203"
2. For HPV testing ONLY without any reflex testing, use this order in Apex and bring collected thin prep sample to Clinical Labs:  
"HPV High Risk with Genotype 16/18 - Lab 6193"
3. For Cytology testing and co-test or reflex to HPV (with additional charge), use this order in Apex and bring sample to Pathology/Cytology Lab:  
"Gynecologic Cytology - Path,Cyt - Lab 7012B"

To add on HPV to a sample already sent for Cytology testing, please call Cytology lab (Anatomic Pathology) at 353-7455. DO NOT place order in Apex.

### Available Stat:

No

### Performing Lab:

Immunology

### Performed:

Twice a week

### Methodology:

PCR

### Reported:

1-5 days

### Additional Information:

In 2018, the United States Preventive Services Task Force (USPSTF) recommends testing women between the ages of 30 and 65 for cervical cancer with one of the following methods:

- Every 5 years with high-risk HPV testing alone
- Every 5 years with cytology and high-risk HPV co-testing
- Every 3 years with cytology alone

Testing may be indicated outside of the above guidelines with clinical management may be affected or in other situations per clinical discretion.

### Synonyms:

- HPV
- Cervical cancer
- Pap smear
- Papanicolaou smear
- HPVHRG
- HPVPRY

## COLLECTION

### Sample Type:

Cervical brush sample in preservative

### Label Abbreviation:

HPVHRG

### Collect:

ThinPrep PreservCyt solution

### Minimum Volume:

Sample in 4 mL preservative

### Remarks:

Place the cervical brush in the Cytoc ThinPrep PreservCyt solution

### Unacceptable Conditions:

Specimen not received in required preservative

## PROCESSING

**Test Code:**

HPVHRG - Human Papilloma Virus High-Risk DNA w/Genotypes 16/18 (aka HPV)  
 HPVPRY - Primary HPV w/ Reflex Cytology

**Performing Lab:**

Immunology

**Specimen Preparation:**

Store at room temperature until processed. Do not centrifuge the sample. Forward to Immunology at room temperature.

To add on HPVHRG to a sample already sent for Cytology testing, provider will need to call Cytology lab (Anatomic Pathology) at 353-7455. DO NOT place order in Apex.

If only HPVHRG is required without Cytology, provider can order the HPVHRG in Apex and send the sample to Clinical Labs directly.

To order Primary HPV testing provider can order Primary HPV w/ Reflex Cytology (HPVPRY) in Apex and send the sample to Clinical Labs directly. Positive or indeterminate HPV sample will be sent to Cytology lab for reflex testing with additional charge.

**Minimum Volume:**

Sample in 4 mL preservative

**Unacceptable Conditions:**

Specimen not received in required preservative

**RESULT INTERPRETATION****Reference Interval:**

HPV DNA, Genotype 16: Not Detected  
 HPV DNA, Genotype 18: Not Detected  
 HPV DNA, High Risk(Non 16/18): Not Detected

**Additional Information:**

In 2018, the United States Preventive Services Task Force (USPSTF) recommends testing women between the ages of 30 and 65 for cervical cancer with one of the following methods:

- Every 5 years with high-risk HPV testing alone
- Every 5 years with cytology and high-risk HPV co-testing
- Every 3 years with cytology alone

Testing may be indicated outside of the above guidelines with clinical management may be affected or in other situations per clinical discretion.

**ADMINISTRATIVE****CPT Codes:**

87624

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

1. For Primary HPV testing and later reflex to Cytology (with additional charge) if HPV result is Positive or Indeterminate, use this order in Apex and bring collected thin prep sample to Clinical Labs:  
 "Primary HPV w/ Reflex Cytology (aka HPV) - Lab 2203"
2. For HPV testing ONLY without any reflex testing, use this order in Apex and bring collected thin prep sample to Clinical Labs:  
 "HPV High Risk with Genotype 16/18 - Lab 6193"
3. For Cytology testing and co-test or reflex to HPV (with additional charge), use this order in Apex and bring sample to Pathology/Cytology Lab:  
 "Gynecologic Cytology - Path,Cyt - Lab 7012B"

To add on HPV to a sample already sent for Cytology testing, please call Cytology lab (Anatomic Pathology) at 353-7455. DO NOT place order in Apex.

**Test Code:**

HPVHRG - Human Papilloma Virus High-Risk DNA w/Genotypes 16/18 (aka HPV)  
 HPVPRY - Primary HPV w/ Reflex Cytology

**Performing Lab:**

Immunology

**Performed:**

Twice a week

**Methodology:**

PCR

**Remarks:**

Place the cervical brush in the Cytoc ThinPrep PreservCyt solution

**Collect:**

ThinPrep PreservCyt solution

**Sample Type:**

Cervical brush sample in preservative

**Minimum Volume:**

Sample in 4 mL preservative

**Unacceptable Conditions:**

Specimen not received in required preservative

**Specimen Preparation:**

Store at room temperature until processed. Do not centrifuge the sample. Forward to Immunology at room temperature.

To add on HPVHRG to a sample already sent for Cytology testing, provider will need to call Cytology lab (Anatomic Pathology) at 353-7455. DO NOT place order in Apex.

If only HPVHRG is required without Cytology, provider can order the HPVHRG in Apex and send the sample to Clinical Labs directly.

To order Primary HPV testing provider can order Primary HPV w/ Reflex Cytology (HPVPRY) in Apex and send the sample to Clinical Labs directly. Positive or indeterminate HPV sample will be sent to Cytology lab for reflex testing with additional charge.

**Reference Interval:**

HPV DNA, Genotype 16: Not Detected

HPV DNA, Genotype 18: Not Detected

HPV DNA, High Risk(Non 16/18): Not Detected

**Synonyms:**

- HPV
- Cervical cancer
- Pap smear
- Papanicolaou smear
- HPVHRG
- HPVPRY

**Reported:**

1-5 days

**Additional Information:**

In 2018, the United States Preventive Services Task Force (USPSTF) recommends testing women between the ages of 30 and 65 for cervical cancer with one of the following methods:

- Every 5 years with high-risk HPV testing alone
- Every 5 years with cytology and high-risk HPV co-testing
- Every 3 years with cytology alone

Testing may be indicated outside of the above guidelines with clinical management may be affected or in other situations per clinical discretion.

**CPT Codes:**

87624

# Human T-Lymphotropic Virus (HTLV) Types I/II Antibodies by ELISA with Reflex to HTLV-I/II Confirmation by Western Blot

LAB99820

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Mon, Wed-Sat

**Methodology:**

Qualitative Enzyme-Linked Immunosorbent Assay/Qualitative Western Blot

**Reported:**

1-3 days

**Reflex Testing:**

Positive results are reflexed to Western blot

**Synonyms:**

- HTLV 1, 2 western blot confirmation
- HTLV 1/2
- HTLV Types 1 & 2 confirmation
- HTLVB
- HTLV Types 1 & 2 confirmation

## COLLECTION

**Sample Type:**

Serum of plasma

**Label Abbreviation:**

HTLVB

**Collect:**

Serum Separator Tube (SST). Also acceptable: Light Blue (Sodium Citrate), Green (Sodium or Lithium Heparin) or Lavender (EDTA).

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Specimens containing particulate material.

## PROCESSING

**Test Code:**

HTLVB

**ARUP Test Code:**

0051164

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Unacceptable Conditions:**

Specimens containing particulate material.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

| Components                    | Reference Interval |
|-------------------------------|--------------------|
| HTLV I/II Antibodies by ELISA | Negative           |

**Interpretive Data:**

This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

**ADMINISTRATIVE****CPT Codes:**

86790; if reflexed, add 86689

**LOINC:**

- 29901-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HTLVB

**ARUP Test Code:**

0051164

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Mon, Wed-Sat

**Methodology:**

Qualitative Enzyme-Linked Immunosorbent Assay/Qualitative Western Blot

**Collect:**

Serum Separator Tube (SST). Also acceptable: Light Blue (Sodium Citrate), Green (Sodium or Lithium Heparin) or Lavender (EDTA).

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum of plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Unacceptable Conditions:**

Specimens containing particulate material.

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)



**Reference Interval:**

| Components                    | Reference Interval |
|-------------------------------|--------------------|
| HTLV I/II Antibodies by ELISA | Negative           |

**Interpretive Data:**

This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

**Synonyms:**

- HTLV 1, 2 western blot confirmation
- HTLV 1/2
- HTLV Types 1 & 2 confirmation
- HTLVB
- HTLV Types 1 & 2 confirmation

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

**Reported:**

1-3 days

**Reflex Testing:**

Positive results are reflexed to Western blot

**CPT Codes:**

86790; if reflexed, add 86689

**LOINC:**

- 29901-6

**Notes:**

If HTLV I/II screen is repeatedly reactive, then HTLV I/II Confirmation by Western Blot will be added. Additional charges apply.

\*Performed and Reported times indicated are for screening of the anti-HTLV. Refer to Human T-Lymphotropic Virus Types I/II Antibodies, Western Blot (0020642) for additional information regarding Performed and Reported times.

# Huntington's Disease Triplet Repeat

LAB3292

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run once per 1-2 weeks or as needed

**Methodology:**

PCR and capillary electrophoresis. Reflex to genomic Southern blot, if homozygosity is detected by PCR.

**Reported:**

10-14 days

**Additional Information:**

The results for this test will not be available in APEX to safeguard patient confidentiality. All Huntington's results are referred to Genetic Counselor Jamie C. Fong and must be obtained from her at (415) 476-8613.

Results are reported as in the Table below following recommendations from the American College of Medical Genetics and Genomics (Bean L, Bayrak-Toydemir P. Genet. Med 16:1-7, 2014, PMID: 25356969).

| CAG repeat size | Interpretation                    |
|-----------------|-----------------------------------|
| Less than 27    | Normal allele                     |
| 27 - 35         | Normal mutable allele             |
| 36 - 39         | HD allele with reduced penetrance |
| > 39            | HD allele with full penetrance    |

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- Huntington chorea
- HTT

## COLLECTION

**Sample Type:**

EDTA, citrated or ACD whole blood

**Collect:**

Lavender top preferred, Blue top and Yellow (ACD) tops acceptable

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Remarks:**

All patients must receive genetic counseling prior to pre-symptomatic Huntingtons testing. The name of the genetic counselor who provided counseling must be included on the test requisition.

If collecting in citrate, check the expiration date on the label of the blue top vacutainer before drawing the patient.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Unacceptable Conditions:**

Inadequate sample. Samples collected in heparin.

## PROCESSING

**Test Code:**

HUNT

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable.

**Preferred Volume:**

3 mL blood

**Unacceptable Conditions:**

Inadequate sample. Samples collected in heparin.

**RESULT INTERPRETATION****Reference Interval:**

Normal, CAG repeat sizes less than 27.

**Additional Information:**

The results for this test will not be available in APEX to safeguard patient confidentiality. All Huntington's results are referred to Genetic Counselor Jamie C. Fong and must be obtained from her at (415) 476-8613.

Results are reported as in the Table below following recommendations from the American College of Medical Genetics and Genomics (Bean L, Bayrak-Toydemir P. Genet. Med 16:1-7, 2014, PMID: 25356969).

| CAG repeat size | Interpretation                    |
|-----------------|-----------------------------------|
| Less than 27    | Normal allele                     |
| 27 - 35         | Normal mutable allele             |
| 36 - 39         | HD allele with reduced penetrance |
| > 39            | HD allele with full penetrance    |

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

81271, 81274

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

53782-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HUNT

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run once per 1-2 weeks or as needed

**Methodology:**

PCR and capillary electrophoresis. Reflex to genomic Southern blot, if homozygosity is detected by PCR.

**Remarks:**

All patients must receive genetic counseling prior to pre-symptomatic Huntingtons testing. The name of the genetic counselor who provided counseling must be included on the test requisition.

If collecting in citrate, check the expiration date on the label of the blue top vacutainer before drawing the patient.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top preferred, Blue top and Yellow (ACD) tops acceptable

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA, citrated or ACD whole blood

**Preferred Volume:**

3 mL blood

**Unacceptable Conditions:**

Inadequate sample. Samples collected in heparin.

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable.

**Reference Interval:**

Normal, CAG repeat sizes less than 27.

**Synonyms:**

- Huntington chorea
- HTT

**Reported:**

10-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

The results for this test will not be available in APEX to safeguard patient confidentiality. All Huntington's results are referred to Genetic Counselor Jamie C. Fong and must be obtained from her at (415) 476-8613.

Results are reported as in the Table below following recommendations from the American College of Medical Genetics and Genomics (Bean L, Bayrak-Toydemir P. Genet. Med 16:1-7, 2014, PMID: 25356969).

| CAG repeat size | Interpretation                    |
|-----------------|-----------------------------------|
| Less than 27    | Normal allele                     |
| 27 - 35         | Normal mutable allele             |
| 36 - 39         | HD allele with reduced penetrance |
| > 39            | HD allele with full penetrance    |

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

81271, 81274

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

53782-9

# Hypersensitivity Pneumonitis Panel

LAB856

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunodiffusion

**Reported:**

Test performed Tuesday-Friday. Turnaround time: 2-6 days.

**Additional Information:**

Immunodiffusion panel detects primarily IgG antibodies to the antigens of Micropolyspora faeni, Thermoactinomyces vulgaris, T. candidus, Aspergillus fumigatus Saccharomonas viridis and avian (pigeon) serum.

**Synonyms:**

- Thermophilic actinomyces
- Aspergillus fumigatus, Micropolyspora faeni, Pigeon serum, T. candidis, T. vulgaris, S. viridis
- farmers lung serology

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

HPTA

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.5 mL serum

## PROCESSING

**Test Code:**

HPTA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 14978X.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.5 mL serum

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Immunodiffusion panel detects primarily IgG antibodies to the antigens of Micropolyspora faeni, Thermoactinomyces vulgaris, T. candidus, Aspergillus fumigatus Saccharomonas viridis and avian (pigeon) serum.

## ADMINISTRATIVE

**CPT Codes:**

86331-90, 86606-90, 86609-90 x 4

**LOINC Codes:**  
35577-6

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
HPTA

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Immunodiffusion

**Collect:**  
Gold top

**Amount to Collect:**  
4 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
2 mL serum

**Minimum Volume:**  
0.5 mL serum

**Specimen Preparation:**  
Refrigerate. Order Quest # 14978X.

**Reference Interval:**  
Negative

**Synonyms:**

- Thermophilic actinomyces
- Aspergillus fumigatus, Micropolyspora faeni, Pigeon serum, T. candidis, T. vulgaris, S. viridis
- farmers lung serology

**Reported:**  
Test performed Tuesday-Friday. Turnaround time: 2-6 days.

**Additional Information:**  
Immunodiffusion panel detects primarily IgG antibodies to the antigens of Micropolyspora faeni, Thermoactinomyces vulgaris, T. candidus, Aspergillus fumigatus Saccharomonas viridis and avian (pigeon) serum.

**CPT Codes:**  
86331-90, 86606-90, 86609-90 x 4

**LOINC Codes:**  
35577-6

# Hypoglycemia Panel (Sulfonylureas), Serum or Plasma

LAB9043

## ORDERING

**Ordering Recommendations:**

Preferred test to evaluate if etiology of hypoglycemia is sulfonylurea ingestion.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Varies

**Methodology:**

Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

8-11 days

**Synonyms:**

- Amaryl (Glimepiride)
- Diabinese (Chlorpropamide)
- Diabinese{R} (Sulfonylurea Hypoglycemics Panel (Qualitative), Serum or Plasma)
- Dymelor (Acetohexamide)
- Glucotrol (Glipizide)
- Meglitinides
- Micronase (Glyburide)
- Orinase (Tolbutamide)
- Prandin (Regaglinide)
- Starlix (Nateglinide)
- Tolinase (Tolazamide)
- Amaryl
- DiaBeta
- Diabinese
- Glucotrol
- Glynase
- Micronase
- Orinase
- Prandin
- Starlix
- Sulfonylureas
- Tolinase
- SULFO

## COLLECTION

**Sample Type:**

Serum of plasma

**Label Abbreviation:**

SULFO

**Collect:**

Plain red or gray (sodium fluoride/potassium oxalate)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 28 days; Frozen: 24 months

**Storage/Transport Temperature:**

Frozen. Also acceptable: Refrigerated

**Unacceptable Conditions:**

Separator tubes.

## PROCESSING

**Test Code:**

SULFO

**ARUP Test Code:**

3005636

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Unacceptable Conditions:**

Separator tubes.

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 28 days; Frozen: 24 months

**Storage/Transport Temperature:**

Frozen. Also acceptable: Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

By report

**ADMINISTRATIVE****CPT Codes:**

80377 (Alt Code: G0480)

**LOINC:**

- 9629-7
- 10540-3
- 49702-4
- 4061-8
- 10539-5
- 3474-4
- 38542-7
- 40465-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Preferred test to evaluate if etiology of hypoglycemia is sulfonylurea ingestion.

**Test Code:**

SULFO

**ARUP Test Code:**

3005636

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Varies

**Methodology:**

Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Plain red or gray (sodium fluoride/potassium oxalate)

**Amount to Collect:**

2 mL blood



**Sample Type:**

Serum or plasma

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Unacceptable Conditions:**

Separator tubes.

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Reference Interval:**

By report

**Synonyms:**

- Amaryl (Glimepiride)
- Diabinese (Chlorpropamide)
- Diabinese{R} (Sulfonylurea Hypoglycemics Panel (Qualitative), Serum or Plasma)
- Dymelor (Acetohexamide)
- Glucotrol (Glipizide)
- Meglitinides
- Micronase (Glyburide)
- Orinase (Tolbutamide)
- Prandin (Regaglinide)
- Starlix (Nateglinide)
- Tolinase (Tolazamide)
- Amaryl
- DiaBeta
- Diabinese
- Glucotrol
- Glynase
- Micronase
- Orinase
- Prandin
- Starlix
- Sulfonylureas
- Tolinase
- SULFO

**Storage/Transport Temperature:**

Frozen. Also acceptable: Refrigerated

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 28 days; Frozen: 24 months

**Reported:**

8-11 days

**CPT Codes:**

80377 (Alt Code: G0480)

**LOINC:**

- 9629-7
- 10540-3
- 49702-4
- 4061-8
- 10539-5
- 3474-4
- 38542-7
- 40465-7

# Ibuprofen

IBUP

## ORDERING

**Available Stat:**

No

**Performing Lab:**

MDTX via Quest

**Methodology:**

HPLC

**Reported:**

Test performed daily. Turnaround time: 3-5 days.

**Additional Information:**

For patients with Cystic Fibrosis.

**Synonyms:**

- Advil

## COLLECTION

**Sample Type:**

Serum (plasma acceptable)

**Collect:**Red top (Lavender or Dark Green top OK; Gold top **NOT** acceptable)**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 ml serum or plasma

**Minimum Volume:**

1 mL serum or plasma

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

IBUP

**Sendout:**

Yes

**Performing Lab:**

MDTX via Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 5136

**Preferred Volume:**

2 ml serum or plasma

**Minimum Volume:**

1 mL serum or plasma

**Unacceptable Conditions:**

Collected in Gold top

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

Normal: 0-49 mg/L

Potentially toxic: 50-74 mg/L

Toxic: &gt; 75 mg/L

**Critical Values:**

Quest Priority-1: &gt;= 100 mg/L

**Additional Information:**

For patients with Cystic Fibrosis.

**ADMINISTRATIVE****CPT Codes:**

80299-90

**LOINC Codes:**

35614-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IBUP

**Performing Lab:**

MDTX via Quest

**Sendout:**

Yes

**Methodology:**

HPLC

**Collect:**Red top (Lavender or Dark Green top OK; Gold top **NOT** acceptable)**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum (plasma acceptable)

**Preferred Volume:**

2 ml serum or plasma

**Minimum Volume:**

1 mL serum or plasma

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Refrigerate. Order Quest # 5136

**Units:**

mg/L

**Reference Interval:**

Normal: 0-49 mg/L

Potentially toxic: 50-74 mg/L

Toxic: &gt; 75 mg/L

**Critical Values:**Quest Priority-1:  $\geq 100$  mg/L**Synonyms:**

- Advil

**Reported:**

Test performed daily. Turnaround time: 3-5 days.

**Additional Information:**

For patients with Cystic Fibrosis.

**CPT Codes:**

80299-90

**LOINC Codes:**

35614-7

# Ig Heavy-Chain Gene Rearrangement

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

PCR

**Reported:**

Test set up Monday and Wednesday. Turnaround time: 8-10 days.

**Additional Information:**

Primarily used to confirm clonality in suspected B-cell lymphoma. Note clonal rearrangements of the Ig heavy chain gene is strongly supportive of a B-cell lineage but may be seen in rare T-cell lymphoma. This test was developed and its performance characteristics determined by Quest Diagnostics-Nichols Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Synonyms:**

- PCR

## COLLECTION

**Sample Type:**

EDTA whole blood, Marrow, fresh frozen or formalin fixed tissue

**Collect:**

Lavender top

**Amount to Collect:**

5 mL blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

1 mL blood

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Do NOT centrifuge blood-keep at room temperature; freeze tissue at -70C. Order Quest # 14868X.

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

1 mL blood

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Primarily used to confirm clonality in suspected B-cell lymphoma. Note clonal rearrangements of the Ig heavy chain gene is strongly supportive of a B-cell lineage but may be seen in rare T-cell lymphoma. This test was developed and its performance characteristics determined by Quest Diagnostics-Nichols Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

83890-90, 83898-90 x3, 83909-90 x3, 83912-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

PCR

**Collect:**

Lavender top

**Amount to Collect:**

5 mL blood

**Sample Type:**

EDTA whole blood, Marrow, fresh frozen or formalin fixed tissue

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

1 mL blood

**Specimen Preparation:**

Do NOT centrifuge blood-keep at room temperature; freeze tissue at -70C. Order Quest # 14868X.

**Reference Interval:**

Negative

**Synonyms:**

- PCR

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week

**Reported:**

Test set up Monday and Wednesday. Turnaround time: 8-10 days.

**Additional Information:**

Primarily used to confirm clonality in suspected B-cell lymphoma. Note clonal rearrangements of the Ig heavy chain gene is strongly supportive of a B-cell lineage but may be seen in rare T-cell lymphoma. This test was developed and its performance characteristics determined by Quest Diagnostics-Nichols Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

83890-90, 83898-90 x3, 83909-90 x3, 83912-90

# IgA, Serum

LAB73

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Turbidimetry

**Reported:**

1-3 days

**Additional Information:**

Reference:

Lockitch G., Halstead AC, Quiglesy G, MacCallum C. Age and Sex Specific Pediatric Reference Intervals: Study Design Methods Illustrated by Measurement of Serum Proteins with Behring LN Nephelometer. Clin Chem 1988; 34:1618-1621.

**Synonyms:**

- Alpha chain

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Refrigerated 7 days; Frozen for longer stability

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

## PROCESSING

**Test Code:**

IGA

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerated

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

**Stability (from collection to initiation):**

Refrigerated 7 days; Frozen for longer stability

**Storage/Transport Temperature:**

Refrigerated

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

| Age         | mg/dL  |
|-------------|--------|
| <1 years    | 0-83   |
| 1-3 years   | 20-100 |
| 4-6 years   | 27-195 |
| 7-9 years   | 34-305 |
| 10-11 years | 53-204 |
| 12-13 years | 58-358 |
| 14-15 years | 47-249 |
| 16-19 years | 61-348 |
| >19 years   | 85-499 |

**Additional Information:**

Reference:

Lockitch G., Halstead AC, Quiglesy G, MacCallum C. Age and Sex Specific Pediatric Reference Intervals: Study Design Methods Illustrated by Measurement of Serum Proteins with Behring LN Nephelometer. Clin Chem 1988; 34:1618-1621.

**ADMINISTRATIVE****CPT Codes:**

82784

**LOINC Codes:**

2458-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IGA

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Turbidimetry

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

**Specimen Preparation:**

Refrigerated

**Units:**

mg/dL

**Reference Interval:**

| Age         | mg/dL  |
|-------------|--------|
| <1 years    | 0-83   |
| 1-3 years   | 20-100 |
| 4-6 years   | 27-195 |
| 7-9 years   | 34-305 |
| 10-11 years | 53-204 |
| 12-13 years | 58-358 |
| 14-15 years | 47-249 |
| 16-19 years | 61-348 |
| >19 years   | 85-499 |

**Synonyms:**

- Alpha chain

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated 7 days; Frozen for longer stability

**Reported:**

1-3 days

**Additional Information:**

Reference:

Lockitch G., Halstead AC, Quiglesy G, MacCallum C. Age and Sex Specific Pediatric Reference Intervals: Study Design Methods Illustrated by Measurement of Serum Proteins with Behring LN Nephelometer. Clin Chem 1988; 34:1618-1621.

**CPT Codes:**

82784

**LOINC Codes:**

2458-8



# IgD, Serum

LAB5248

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Nephelometry

**Reported:**

Set of 2x per week, Turnaround time 5-7 days.

**Additional Information:**

IgD molecular weight 185 kD is one of the 5 classes of human immunoglobulins. IgD accounts for less than 1% of the total plasma immunoglobulins. Very high serum IgD concentrations are found in the multiple myeloma patients. Raised levels are also found in the hyperimmunoglobulinemia IgD syndrome (HIDS).

**Synonyms:**

- Immunoglobulin D

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

IGD

**Collect:**

Red top, Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 7 days, frozen 3 weeks.

## PROCESSING

**Test Code:**

IGD

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze serum and send frozen. Order Quest test #541X, if B/T patients, order LabCorp test #002162.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 7 days, frozen 3 weeks.

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

&lt; 179 mg/L

**Additional Information:**

IgD molecular weight 185 kD is one of the 5 classes of human immunoglobulins. IgD accounts for less than 1% of the total plasma immunoglobulins. Very high serum IgD concentrations are found in the multiple myeloma patients. Raised levels are also found in the hyperimmunoglobulinemia IgD syndrome (HIDS).

**ADMINISTRATIVE****CPT Codes:**

82784-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IGD

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Nephelometry

**Collect:**

Red top, Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Freeze serum and send frozen. Order Quest test #541X, if B/T patients, order LabCorp test #002162.

**Units:**

mg/L

**Reference Interval:**

< 179 mg/L

**Synonyms:**

- Immunoglobulin D

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 7 days, frozen 3 weeks.

**Reported:**

Set of 2x per week, Turnaround time 5-7 days.

**Additional Information:**

IgD molecular weight 185 kD is one of the 5 classes of human immunoglobulins. IgD accounts for less than 1% of the total plasma immunoglobulins. Very high serum IgD concentrations are found in the multiple myeloma patients. Raised levels are also found in the hyperimmunoglobulinemia IgD syndrome (HIDS).

**CPT Codes:**

82784-90

**IgE, Serum, Total**

LAB74

**ORDERING****Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Tuesday (day shift)

**Methodology:**

Turbidimetric/Immunoturbidimetric

**Reported:**

1-8 days

**Additional Information:**

Young children without allergic symptoms can be expected to have values which are 10-20% of adult levels. Children with high IgE levels have an increased incidence of symptoms consistent with atopic allergy.

**COLLECTION****Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature: 1 day, refrigerated: 2 days, and frozen at -20°C: 12 days.

**PROCESSING****Test Code:**

IGE

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze at -20C

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature: 1 day, refrigerated: 2 days, and frozen at -20°C: 12 days.

**RESULT INTERPRETATION****Units:**

IU/mL

**Reference Interval:**

| Age            | IU/mL                        |
|----------------|------------------------------|
| < 1 year       | Test not recommended for age |
| 1 to 5 years   | < 60                         |
| 6 to 9 years   | < 90                         |
| 10 to 15 years | < 200                        |
| Adults         | < 100                        |

**Additional Information:**

Young children without allergic symptoms can be expected to have values which are 10-20% of adult levels. Children with high IgE levels have an increased incidence of symptoms consistent with atopic allergy.

**Interpretive Data:**

Notes:

It is not recommended to use this test for children less than 12 months of age.

Reference ranges have not been verified by UCSF Clinical Laboratories for patients 1-15 years old.

Age related concentrations must be taken into account when interpreting IgE values in children. IgE does not cross the placental barrier so IgE is not detectable in neonates. The IgE concentration increases during the first years of life, reaching a peak at 10 to 15 years and dropping subsequently to adult values.

References:

Ringel KP, Dati F, Buchholz, E. IgE- Normalwerte bei Kindern. Laboratoriumsblätter 1982;32:26-34.

Dati F, Ringel KP. Reference values for serum IgE in healthy non-atopic children and adults, Clin Chem 1982; 7:1556.

**ADMINISTRATIVE****CPT Codes:**

82785

**LOINC Codes:**

19113-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IGE

**Performing Lab:**

Immunology

**Performed:**

Tuesday (day shift)

**Methodology:**

Turbidimetric/Immunoturbidimetric

**Collect:**

Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Freeze at -20C

**Units:**

IU/mL

**Reference Interval:**

| Age            | IU/mL                        |
|----------------|------------------------------|
| < 1 year       | Test not recommended for age |
| 1 to 5 years   | < 60                         |
| 6 to 9 years   | < 90                         |
| 10 to 15 years | < 200                        |
| Adults         | < 100                        |

**Interpretive Data:****Notes:**

It is not recommended to use this test for children less than 12 months of age.

Reference ranges have not been verified by UCSF Clinical Laboratories for patients 1-15 years old.

Age related concentrations must be taken into account when interpreting IgE values in children. IgE does not cross the placental barrier so IgE is not detectable in neonates. The IgE concentration increases during the first years of life, reaching a peak at 10 to 15 years and dropping subsequently to adult values.

**References:**

Ringel KP, Dati F, Buchholz, E. IgE- Normalwerte bei Kindern. Laboratoriumsblätter 1982;32:26-34.

Dati F, Ringel KP. Reference values for serum IgE in healthy non-atopic children and adults, Clin Chem 1982; 7:1556.

**Stability (from collection to initiation):**

Room temperature: 1 day, refrigerated: 2 days, and frozen at -20°C: 12 days.

**Reported:**

1-8 days

**Additional Information:**

Young children without allergic symptoms can be expected to have values which are 10-20% of adult levels. Children with high IgE levels have an increased incidence of symptoms consistent with atopic allergy.

**CPT Codes:**

82785

**LOINC Codes:**

19113-0

# IgE, Specific

LAB5302

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon-Fri

**Methodology:**

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

**Reported:**

2-3 days

**Additional Information:**

It is generally believed that reactivity of Class 2 or below is not an indication for immunotherapy.

A NEGATIVE RESULT CAN OCCUR IN A SENSITIZED INDIVIDUAL WHO HAS NOT BEEN EXPOSED TO A PARTICULAR ANTIGEN FOR A PROLONGED PERIOD OF TIME, AND MAY ALSO OCCUR IN AN INDIVIDUAL WHO HAS VERY RECENTLY SUFFERED A SEVERE ALLERGIC REACTION.

Due to the rise and fall of circulating antibodies to venoms and to penicillin G or V, specimens should be collected no sooner than 2-3 weeks and no later than 6 months after an insect sting or a penicillin exposure.

[List of Available Allergens](#)

Tests must be ordered individually rather than in (more expensive) panels. See ARUP website for specific allergens available.

Medicare/MediCal will not reimburse testing for specific IgE in a patient who has not previously demonstrated an elevation of total IgE.

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

**Synonyms:**

- Allergy
- Allergen
- IGE

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

IGE

**Collect:**

Gold or red top

**Amount to Collect:**

0.5 mL blood for first allergen plus 0.2 mL for each additional allergen ordered

**Preferred Volume:**

0.25 mL serum for first allergen plus 0.1 mL for each additional allergen ordered

**Minimum Volume:**

0.25 mL serum for first allergen plus 0.04 mL for each additional allergen ordered

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Rejection Criteria:**

Hemolyzed, icteric or lipemic specimens.

## PROCESSING

**Test Code:**

IGES

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Refrigerate serum.

Mark the appropriate ARUP test code from the test listing on the reference lab request slip, and order the proper Charge Group of the test in the laboratory computer.

Charge group 1 IGES1

Charge group 2 IGES2

Charge group 3 IGES3

Charge group 4 IGES4

Charge group 5 IGES5

Requests for "Egg Components" should be ordered as: Egg, White; Egg, Whole; Ovomucoid; Ovalbumin

Requests for "Milk Components" should be ordered as: Milk (Cow); Beta-lactoglobulin; Casein; Alpha-lactalbumin

Requests for "Peanut Components" are not covered by this test.

See 'Additional Information' section for list of available antigens.

**Preferred Volume:**

0.25 mL serum for first allergen plus 0.1 mL for each additional allergen ordered

**Minimum Volume:**

0.25 mL serum for first allergen plus 0.04 mL for each additional allergen ordered

**Rejection Criteria:**

Hemolyzed, icteric or lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

**RESULT INTERPRETATION****Units:**

kU/L

**Reference Interval:**

&lt; 0.10 kU/L

**Additional Information:**

It is generally believed that reactivity of Class 2 or below is not an indication for immunotherapy.

A NEGATIVE RESULT CAN OCCUR IN A SENSITIZED INDIVIDUAL WHO HAS NOT BEEN EXPOSED TO A PARTICULAR ANTIGEN FOR A PROLONGED PERIOD OF TIME, AND MAY ALSO OCCUR IN AN INDIVIDUAL WHO HAS VERY RECENTLY SUFFERED A SEVERE ALLERGIC REACTION.

Due to the rise and fall of circulating antibodies to venoms and to penicillin G or V, specimens should be collected no sooner than 2-3 weeks and no later than 6 months after an insect sting or a penicillin exposure.

[List of Available Allergens](#)

Tests must be ordered individually rather than in (more expensive) panels. See ARUP website for specific allergens available.

Medicare/MediCal will not reimburse testing for specific IgE in a patient who has not previously demonstrated an elevation of total IgE.

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

**ADMINISTRATIVE**

**CPT Codes:**

86003

**LOINC Codes:**

Varies

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IGES

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon-Fri

**Methodology:**

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

**Collect:**

Gold or red top

**Amount to Collect:**

0.5 mL blood for first allergen plus 0.2 mL for each additional allergen ordered

**Sample Type:**

Serum

**Preferred Volume:**

0.25 mL serum for first allergen plus 0.1 mL for each additional allergen ordered

**Minimum Volume:**

0.25 mL serum for first allergen plus 0.04 mL for each additional allergen ordered

**Rejection Criteria:**

Hemolyzed, icteric or lipemic specimens.

**Specimen Preparation:**

Refrigerate serum.

Mark the appropriate ARUP test code from the test listing on the reference lab request slip, and order the proper Charge Group of the test in the laboratory computer.

Charge group 1 IGES1

Charge group 2 IGES2

Charge group 3 IGES3

Charge group 4 IGES4

Charge group 5 IGES5

Requests for "Egg Components" should be ordered as: Egg, White; Egg, Whole; Ovomucoid; Ovalbumin

Requests for "Milk Components" should be ordered as: Milk (Cow); Beta-lactoglobulin; Casein; Alpha-lactalbumin

Requests for "Peanut Components" are not covered by this test.

See 'Additional Information' section for list of available antigens.

**Units:**

kU/L

**Reference Interval:**

&lt; 0.10 kU/L

**Synonyms:**

- Allergy
- Allergen
- IGE

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Reported:**

2-3 days



**Additional Information:**

It is generally believed that reactivity of Class 2 or below is not an indication for immunotherapy.

A NEGATIVE RESULT CAN OCCUR IN A SENSITIZED INDIVIDUAL WHO HAS NOT BEEN EXPOSED TO A PARTICULAR ANTIGEN FOR A PROLONGED PERIOD OF TIME, AND MAY ALSO OCCUR IN AN INDIVIDUAL WHO HAS VERY RECENTLY SUFFERED A SEVERE ALLERGIC REACTION.

Due to the rise and fall of circulating antibodies to venoms and to penicillin G or V, specimens should be collected no sooner than 2-3 weeks and no later than 6 months after an insect sting or a penicillin exposure.

[List of Available Allergens](#)

Tests must be ordered individually rather than in (more expensive) panels. See ARUP website for specific allergens available.

Medicare/MediCal will not reimburse testing for specific IgE in a patient who has not previously demonstrated an elevation of total IgE.

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

**CPT Codes:**

86003

**LOINC Codes:**

Varies

IGF-I, Pediatric, RIA  
LAB3346

ORDERING

**Available Stat:**  
No

**Performing Lab:**  
Esoterix

**Methodology:**  
Blocking RIA after acid:alcohol extraction

**Reported:**  
Test performed Monday-Saturday. Turnaround time: 3-5 days.

**Additional Information:**  
This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "IGF-I" (test code IGF1). It requires approval if ordered in patients over the age of 20

**Synonyms:**

- Somatomedin C
- IGF-1 ultrasensitive

COLLECTION

**Sample Type:**  
Serum

**Collect:**  
Gold top

**Amount to Collect:**  
2 mL blood

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.1 mL serum

PROCESSING

**Test Code:**  
PIGF1

**Test Group:**  
IGF1

**Sendout:**  
Yes

**Performing Lab:**  
Esoterix

**Specimen Preparation:**  
Aliquot serum and freeze. Ship frozen to China Basin

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.1 mL serum

RESULT INTERPRETATION

**Units:**  
ng/mL

**Reference Interval:**  
Newborns and Infants

| Age            | Term (ng/mL) | Preterm (ng/mL) |
|----------------|--------------|-----------------|
| Birth          | 15-109       | 21-93           |
| 1 day-2 months | 15-109       | 23-163          |
| 3-4 months     | 7-124        | 23-171          |
| 5-6 months     | 7-93         | 15-132          |
|                |              |                 |

|             |        |        |
|-------------|--------|--------|
| 7-12 months | 15-101 | 15-179 |
|-------------|--------|--------|

## Children

| Age       | Male Range (ng/mL) | Female Range (ng/mL) |
|-----------|--------------------|----------------------|
| 1-2 years | 30-122             | 56-144               |

## Male Pubertal Ranges by Tanner Stage

| Age      | Tanner 1 (ng/mL) | Tanner 2 & 3 (ng/mL) | Tanner 4 & 5 (ng/mL) |
|----------|------------------|----------------------|----------------------|
| 3 years  | 20-141           |                      |                      |
| 4 years  | 25-157           |                      |                      |
| 5 years  | 30-174           |                      |                      |
| 6 years  | 37-192           |                      |                      |
| 7 years  | 44-211           |                      |                      |
| 8 years  | 52-231           | 39-264               |                      |
| 9 years  | 61-252           | 52-304               |                      |
| 10 years | 71-275           | 67-347               |                      |
| 11 years | 82-299           | 86-393               | 277-673              |
| 12 years | 93-324           | 106-443              | 265-652              |
| 13 years | 106-350          | 130-497              | 241-612              |
| 14 years | 120-377          | 156-554              | 220-574              |
| 15 years | 127-391          | 185-616              | 199-537              |
| 16 years |                  | 201-648              | 180-501              |
| 17 years |                  |                      | 161-467              |
| 18 years |                  |                      | 144-434              |

## Female Pubertal ranges by Tanner Stage

| Age      | Tanner 1 ng/mL | Tanner 2 (ng/mL) | Tanner 3 (ng/mL) | Tanner 4 & 5 (ng/mL) |
|----------|----------------|------------------|------------------|----------------------|
| 3 years  | 26-162         |                  |                  |                      |
| 4 years  | 32-179         |                  |                  |                      |
| 5 years  | 39-198         |                  |                  |                      |
| 6 years  | 47-217         |                  |                  |                      |
| 7 years  | 55-238         |                  |                  |                      |
| 8 years  | 64-259         | 89-369           |                  |                      |
| 9 years  | 74-282         | 96-399           | 192-568          |                      |
| 10 years | 85-306         | 104-431          | 192-568          | 279-664              |
| 11 years | 97-332         | 112-466          | 192-568          | 268-646              |
| 12 years | 110-358        | 121-504          | 192-568          | 248-612              |
| 13 years |                | 131-545          | 192-568          | 229-579              |
| 14 years |                | 136-566          | 192-568          | 211-547              |
| 15 years |                |                  | 192-568          | 194-516              |
| 16 years |                |                  |                  | 177-487              |
| 17 years |                |                  |                  | 162-458              |
| 18 years |                |                  |                  | 147-430              |

## Adults

| Age         | Male (ng/mL) | Female (ng/mL) |
|-------------|--------------|----------------|
| 19-20 years | 281-510      | 217-475        |
| 21-30 years | 155-432      | 87-368         |
| 31-40 years | 132-333      | 106-368        |
| 41-50 years | 121-237      | 118-298        |
| 51-60 years | 68-245       | 53-287         |

|             |        |        |
|-------------|--------|--------|
| 61-70 years | 60-220 | 75-263 |
| 71-80 years | 36-215 | 54-205 |

**Additional Information:**

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "IGF-I" (test code IGF1). It requires approval if ordered in patients over the age of 20

**ADMINISTRATIVE****CPT Codes:**

84305-90

**LOINC Codes:**

2484-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PIGF1

**Test Group:**

IGF1

**Performing Lab:**

Esoterix

**Sendout:**

Yes

**Methodology:**

Blocking RIA after acid:alcohol extraction

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Specimen Preparation:**

Aliquot serum and freeze. Ship frozen to China Basin

**Units:**

ng/mL

**Reference Interval:**

Newborns and Infants

| Age            | Term (ng/mL) | Preterm (ng/mL) |
|----------------|--------------|-----------------|
| Birth          | 15-109       | 21-93           |
| 1 day-2 months | 15-109       | 23-163          |
| 3-4 months     | 7-124        | 23-171          |
| 5-6 months     | 7-93         | 15-132          |
| 7-12 months    | 15-101       | 15-179          |

## Children

| Age       | Male Range (ng/mL) | Female Range (ng/mL) |
|-----------|--------------------|----------------------|
| 1-2 years | 30-122             | 56-144               |

## Male Pubertal Ranges by Tanner Stage

| Age     | Tanner 1 (ng/mL) | Tanner 2 & 3 (ng/mL) | Tanner 4 & 5 (ng/mL) |
|---------|------------------|----------------------|----------------------|
| 3 years | 20-141           |                      |                      |
| 4 years | 25-157           |                      |                      |

|          |         |         |         |
|----------|---------|---------|---------|
| 5 years  | 30-174  |         |         |
| 6 years  | 37-192  |         |         |
| 7 years  | 44-211  |         |         |
| 8 years  | 52-231  | 39-264  |         |
| 9 years  | 61-252  | 52-304  |         |
| 10 years | 71-275  | 67-347  |         |
| 11 years | 82-299  | 86-393  | 277-673 |
| 12 years | 93-324  | 106-443 | 265-652 |
| 13 years | 106-350 | 130-497 | 241-612 |
| 14 years | 120-377 | 156-554 | 220-574 |
| 15 years | 127-391 | 185-616 | 199-537 |
| 16 years |         | 201-648 | 180-501 |
| 17 years |         |         | 161-467 |
| 18 years |         |         | 144-434 |

## Female Pubertal ranges by Tanner Stage

| Age      | Tanner 1 ng/mL | Tanner 2 (ng/mL) | Tanner 3 (ng/mL) | Tanner 4 & 5 (ng/mL) |
|----------|----------------|------------------|------------------|----------------------|
| 3 years  | 26-162         |                  |                  |                      |
| 4 years  | 32-179         |                  |                  |                      |
| 5 years  | 39-198         |                  |                  |                      |
| 6 years  | 47-217         |                  |                  |                      |
| 7 years  | 55-238         |                  |                  |                      |
| 8 years  | 64-259         | 89-369           |                  |                      |
| 9 years  | 74-282         | 96-399           | 192-568          |                      |
| 10 years | 85-306         | 104-431          | 192-568          | 279-664              |
| 11 years | 97-332         | 112-466          | 192-568          | 268-646              |
| 12 years | 110-358        | 121-504          | 192-568          | 248-612              |
| 13 years |                | 131-545          | 192-568          | 229-579              |
| 14 years |                | 136-566          | 192-568          | 211-547              |
| 15 years |                |                  | 192-568          | 194-516              |
| 16 years |                |                  |                  | 177-487              |
| 17 years |                |                  |                  | 162-458              |
| 18 years |                |                  |                  | 147-430              |

## Adults

| Age         | Male (ng/mL) | Female (ng/mL) |
|-------------|--------------|----------------|
| 19-20 years | 281-510      | 217-475        |
| 21-30 years | 155-432      | 87-368         |
| 31-40 years | 132-333      | 106-368        |
| 41-50 years | 121-237      | 118-298        |
| 51-60 years | 68-245       | 53-287         |
| 61-70 years | 60-220       | 75-263         |
| 71-80 years | 36-215       | 54-205         |

## Synonyms:

- Somatomedin C
- IGF-1 ultrasensitive

## Reported:

Test performed Monday-Saturday. Turnaround time: 3-5 days.

## Additional Information:

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "IGF-I" (test code IGF1). It requires approval if ordered in patients over the age of 20

**CPT Codes:**

84305-90

**LOINC Codes:**

2484-4

# IgG, Serum

LAB71

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Turbidimetry

**Reported:**

1-3 days

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Refrigerated 8 days; Frozen for longer stability

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

## PROCESSING

**Test Code:**

IGG

**Test Group:**

IgG

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerated

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

**Stability (from collection to initiation):**

Refrigerated 8 days; Frozen for longer stability

**Storage/Transport Temperature:**

Refrigerated

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

| Years | mg/dL    |
|-------|----------|
| 0-2   | 327-1270 |
| 2-4   | 468-1250 |
| 4-6   | 532-1340 |
| 6-8   | 454-1360 |
| 8-10  | 568-1360 |
| 10-12 | 568-1490 |
| 12-14 | 664-1490 |
| 14-18 | 550-1440 |
| >18   | 610-1616 |

**ADMINISTRATIVE****CPT Codes:**

82784

**LOINC Codes:**

2465-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IGG

**Test Group:**

IgG

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Turbidimetry

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

**Specimen Preparation:**

Refrigerated

**Units:**

mg/dL



**Reference Interval:**

| Years | mg/dL    |
|-------|----------|
| 0-2   | 327-1270 |
| 2-4   | 468-1250 |
| 4-6   | 532-1340 |
| 6-8   | 454-1360 |
| 8-10  | 568-1360 |
| 10-12 | 568-1490 |
| 12-14 | 664-1490 |
| 14-18 | 550-1440 |
| >18   | 610-1616 |

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated 8 days; Frozen for longer stability

**Reported:**

1-3 days

**CPT Codes:**

82784

**LOINC Codes:**

2465-3

# IGL Break-apart Rearrangement FISH

IGL22, BIGL22

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7-14 days

**Synonyms:**

- IGL22
- BIGL22
- 22q11 break-apart FISH

## COLLECTION

**Sample Type:**

Blood and bone marrow

**Collect:**

Blood and bone marrow aspirate: Dark green top

Bone marrow core: Sterile container

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

## PROCESSING

**Test Code:**

Blood: BIGL22

Bone marrow: IGL22

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**  
Room temperature

## ADMINISTRATIVE

**CPT Codes:**  
88271x2, 88275x1

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
Blood: BIGL22  
Bone marrow: IGL22

**Performing Lab:**  
Cytogenetics

**Performed:**  
Monday - Friday, 9 am to 5 pm

**Methodology:**  
FISH

**Collect:**  
Blood and bone marrow aspirate: Dark green top  
Bone marrow core: Sterile container

**Amount to Collect:**  
See Preferred Volume

**Sample Type:**  
Blood and bone marrow

**Preferred Volume:**  
Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Minimum Volume:**  
Blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow core: 1 cm

**Unacceptable Conditions:**  
Clotted samples. Samples received refrigerated or frozen

**Synonyms:**

- IGL22
- BIGL22
- 22q11 break-apart FISH

**Storage/Transport Temperature:**  
Room temperature

**Stability (from collection to initiation):**  
2 days

**Reported:**  
7-14 days

**CPT Codes:**  
88271x2, 88275x1

# IgM, Serum

LAB72

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Turbidimetry

**Reported:**

1-3 days

**Additional Information:**

Garcia-Prat M, Vila-Pijoan G, Martos Gutierrez S, et al. Age-specific pediatric reference ranges for immunoglobulins and complement proteins on the Optilite™ automated turbidimetric analyzer. J Clin Lab Anal. 2018;32:e22420. <https://doi.org/10.1002/jcla.22420>.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Refrigerated 14 days; Frozen for longer stability

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

## PROCESSING

**Test Code:**

IGM

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerated

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

**Stability (from collection to initiation):**

Refrigerated 14 days; Frozen for longer stability

**Storage/Transport Temperature:**

Refrigerated

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

| Years | mg/dL  |
|-------|--------|
| 0-2   | 21-215 |
| 3-4   | 26-155 |
| 5-9   | 26-188 |
| 10-14 | 47-252 |
| 15-18 | 26-232 |
| >18   | 35-242 |

**Additional Information:**

Garcia-Prat M, Vila-Pijoan G, Martos Gutierrez S, et al. Age-specific pediatric reference ranges for immunoglobulins and complement proteins on the Optilite™ automated turbidimetric analyzer. J Clin Lab Anal. 2018;32:e22420. <https://doi.org/10.1002/jcla.22420>.

**ADMINISTRATIVE****CPT Codes:**

82784

**LOINC Codes:**

2472-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IGM

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Turbidimetry

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

**Specimen Preparation:**

Refrigerated

**Units:**

mg/dL

**Reference Interval:**

| Years | mg/dL  |
|-------|--------|
| 0-2   | 21-215 |
| 3-4   | 26-155 |
| 5-9   | 26-188 |
| 10-14 | 47-252 |
| 15-18 | 26-232 |
| >18   | 35-242 |

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated 14 days; Frozen for longer stability

**Reported:**

1-3 days

**Additional Information:**

Garcia-Prat M, Vila-Pijoan G, Martos Gutierrez S, et al. Age-specific pediatric reference ranges for immunoglobulins and complement proteins on the Optilite™ automated turbidimetric analyzer. J Clin Lab Anal. 2018;32:e22420.  
<https://doi.org/10.1002/jcla.22420>.

**CPT Codes:**

82784

**LOINC Codes:**

2472-9

# IL-18 Level

LAB4304

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Machaon

**Methodology:**

ELISA

**Reported:**

&lt; 1 week

**Synonyms:**

- Interleukin 18

## COLLECTION

**Sample Type:**

Plasma

**Collect:**

EDTA Lavender-top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Stability (from collection to initiation):**

Frozen (-20C): 2 weeks

Frozen (-80C): 6 months

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Grossly hemolyzed samples are not suitable for use in this assay. The extent of interference from lipemia and icterus is unknown.

## PROCESSING

**Test Code:**

IL18

**Sendout:**

Yes

**Performing Lab:**

Machaon

**Specimen Preparation:**

Aliquot and freeze plasma.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Grossly hemolyzed samples are not suitable for use in this assay. The extent of interference from lipemia and icterus is unknown.

**Stability (from collection to initiation):**

Frozen (-20C): 2 weeks

Frozen (-80C): 6 months

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

pg/mL

**Reference Interval:**

82-344pg/mL

**Interpretive Data:**

IL-18 is a marker of monocyte-related inflammation and is commonly used to characterize hyperinflammation syndromes, where elevations are associated with HLH, MAS and other hyperinflammatory syndromes. This test can measure levels of IL-18 up to 100,000pg/mL.

**ADMINISTRATIVE****CPT Codes:**

83520

**LOINC Codes:**

33823-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IL18

**Performing Lab:**

Machaon

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**

EDTA Lavender-top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Grossly hemolyzed samples are not suitable for use in this assay. The extent of interference from lipemia and icterus is unknown.

**Specimen Preparation:**

Aliquot and freeze plasma.

**Units:**

pg/mL

**Reference Interval:**

82-344pg/mL

**Interpretive Data:**

IL-18 is a marker of monocyte-related inflammation and is commonly used to characterize hyperinflammation syndromes, where elevations are associated with HLH, MAS and other hyperinflammatory syndromes. This test can measure levels of IL-18 up to 100,000pg/mL.

**Synonyms:**

- Interleukin 18

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Frozen (-20C): 2 weeks

Frozen (-80C): 6 months

**Reported:**

&lt; 1 week

**CPT Codes:**

83520



**LOINC Codes:**  
33823-6

# Imipramine

IMIP

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Liquid Chromatography Tandem Mass Spectrometry

**Reported:**

Test run Monday-Saturday. Turnaround: 2-5 days.

**Additional Information:**

Imipramine is a tricyclic antidepressant drug used to treat depression. Therapeutic drug monitoring is used to optimize dose and avoid toxicity.

## COLLECTION

**Sample Type:**

Serum

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

IMIP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate serum promptly. Freeze at -20C. Order Quest # 887

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top

## RESULT INTERPRETATION

**Units:**

µg/L (mcg/L)

**Reference Interval:**

Therapeutic: 150-250 µg/L for the SUM of active drugs.

Toxic: &gt;= 500 µg/L

**Critical Values:**

Quest Priority-1: &gt;= 600 µg/L

**Additional Information:**

Imipramine is a tricyclic antidepressant drug used to treat depression. Therapeutic drug monitoring is used to optimize dose and avoid toxicity.

## ADMINISTRATIVE

**CPT Codes:**  
80174-90

**LOINC Codes:**  
3690-5

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
IMIP

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Liquid Chromatography Tandem Mass Spectrometry

**Collect:**  
Red top (Gold top **NOT** acceptable)

**Amount to Collect:**  
6 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
3 mL serum

**Minimum Volume:**  
1.5 mL serum

**Unacceptable Conditions:**  
Collected in Gold top

**Specimen Preparation:**  
Separate serum promptly. Freeze at -20C. Order Quest # 887

**Units:**  
µg/L (mcg/L)

**Reference Interval:**  
Therapeutic: 150-250 µg/L for the SUM of active drugs.  
Toxic: >= 500 µg/L

**Critical Values:**  
Quest Priority-1: >= 600 µg/L

**Reported:**  
Test run Monday-Saturday. Turnaround: 2-5 days.

**Additional Information:**  
Imipramine is a tricyclic antidepressant drug used to treat depression. Therapeutic drug monitoring is used to optimize dose and avoid toxicity.

**CPT Codes:**  
80174-90

**LOINC Codes:**  
3690-5

# Immature Platelet Fraction

LAB9012

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, and Mount Zion Hematology

**Performed:**

24 hours per day 7 days per week.

**Reported:**

4 hours

## COLLECTION

**Sample Type:**

Blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL (or 250 µL in a Mapp Tube)

**Stability (from collection to initiation):**

24 Hours at Room Temperature and 48 Hours at Refrigerated Temperature (2-8°C)

**Rejection Criteria:**

1. Clotted specimens are not acceptable.
2. IPF % will not be reported if platelet  $<10 \times 10^9/L$ .
3. IPF % will not be reported if platelet clumping is observed.

## PROCESSING

**Test Code:**

IPF

**Performing Lab:**

Parnassus, Mission Bay, and Mount Zion Hematology

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL (or 250 µL in a Mapp Tube)

**Rejection Criteria:**

1. Clotted specimens are not acceptable.
2. IPF % will not be reported if platelet  $<10 \times 10^9/L$ .
3. IPF % will not be reported if platelet clumping is observed.

**Stability (from collection to initiation):**

24 Hours at Room Temperature and 48 Hours at Refrigerated Temperature (2-8°C)

## RESULT INTERPRETATION

**Units:**

%

**Reference Interval:**

1.0% - 7.3%

## ADMINISTRATIVE

**CPT Codes:**

85055

**LOINC Codes:**

71693-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IPF

**Performing Lab:**

Parnassus, Mission Bay, and Mount Zion Hematology

**Performed:**

24 hours per day 7 days per week.

**Collect:**

Lavender top

**Amount to Collect:**

3 mL

**Sample Type:**

Blood

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL (or 250 µL in a Mapp Tube)

**Rejection Criteria:**

1. Clotted specimens are not acceptable.
2. IPF % will not be reported if platelet <10 x10e9/L.
3. IPF % will not be reported if platelet clumping is observed.

**Units:**

%

**Reference Interval:**

1.0% - 7.3%

**Stability (from collection to initiation):**

24 Hours at Room Temperature and 48 Hours at Refrigerated Temperature (2-8°C)

**Reported:**

4 hours

**CPT Codes:**

85055

**LOINC Codes:**

71693-6

# Immune Cell Function

LAB5457

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Luminometer

**Reported:**

2-3 days

**Additional Information:**

This measurement of cellular mediated immunity may be valuable in a variety of applications including transplantation, management of infectious diseases (e.g., HIV, HCV), autoimmunity, cancer, as well as vaccine and drug development

**Synonyms:**

- Immunknow
- Cylex

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Label Abbreviation:**

ICF

**Collect:**

Dark green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Remarks:**

Must be collected from 7 am to noon Monday - Thursday. Do NOT collect on Friday, Saturday, Sunday or UCSF observed holidays.

**Stability (from collection to initiation):**

Room temperature 30 hours

## PROCESSING

**Test Code:**

ICF

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Keep sample at room temperature. Ship immediately to China Basin

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Stability (from collection to initiation):**

Room temperature 30 hours

## RESULT INTERPRETATION

**Units:**

ng/mL ATP

**Reference Interval:**

<= 225 ng/mL ATP: Low Immune Cell Response  
 226-524 ng/mL ATP: Moderate Immune Cell Response  
 >= 525 ng/mL ATP: Strong Immune Cell Response

**Additional Information:**

This measurement of cellular mediated immunity may be valuable in a variety of applications including transplantation, management of infectious diseases (e.g., HIV, HCV), autoimmunity, cancer, as well as vaccine and drug development

**ADMINISTRATIVE****CPT Codes:**

86352-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ICF

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Luminometer

**Remarks:**

Must be collected from 7 am to noon Monday - Thursday. Do NOT collect on Friday, Saturday, Sunday or UCSF observed holidays.

**Collect:**

Dark green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Specimen Preparation:**

Keep sample at room temperature. Ship immediately to China Basin

**Units:**

ng/mL ATP

**Reference Interval:**

<= 225 ng/mL ATP: Low Immune Cell Response  
 226-524 ng/mL ATP: Moderate Immune Cell Response  
 >= 525 ng/mL ATP: Strong Immune Cell Response

**Synonyms:**

- Immunknow
- Cylex

**Stability (from collection to initiation):**

Room temperature 30 hours

**Reported:**

2-3 days

**Additional Information:**

This measurement of cellular mediated immunity may be valuable in a variety of applications including transplantation, management of infectious diseases (e.g., HIV, HCV), autoimmunity, cancer, as well as vaccine and drug development

**CPT Codes:**

86352-90

# Immune Complexes

LAB3379

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

ELISA (C1q binding)

**Reported:**

Test performed Tuesday, Thursday. Turnaround time: 2-6 days.

**Synonyms:**

- C1q
- Raji cell assay

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

IC

**Collect:**Red top (on ice) (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Remarks:**

Deliver IMMEDIATELY to lab. Only serum drawn within 30 minutes or immediately separated, stored and transported at ≤ 60C (dry ice) is suitable for assay.

**Stability (from collection to initiation):**

Refrigerated 2 days, frozen at -20C 1 year.

**Unacceptable Conditions:**

Collected in Gold top. Received at room temperature or &gt; 30 after collection if unseparated from cells

**Rejection Criteria:**

Thawed serum or plasma received

## PROCESSING

**Test Code:**

IC

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate immediately under refrigeration. Freeze at -60C in plastic tube and ship on dry ice. Order Quest # 36735

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Collected in Gold top. Received at room temperature or &gt; 30 after collection if unseparated from cells

**Rejection Criteria:**

Thawed serum or plasma received

**Stability (from collection to initiation):**

Refrigerated 2 days, frozen at -20C 1 year.



**RESULT INTERPRETATION****Units:** $\mu\text{g Eq/mL}$  (mcg Eq/mL)**Reference Interval:**Negative:  $\leq 25.1 \mu\text{g Eq/mL}$  (mcg Eq/mL)**ADMINISTRATIVE****CPT Codes:**

86332-90

**LOINC Codes:**

44392-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IC

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

ELISA (C1q binding)

**Remarks:**

Deliver IMMEDIATELY to lab. Only serum drawn within 30 minutes or immediately separated, stored and transported at  $\leq 60^{\circ}\text{C}$  (dry ice) is suitable for assay.

**Collect:**Red top (on ice) (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Rejection Criteria:**

Thawed serum or plasma received

**Unacceptable Conditions:**Collected in Gold top. Received at room temperature or  $> 30$  after collection if unseparated from cells**Specimen Preparation:**Separate immediately under refrigeration. Freeze at  $-60^{\circ}\text{C}$  in plastic tube and ship on dry ice. Order Quest # 36735**Units:** $\mu\text{g Eq/mL}$  (mcg Eq/mL)**Reference Interval:**Negative:  $\leq 25.1 \mu\text{g Eq/mL}$  (mcg Eq/mL)**Synonyms:**

- C1q
- Raji cell assay

**Stability (from collection to initiation):**Refrigerated 2 days, frozen at  $-20^{\circ}\text{C}$  1 year.**Reported:**

Test performed Tuesday, Thursday. Turnaround time: 2-6 days.

**CPT Codes:**

86332-90

**LOINC Codes:**

44392-9

# Immunofixation Electrophoresis, Serum

LAB3021

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Electrophoresis by Helena SPIFE4000

**Reported:**

2-4 days

**Additional Information:**

Should be ordered after a screening Protein Electrophoresis. To characterize immunoglobulin class and light chain type of paraproteins. Will also detect small amounts of paraprotein despite normal Serum Protein Electrophoresis. Will only be performed for Cryoglobulin after an assay for Cryoglobulin, Quantitative, has demonstrated a cryoprecipitate sufficient in amount for a successful analysis.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- Paraprotein
- IFE

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Refrigerated 1 week.

**Unacceptable Conditions:**

Plasma sample received

## PROCESSING

**Test Code:**

IFE

**Test Group:**

IFE

**Performing Lab:**

China Basin Chemistry

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Plasma sample received

**Stability (from collection to initiation):**

Refrigerated 1 week.

## RESULT INTERPRETATION

**Reference Interval:**

Negative. No paraproteins present.

**Additional Information:**

Should be ordered after a screening Protein Electrophoresis. To characterize immunoglobulin class and light chain type of paraproteins. Will also detect small amounts of paraprotein despite normal Serum Protein Electrophoresis. Will only be performed for Cryoglobulin after an assay for Cryoglobulin, Quantitative, has demonstrated a cryoprecipitate sufficient in amount for a successful analysis.

**ADMINISTRATIVE****CPT Codes:**

86334

**LOINC Codes:**

25700-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IFE

**Test Group:**

IFE

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Electrophoresis by Helena SPIFE4000

**Collect:**

Gold or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Plasma sample received

**Reference Interval:**

Negative. No paraproteins present.

**Synonyms:**

- Paraprotein
- IFE

**Stability (from collection to initiation):**

Refrigerated 1 week.

**Reported:**

2-4 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

Should be ordered after a screening Protein Electrophoresis. To characterize immunoglobulin class and light chain type of paraproteins. Will also detect small amounts of paraprotein despite normal Serum Protein Electrophoresis. Will only be performed for Cryoglobulin after an assay for Cryoglobulin, Quantitative, has demonstrated a cryoprecipitate sufficient in amount for a successful analysis.

**CPT Codes:**

86334

**LOINC Codes:**

25700-6

# Immunofixation Electrophoresis, Urine, Random

LAB3619

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Immunofixation electrophoresis by Helena SPIFE4000

**Reported:**

2-4 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- paraprotein
- IFE
- Bence Jones

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire random urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Refrigerated 1 week.

Frozen (-20°C): 1 month

## PROCESSING

**Test Code:**

IFEU

**Test Group:**

IFE

**Performing Lab:**

China Basin Chemistry

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Refrigerated 1 week.

Frozen (-20°C): 1 month

## RESULT INTERPRETATION

**Reference Interval:**

Negative. No paraproteins present.

## ADMINISTRATIVE

**CPT Codes:**

86335

**LOINC Codes:**

13440-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IFEU

**Test Group:**

IFE

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Immunofixation electrophoresis by Helena SPIFE4000

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire random urine

**Sample Type:**

Random urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Reference Interval:**

Negative. No paraproteins present.

**Synonyms:**

- paraprotein
- IFE
- Bence Jones

**Stability (from collection to initiation):**

Refrigerated 1 week.

Frozen (-20°C): 1 month

**Reported:**

2-4 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**CPT Codes:**

86335

**LOINC Codes:**

13440-3

# Immunofixation Electrophoresis, Urine, Timed

LAB999872

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Immunofixation electrophoresis by Helena SPIFE 4000

**Reported:**

2-4 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- paraprotein
- IFE
- Bence Jones

## COLLECTION

**Sample Type:**

24 hour (or timed) urine collection

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire 24 hour (or timed) urine output

**Preferred Volume:**

Submit entire volume collected to processing. The processing section will preferably aliquot 5 mL for the assay.

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Refrigerated 1 week.

Frozen (-20°C): 1 month

## PROCESSING

**Test Code:**

IFEUTM

**Test Group:**

IFE

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Order IFEUTM and AAUV for timed urines.

**Preferred Volume:**

Submit entire volume collected to processing. The processing section will preferably aliquot 5 mL for the assay.

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Refrigerated 1 week.

Frozen (-20°C): 1 month

## RESULT INTERPRETATION

**Reference Interval:**

Negative. No paraproteins present.

**ADMINISTRATIVE****CPT Codes:**

86335

**LOINC Codes:**

13440-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IFEUTM

**Test Group:**

IFE

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Immunofixation electrophoresis by Helena SPIFE 4000

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire 24 hour (or timed) urine output

**Sample Type:**

24 hour (or timed) urine collection

**Preferred Volume:**

Submit entire volume collected to processing. The processing section will preferably aliquot 5 mL for the assay.

**Minimum Volume:**

1 mL urine

**Specimen Preparation:**

Order IFEUTM and AAUV for timed urines.

**Reference Interval:**

Negative. No paraproteins present.

**Synonyms:**

- paraprotein
- IFE
- Bence Jones

**Stability (from collection to initiation):**

Refrigerated 1 week.

Frozen (-20°C): 1 month

**Reported:**

2-4 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**CPT Codes:**

86335

**LOINC Codes:**

13440-3

# Immunoglobulin G Subclasses (1, 2, 3, 4)

LAB1001

## ORDERING

**Ordering Recommendations:**

Aid as second order test for evaluation of patients suspected of humoral immunodeficiency or combined immunodeficiency (humoral or cellular).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Immunoturbidimetry

**Reported:**

1-3 days

**Synonyms:**

- Gamma-Globulins, Quantitative
- IgG 1, 2, 3, 4
- IgG Subclasses
- Subclasses, IgG
- IGGSUB

## COLLECTION

**Label Abbreviation:**

IGGSUB

**Collect:**

Serum separator tube.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Grossly hemolyzed or lipemic specimens

## PROCESSING

**Test Code:**

IGGSUB

**ARUP Test Code:**

0050577

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

**Unacceptable Conditions:**

Grossly hemolyzed or lipemic specimens

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

## RESULT INTERPRETATION



**Reference Interval:**

| Components                  | Reference Interval |                                   |
|-----------------------------|--------------------|-----------------------------------|
| Immunoglobulin G Subclass 1 | <b>Age</b>         | <b>Reference Interval (mg/dL)</b> |
|                             | 0-2 years          | 167-900                           |
|                             | 3-4 years          | 313-941                           |
|                             | 5-9 years          | 363-1276                          |
|                             | 10-14 years        | 316-1076                          |
|                             | 15-18 years        | 325-894                           |
|                             | 19 years and older | 240-1118                          |
|                             |                    |                                   |
| Immunoglobulin G Subclass 2 | <b>Age</b>         | <b>Reference Interval (mg/dL)</b> |
|                             | 0-2 years          | 55-359                            |
|                             | 3-4 years          | 72-287                            |
|                             | 5-9 years          | 27-398                            |
|                             | 10-14 years        | 86-509                            |
|                             | 15-18 years        | 156-625                           |
|                             | 19 years and older | 124-549                           |
|                             |                    |                                   |
| Immunoglobulin G Subclass 3 | <b>Age</b>         | <b>Reference Interval (mg/dL)</b> |
|                             | 0-2 years          | 34-85                             |
|                             | 3-4 years          | 25-117                            |
|                             | 5-9 years          | 17-169                            |
|                             | 10-14 years        | 14-201                            |
|                             | 15-18 years        | 34-246                            |
|                             | 19 years and older | 21-134                            |
|                             |                    |                                   |
| Immunoglobulin G Subclass 4 | <b>Age</b>         | <b>Reference Interval (mg/dL)</b> |
|                             | 0-2 years          | 1-34                              |
|                             | 3-4 years          | 1-65                              |
|                             | 5-9 years          | 0-168                             |
|                             | 10-14 years        | 1-103                             |
|                             | 15-18 years        | 2-170                             |
|                             | 19 years and older | 1-123                             |
|                             |                    |                                   |

**Interpretive Data:**

The total IgG (mg/dL) can be derived from the sum of the subclass IgG1, IgG2, IgG3, and IgG4 values. However, a confirmatory and more precise total IgG is available by the immunoturbidimetric method of quantitation for total IgG. Refer to test Immunoglobulin G, Serum (0050350).

**ADMINISTRATIVE****CPT Codes:**

82787 x4

**LOINC:**

- 2469-5
- 2466-1
- 2467-9
- 2468-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aid as second order test for evaluation of patients suspected of humoral immunodeficiency or combined immunodeficiency (humoral or cellular).

**Test Code:**

IGGSUB

**ARUP Test Code:**

0050577

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Immunoturbidimetry

**Collect:**

Serum separator tube.

**Unacceptable Conditions:**

Grossly hemolyzed or lipemic specimens

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

**Reference Interval:**

| Components                  | Reference Interval |                                   |
|-----------------------------|--------------------|-----------------------------------|
| Immunoglobulin G Subclass 1 | <b>Age</b>         | <b>Reference Interval (mg/dL)</b> |
|                             | 0-2 years          | 167-900                           |
|                             | 3-4 years          | 313-941                           |
|                             | 5-9 years          | 363-1276                          |
|                             | 10-14 years        | 316-1076                          |
|                             | 15-18 years        | 325-894                           |
|                             | 19 years and older | 240-1118                          |
|                             |                    |                                   |
| Immunoglobulin G Subclass 2 | <b>Age</b>         | <b>Reference Interval (mg/dL)</b> |
|                             | 0-2 years          | 55-359                            |
|                             | 3-4 years          | 72-287                            |
|                             | 5-9 years          | 27-398                            |
|                             | 10-14 years        | 86-509                            |
|                             | 15-18 years        | 156-625                           |
|                             | 19 years and older | 124-549                           |
|                             |                    |                                   |
| Immunoglobulin G Subclass 3 | <b>Age</b>         | <b>Reference Interval (mg/dL)</b> |
|                             | 0-2 years          | 34-85                             |
|                             | 3-4 years          | 25-117                            |
|                             | 5-9 years          | 17-169                            |
|                             | 10-14 years        | 14-201                            |
|                             | 15-18 years        | 34-246                            |
|                             | 19 years and older | 21-134                            |
|                             |                    |                                   |
| Immunoglobulin G Subclass 4 | <b>Age</b>         | <b>Reference Interval (mg/dL)</b> |
|                             | 0-2 years          | 1-34                              |
|                             | 3-4 years          | 1-65                              |
|                             | 5-9 years          | 0-168                             |
|                             | 10-14 years        | 1-103                             |
|                             | 15-18 years        | 2-170                             |
|                             | 19 years and older | 1-123                             |
|                             |                    |                                   |

**Interpretive Data:**

The total IgG (mg/dL) can be derived from the sum of the subclass IgG1, IgG2, IgG3, and IgG4 values. However, a confirmatory and more precise total IgG is available by the immunoturbidimetric method of quantitation for total IgG. Refer to test Immunoglobulin G, Serum (0050350).

**Synonyms:**

- Gamma-Globulins, Quantitative
- IgG 1, 2, 3, 4
- IgG Subclasses
- Subclasses, IgG
- IGGSUB

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 6 months

**Reported:**

1-3 days

**CPT Codes:**

82787 x4

**LOINC:**

- 2469-5
- 2466-1
- 2467-9
- 2468-7

# Immunology Hold

LAB5253

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Additional Information:**

This 'test' is only available to transplant services.

Prior to transplant, a blood sample from recipients can be obtained and the plasma stored frozen by the Immunology Laboratory for 90 days after collection.

The stored sample can be used to verify the pre-transplant baseline of the recipient if the patient has laboratory evidence of infection post transplant.

## COLLECTION

**Sample Type:**

Plasma

**Collect:**

Lavender top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

3 mL plasma

## PROCESSING

**Test Code:**

IMMH

**Performing Lab:**

Immunology

**Specimen Preparation:**

Spin sample within 6 hours, separate and store plasma at -70. Forward frozen sample to Immunology. Samples will be discarded after 90 days if no test request is received.

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

3 mL plasma

## RESULT INTERPRETATION

**Additional Information:**

This 'test' is only available to transplant services.

Prior to transplant, a blood sample from recipients can be obtained and the plasma stored frozen by the Immunology Laboratory for 90 days after collection.

The stored sample can be used to verify the pre-transplant baseline of the recipient if the patient has laboratory evidence of infection post transplant.

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

IMMH

**Performing Lab:**

Immunology

**Collect:**

Lavender top

**Amount to Collect:**

6 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

3 mL plasma

**Specimen Preparation:**

Spin sample within 6 hours, separate and store plasma at -70. Forward frozen sample to Immunology. Samples will be discarded after 90 days if no test request is received.

**Additional Information:**

This 'test' is only available to transplant services.

Prior to transplant, a blood sample from recipients can be obtained and the plasma stored frozen by the Immunology Laboratory for 90 days after collection.

The stored sample can be used to verify the pre-transplant baseline of the recipient if the patient has laboratory evidence of infection post transplant.

# Infliximab and Antibodies to Infliximab Quantitation

LAB4376

## ORDERING

**Ordering Recommendations:**

Use to monitor infliximab or infliximab biosimilar therapy.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Electrochemiluminescence Immunoassay (ECLIA) with Acid Dissociation

**Reported:**

3-7 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- Anti-TNF-alpha Drug
- Human Anti-Chimeric Antibody
- IFD
- Infliximab level
- Infliximab/HACA measurement
- Remicade
- TNFa antibody
- Inflectra
- Infliximab-abda
- Infliximab-dyyb
- Renflexis
- Avsola
- Ixifi
- IFXAN

## COLLECTION

**Patient Preparation:**

Collect specimen before next scheduled dose of infliximab or infliximab biosimilar (trough specimen). Avoid exposure to biotin (vitamin B7) for 12 hours prior to specimen collection.

**Sample Type:**

Serum

**Label Abbreviation:**

IFXAN

**Collect:**

Serum separator tube.

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles).

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Grossly hemolyzed, icteric, or lipemic specimens.

## PROCESSING

**Test Code:**

IFXAN

**ARUP Test Code:**

3016779

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP. Transfer 1 mL serum to an ARUP standard transport tube. (Min 0.1 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, icteric, or lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles).

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

Infliximab Quantitation:

Limit of Quantitation = 0.5 ug/mL.

Results of 0.5 ug/mL or higher indicate the detection of infliximab or infliximab biosimilar. Therapeutic level may vary depending on the disease being treated.

Antibodies to Infliximab Quantitation:

Limit of Quantitation = 20 ng/mL.

Results of 20 ng/mL or higher indicate the detection of antibodies against infliximab or an infliximab biosimilar. Interpret in the context of infliximab or infliximab biosimilar trough concentration to determine clinical significance and impact on treatment efficacy.

**ADMINISTRATIVE****CPT Codes:**

80230; 82397

**LOINC:**

- 86897-6
- 86896-8

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to monitor infliximab or infliximab biosimilar therapy.

**Test Code:**

IFXAN

**ARUP Test Code:**

3016779

**Performing Lab:**

ARUP



**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Electrochemiluminescence Immunoassay (ECLIA) with Acid Dissociation

**Patient Preparation:**

Collect specimen before next scheduled dose of infliximab or infliximab biosimilar (trough specimen). Avoid exposure to biotin (vitamin B7) for 12 hours prior to specimen collection.

**Collect:**

Serum separator tube.

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, icteric, or lipemic specimens.

**Specimen Preparation:**

Separate serum from cells ASAP. Transfer 1 mL serum to an ARUP standard transport tube. (Min 0.1 mL)

**Interpretive Data:**

Infliximab Quantitation:

Limit of Quantitation = 0.5 ug/mL.

Results of 0.5 ug/mL or higher indicate the detection of infliximab or infliximab biosimilar. Therapeutic level may vary depending on the disease being treated.

Antibodies to Infliximab Quantitation:

Limit of Quantitation = 20 ng/mL.

Results of 20 ng/mL or higher indicate the detection of antibodies against infliximab or an infliximab biosimilar. Interpret in the context of infliximab or infliximab biosimilar trough concentration to determine clinical significance and impact on treatment efficacy.

**Synonyms:**

- Anti-TNF-alpha Drug
- Human Anti-Chimeric Antibody
- IFD
- Infliximab level
- Infliximab/HACA measurement
- Remicade
- TNFa antibody
- Inflectra
- Infliximab-abda
- Infliximab-dyyb
- Renflexis
- Avsola
- Ixifi
- IFXAN

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles).

**Reported:**

3-7 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

80230; 82397

**LOINC:**

- 86897-6
- 86896-8

# Influenza A, B and RSV PCR

LAB5441

## ORDERING

**Ordering Recommendations:**[IDMP guidelines for the diagnosis and management of influenza.](#)**Available Stat:**

Yes

**Performing Lab:**

China Basin, St. Mary, and St. Francis Microbiology

**Performed:**

Daily, all shifts

**Methodology:**

Real-time PCR

**Reported:**

1 day

**Reflex Testing:**

Samples other than NP swabs are not validated for the the PCR testing. Therefore if samples other than NP swab are received the order will be converted to an Respiratory Virus panel PCR (test code P350) and that test will be performed and billed for.

**Synonyms:**

- FluRSV

## COLLECTION

**Sample Type:**

Nasopharyngeal swab - preferred  
Nasopharyngeal/Oropharyngeal swab  
Anterior Nares/Oropharyngeal swab  
Anterior Nares swab - Sensitivity may be reduced based on this sample type.

**Collect:**

Nasopharyngeal swab: Flocked swab in Universal Transport Medium (UTM) or Viral Holding Media (VTM), preferred. Swabs in liquid Amies elution medium (E-swab), Aptima kits, and Abbott Multi Collect kits are also acceptable.

Combined Nasopharyngeal Swab/Oropharyngeal Swab are acceptable.

Other samples: Clean container

**Amount to Collect:**

1 flocked swab in Universal Transport Medium

**Preferred Volume:**

1 flocked swab in Universal Transport Medium

**Minimum Volume:**

1 flocked swab in Universal Transport Medium

**Remarks:**

**Nasopharyngeal swab:** Use flocked swab/Universal Transport Medium for collection. Insert swab into the nostril, gently rotating the swab inward until resistance is met at the level of the turbinates. Rotate the swab a few times against the nasopharyngeal wall (approximately 10 sec) and then withdraw swab. Insert swab into container with Universal Transport Medium. Break end of swab so top of vial can be screwed on securely. Appropriately label specimen and send to the laboratory.

**Stability (from collection to initiation):**

Refrigerated 24 hours, frozen 1 month

**Unacceptable Conditions:**

Nasopharyngeal swab not collected using flocked swab/UTM or VHM kit, E-swab, Aptima, or Abbott Multi Collect kit

## PROCESSING

**Test Code:**

P372

**Performing Lab:**

China Basin, St. Mary, and St. Francis Microbiology

**Preferred Volume:**

1 flocked swab in Universal Transport Medium

**Minimum Volume:**

1 flocked swab in Universal Transport Medium

**Unacceptable Conditions:**

Nasopharyngeal swab not collected using flocked swab/UTM or VHM kit, E-swab, Aptima, or Abbott Multi Collect kit

**Stability (from collection to initiation):**

Refrigerated 24 hours, frozen 1 month

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**Critical Values:**

Positive results on inpatients and patients currently in the Emergency Department

**ADMINISTRATIVE****CPT Codes:**

87631

**LOINC Codes:**

77022-2, 76078-5, 76080-1

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**[IDMP guidelines for the diagnosis and management of influenza.](#)**Test Code:**

P372

**Performing Lab:**

China Basin, St. Mary, and St. Francis Microbiology

**Performed:**

Daily, all shifts

**Methodology:**

Real-time PCR

**Remarks:**

**Nasopharyngeal swab:** Use flocked swab/Universal Transport Medium for collection. Insert swab into the nostril, gently rotating the swab inward until resistance is met at the level of the turbinates. Rotate the swab a few times against the nasopharyngeal wall (approximately 10 sec) and then withdraw swab. Insert swab into container with Universal Transport Medium. Break end of swab so top of vial can be screwed on securely. Appropriately label specimen and send to the laboratory.

**Collect:**

Nasopharyngeal swab: Flocked swab in Universal Transport Medium (UTM) or Viral Holding Media (VTM), preferred. Swabs in liquid Amies elution medium (E-swab), Aptima kits, and Abbott Multi Collect kits are also acceptable.

Combined Nasopharyngeal Swab/Oropharyngeal Swab are acceptable.

Other samples: Clean container

**Amount to Collect:**

1 flocked swab in Universal Transport Medium

**Sample Type:**

Nasopharyngeal swab - preferred

Nasopharyngeal/Oropharyngeal swab

Anterior Nares/Oropharyngeal swab

Anterior Nares swab - Sensitivity may be reduced based on this sample type.

**Preferred Volume:**

1 flocked swab in Universal Transport Medium

**Minimum Volume:**

1 flocked swab in Universal Transport Medium

**Unacceptable Conditions:**

Nasopharyngeal swab not collected using flocked swab/UTM or VHM kit, E-swab, Aptima, or Abbott Multi Collect kit

**Reference Interval:**

Not detected

**Critical Values:**

Positive results on inpatients and patients currently in the Emergency Department

**Synonyms:**

- FluRSV

**Stability (from collection to initiation):**

Refrigerated 24 hours, frozen 1 month

**Reported:**

1 day

**Reflex Testing:**

Samples other than NP swabs are not validated for the the PCR testing. Therefore if samples other than NP swab are received the order will be converted to an Respiratory Virus panel PCR (test code P350) and that test will be performed and billed for.

**CPT Codes:**

87631

**LOINC Codes:**

77022-2, 76078-5, 76080-1

# Inhibin A

LAB5496

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enzyme immunoassay

**Reported:**

3-5 days

**Additional Information:**

Inhibin A is useful as an indicator of gonadal function, and ovarian response to hMg or to FSH stimulation. Inhibin A, produced by the placenta, is used along with other maternal serum biochemical markers to improve sensitivity of the screen for Down syndrome risk.

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

INHNA

**Collect:**

Red top, Gold top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week, frozen 4 weeks.

## PROCESSING

**Test Code:**

INHNA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

liquot and freeze sample. Ship to CB frozen.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week, frozen 4 weeks.

## RESULT INTERPRETATION

**Units:**

pg/mL

**Additional Information:**

Inhibin A is useful as an indicator of gonadal function, and ovarian response to hMg or to FSH stimulation. Inhibin A, produced by the placenta, is used along with other maternal serum biochemical markers to improve sensitivity of the screen for Down syndrome risk.

## ADMINISTRATIVE

**CPT Codes:**  
86336-90

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
INHNA

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Enzyme immunoassay

**Collect:**  
Red top, Gold top

**Amount to Collect:**  
4 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
2 mL serum

**Minimum Volume:**  
0.5 mL serum

**Specimen Preparation:**  
Liquot and freeze sample. Ship to CB frozen.

**Units:**  
pg/mL

**Stability (from collection to initiation):**  
Room temperature 1 week, refrigerated 1 week, frozen 4 weeks.

**Reported:**  
3-5 days

**Additional Information:**  
Inhibin A is useful as an indicator of gonadal function, and ovarian response to hMg or to FSH stimulation. Inhibin A, produced by the placenta, is used along with other maternal serum biochemical markers to improve sensitivity of the screen for Down syndrome risk.

**CPT Codes:**  
86336-90

# Inhibin B

LAB5403

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay

**Reported:**

5-7 days

**Additional Information:**

Inhibin B is the major circulating inhibin in males. It is also detectable in women during menstrual cycles, particularly prior to ovulation. The measurement of inhibin B serves as an endocrine marker for monitoring male and female gonadal function.

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

INHNB

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 week, frozen 4 weeks

## PROCESSING

**Test Code:**

INHNB

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 week, frozen 4 weeks

## RESULT INTERPRETATION

**Additional Information:**

Inhibin B is the major circulating inhibin in males. It is also detectable in women during menstrual cycles, particularly prior to ovulation. The measurement of inhibin B serves as an endocrine marker for monitoring male and female gonadal function.

## ADMINISTRATIVE

**CPT Codes:**

82397-90

## COMPLETE VIEW



**Available Stat:**

No

**Test Code:**

INHNB

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Immunoassay

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Freeze serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 week, frozen 4 weeks

**Reported:**

5-7 days

**Additional Information:**

Inhibin B is the major circulating inhibin in males. It is also detectable in women during menstrual cycles, particularly prior to ovulation. The measurement of inhibin B serves as an endocrine marker for monitoring male and female gonadal function.

**CPT Codes:**

82397-90

# Inhibitor Screen for Partial Thromboplastin Time

LAB5294

## ORDERING

**Approval Required:**

No. However, the PTT Inhibitor Screen will only be performed if the PTT is 20% above the upper limit of normal.

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

Monday-Friday 0800-1400

**Reported:**

Same day or next weekday

**Additional Information:**

PTT Inhibitor Screen will only be performed if the PTT is 20% above the upper limit of normal. If the test is ordered on a sample that does not meet this criteria, the inhibitor screen cannot yield a positive result. "Test not Indicated" will be sent.

The PTT Inhibitor Screen may be of limited value in a number of clinical settings and alternative tests are recommended:

For the evaluation of lupus anticoagulant as cause of a prolonged PTT, specific tests are suggested [Russell's Viper Venom Test (RVVMT) and Lupus anticoagulant by Hexa (HEXA)].

For the evaluation of thrombin inhibitors as cause of a prolonged PTT, a Thrombin Time may be useful.

Screening for Factor 8, Factor 9, or Factor 11 inhibitors, the Modified Inhibitor Titer (MODIT) is suggested.

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- PTT Mixing Study, Inhibitor Screen, Factor Inhibitor Screen

## COLLECTION

**Sample Type:**

Citratated plasma

**Collect:**

Blue top filled to full extent of vacuum X 3

**Amount to Collect:**

9 ml blood

**Preferred Volume:**

4 mL plasma

**Minimum Volume:**

2 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

4 hours

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

## PROCESSING

**Test Code:**

PTTIS

**Test Group:**

Inhibitor screen

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Deliver sample to the Hematology Lab ASAP.

**Preferred Volume:**

4 mL plasma

**Minimum Volume:**

2 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

**Stability (from collection to initiation):**

4 hours

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

PTT Inhibitor Screen will only be performed if the PTT is 20% above the upper limit of normal. If the test is ordered on a sample that does not meet this criteria, the inhibitor screen cannot yield a positive result. "Test not Indicated" will be sent.

The PTT Inhibitor Screen may be of limited value in a number of clinical settings and alternative tests are recommended:

For the evaluation of lupus anticoagulant as cause of a prolonged PTT, specific tests are suggested [Russell's Viper Venom Test (RVVTM) and Lupus anticoagulant by Hexa (HEXA)].

For the evaluation of thrombin inhibitors as cause of a prolonged PTT, a Thrombin Time may be useful.

Screening for Factor 8, Factor 9, or Factor 11 inhibitors, the Modified Inhibitor Titer (MODIT) is suggested.

**ADMINISTRATIVE****CPT Codes:**

85730, 85732 x2

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Approval Required:**

No. However, the PTT Inhibitor Screen will only be performed if the PTT is 20% above the upper limit of normal.

**Available Stat:**

No

**Test Code:**

PTTIS

**Test Group:**

Inhibitor screen

**Performing Lab:**

Parnassus Hematology

**Performed:**

Monday-Friday 0800-1400

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum X 3

**Amount to Collect:**

9 ml blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

4 mL plasma

**Minimum Volume:**

2 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

**Specimen Preparation:**

Deliver sample to the Hematology Lab ASAP.

**Reference Interval:**

Negative

**Synonyms:**

- PTT Mixing Study, Inhibitor Screen, Factor Inhibitor Screen

**Stability (from collection to initiation):**

4 hours

**Reported:**

Same day or next weekday

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

PTT Inhibitor Screen will only be performed if the PTT is 20% above the upper limit of normal. If the test is ordered on a sample that does not meet this criteria, the inhibitor screen cannot yield a positive result. "Test not Indicated" will be sent.

The PTT Inhibitor Screen may be of limited value in a number of clinical settings and alternative tests are recommended:

For the evaluation of lupus anticoagulant as cause of a prolonged PTT, specific tests are suggested [Russell's Viper Venom Test (RVV<sub>TM</sub>) and Lupus anticoagulant by Hexa (HEXA)].

For the evaluation of thrombin inhibitors as cause of a prolonged PTT, a Thrombin Time may be useful.

Screening for Factor 8, Factor 9, or Factor 11 inhibitors, the Modified Inhibitor Titer (MODIT) is suggested.

**CPT Codes:**

85730, 85732 x2

**LDT or Modified FDA:**

Yes

# Inhibitor Screen for Prothrombin Time

LAB5293

## ORDERING

**Approval Required:**

No. However, the PT Inhibitor Screen will only be performed if the PT is >19.0 sec.

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

Monday-Friday 0800-1400

**Reported:**

Same day or next weekday

**Additional Information:**

PT Inhibitor Screen will only be performed if the PT is >19.0 sec. If the test is ordered on a sample that does not meet this criteria, the inhibitor screen cannot yield a positive result. Test not Indicated" will be sent.

PT inhibitors are unusual. If clinically indicated, obtaining fibrinogen, as well as factor activity assays for factors 2, 5, 7, and 10 may be considered even without performing the PT Inhibitor Screen.

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- PT Mixing Study, Inhibitor Screen, Factor Inhibitor Screen

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum X 2

**Amount to Collect:**

6 ml blood

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

2 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

4 hours

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

## PROCESSING

**Test Code:**

PTIS

**Test Group:**

Inhibitor screen

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Deliver sample to the Hematology Lab ASAP.

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

2 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

**Stability (from collection to initiation):**

4 hours

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

PT Inhibitor Screen will only be performed if the PT is >19.0 sec. If the test is ordered on a sample that does not meet this criteria, the inhibitor screen cannot yield a positive result. Test not Indicated" will be sent.

PT inhibitors are unusual. If clinically indicated, obtaining fibrinogen, as well as factor activity assays for factors 2, 5, 7, and 10 may be considered even without performing the PT Inhibitor Screen.

**ADMINISTRATIVE****CPT Codes:**

85610, 85611 x2

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Approval Required:**

No. However, the PT Inhibitor Screen will only be performed if the PT is &gt;19.0 sec.

**Available Stat:**

No

**Test Code:**

PTIS

**Test Group:**

Inhibitor screen

**Performing Lab:**

Parnassus Hematology

**Performed:**

Monday-Friday 0800-1400

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (Parnassus: 3-1747, Mission Bay 6-1094) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum X 2

**Amount to Collect:**

6 ml blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

3 mL plasma

**Minimum Volume:**

2 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.

**Specimen Preparation:**

Deliver sample to the Hematology Lab ASAP.

**Reference Interval:**

Negative

**Synonyms:**

- PT Mixing Study, Inhibitor Screen, Factor Inhibitor Screen

**Stability (from collection to initiation):**

4 hours

**Reported:**

Same day or next weekday

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

PT Inhibitor Screen will only be performed if the PT is >19.0 sec. If the test is ordered on a sample that does not meet this criteria, the inhibitor screen cannot yield a positive result. Test not Indicated" will be sent.

PT inhibitors are unusual. If clinically indicated, obtaining fibrinogen, as well as factor activity assays for factors 2, 5, 7, and 10 may be considered even without performing the PT Inhibitor Screen.

**CPT Codes:**

85610, 85611 x2

**LDT or Modified FDA:**

Yes

# Insect Venom IgG Antibody

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

RAST

**Additional Information:**

Assays are available for antibody to venoms from Honey bee (NI# 67272N), Paper wasp (NI# 67314N), White-faced hornet (NI# 74179N), Yellow hornet (NI# 67397N) and Yellow jacket (NI# 77685N). These assays are not approved by FDA for clinical use.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood for each venom to be tested

**Preferred Volume:**

1 mL serum for each venom to be tested

**Minimum Volume:**

0.3 mL serum for each venom

**Remarks:**

Indicate insect type suspected if known on requisition (Honey bee, Paper wasp, White-faced hornet, Yellow hornet, Yellow jacket)

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # specified for insect thought to be the source of risk; if the provocative insect is unknown, order all of the assays.

**Preferred Volume:**

1 mL serum for each venom to be tested

**Minimum Volume:**

0.3 mL serum for each venom

## RESULT INTERPRETATION

**Reference Interval:**

Interpretation:

< 1.0-3.4 mg/L: Low level of IgG antibody indicatcating a significant risk of reaction in patients with a history of systemic anaphylaxis from hymenoptera sting and/or positive skin test to venom.

>= 3.5 mg/L: Moderate level of IgG antibody to venom associated with a reduced risk, depending on history.

**Additional Information:**

Assays are available for antibody to venoms from Honey bee (NI# 67272N), Paper wasp (NI# 67314N), White-faced hornet (NI# 74179N), Yellow hornet (NI# 67397N) and Yellow jacket (NI# 77685N). These assays are not approved by FDA for clinical use.

## ADMINISTRATIVE



**CPT Codes:**

83520-90 for each venom tested

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

RAST

**Remarks:**

Indicate insect type suspected if known on requisition (Honey bee, Paper wasp, White-faced hornet, Yellow hornet, Yellow jacket)

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood for each venom to be tested

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum for each venom to be tested

**Minimum Volume:**

0.3 mL serum for each venom

**Specimen Preparation:**

Refrigerate. Order Quest # specified for insect thought to be the source of risk; if the provocative insect is unknown, order all of the assays.

**Reference Interval:**

Interpretation:

&lt; 1.0-3.4 mg/L: Low level of IgG antibody indicating a significant risk of reaction in patients with a history of systemic anaphylaxis from hymenoptera sting and/or positive skin test to venom.

&gt;= 3.5 mg/L: Moderate level of IgG antibody to venom associated with a reduced risk, depending on history.

**Additional Information:**

Assays are available for antibody to venoms from Honey bee (NI# 67272N), Paper wasp (NI# 67314N), White-faced hornet (NI# 74179N), Yellow hornet (NI# 67397N) and Yellow jacket (NI# 77685N). These assays are not approved by FDA for clinical use.

**CPT Codes:**

83520-90 for each venom tested

# Insulin

LAB828

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Wednesdays (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

3-10 days.

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 9/14/2017.

The Architect Insulin calibrators are referenced to the World Health Organization (WHO) Insulin 1st International Reference Preparation, 66/304.

### Assay cross reactivity with insulin analogs

|                      | Roche<br>Diagnostics | Abbott Labs<br>used at UCSF |
|----------------------|----------------------|-----------------------------|
| Human insulin        | 100%                 | 100%                        |
| <u>Aspart</u>        | ~ 0%                 | ~65%                        |
| Lispro               | ~ 0%                 | ~85%                        |
| <u>Glulisine</u>     | ~ 0%                 | ~5-10%                      |
| Detemir              | ~0%                  | ~75%                        |
| Glargine metabolites | ~20%                 | ~110%                       |

Source: Heurtault B, et al. Clin Chem Lab Med 2014; 52(3): 355–362

**Synonyms:**

- Insulin

## COLLECTION

**Patient Preparation:**

An overnight fast is required prior to specimen collection or reference ranges will not apply.

**Sample Type:**

Serum

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Stable for 30 days when frozen at -20°C or colder.

An add-on test placed 24 hours after collection should be sent out to ARUP for insulin testing, and our in-house test should be credited.

## PROCESSING

**Test Code:**

INS

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Centrifuge promptly. Freeze serum at -20C.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Stable for 30 days when frozen at -20°C or colder.

An add-on test placed 24 hours after collection should be sent out to ARUP for insulin testing, and our in-house test should be credited.

## RESULT INTERPRETATION

**Units:**

mU/L

**Reference Interval:**

Fasting: 3.0 - 19.0 mU/L

Reference range was adopted from ARUP Laboratory based on correlation studies.

Note: if patient was not fasting, the normal ranges may not apply.

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 9/14/2017.

The Architect Insulin calibrators are referenced to the World Health Organization (WHO) Insulin 1st International Reference Preparation, 66/304.

**Assay cross reactivity with insulin analogs**

|                      | <b>Roche<br/>Diagnostics</b> | <b>Abbott Labs<br/>used at UCSF</b> |
|----------------------|------------------------------|-------------------------------------|
| Human insulin        | 100%                         | 100%                                |
| <u>Aspart</u>        | ~ 0%                         | ~65%                                |
| Lispro               | ~ 0%                         | ~85%                                |
| <u>Glulisine</u>     | ~ 0%                         | ~5-10%                              |
| Detemir              | ~0%                          | ~75%                                |
| Glargine metabolites | ~20%                         | ~110%                               |

Source: Heurtault B, et al. Clin Chem Lab Med 2014; 52(3): 355–362

**ADMINISTRATIVE****CPT Codes:**

83525

**LOINC Codes:**

20448-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

INS

**Performing Lab:**

China Basin Chemistry

**Performed:**

Wednesdays (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Patient Preparation:**

An overnight fast is required prior to specimen collection or reference ranges will not apply.

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.15 mL serum

**Specimen Preparation:**

Centrifuge promptly. Freeze serum at -20C.

**Units:**

mU/L

**Reference Interval:**

Fasting: 3.0 - 19.0 mU/L

Reference range was adopted from ARUP Laboratory based on correlation studies.

Note: if patient was not fasting, the normal ranges may not apply.

**Synonyms:**

- Insulin

**Stability (from collection to initiation):**

Stable for 30 days when frozen at -20°C or colder.

An add-on test placed 24 hours after collection should be sent out to ARUP for insulin testing, and our in-house test should be credited.

**Reported:**

3-10 days.

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 9/14/2017.

The Architect Insulin calibrators are referenced to the World Health Organization (WHO) Insulin 1st International Reference Preparation, 66/304.

### Assay cross reactivity with insulin analogs

|                      | Roche<br>Diagnostics | Abbott Labs<br>used at UCSF |
|----------------------|----------------------|-----------------------------|
| Human insulin        | 100%                 | 100%                        |
| Aspart               | ~ 0%                 | ~65%                        |
| Lispro               | ~ 0%                 | ~85%                        |
| Glulisine            | ~ 0%                 | ~5-10%                      |
| Detemir              | ~0%                  | ~75%                        |
| Glargine metabolites | ~20%                 | ~110%                       |

Source: Heurtault B, et al. Clin Chem Lab Med 2014; 52(3): 355–362

**CPT Codes:**

83525

**LOINC Codes:**

20448-7

# Insulin Autoantibody

LAB649

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Radio Binding Assay

**Reported:**

Test performed Wednesday. Turnaround 3-10 days

**Synonyms:**

- Anti-insulin antibody
- 36178
- Q36178
- HUMAN INSULIN ANTIBODY
- INSAB

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

INHS

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 4 weeks, refrigerated 4 weeks, frozen at -20C 4 weeks.

## PROCESSING

**Test Code:**

INHS

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Order Quest # 52324P

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 4 weeks, refrigerated 4 weeks, frozen at -20C 4 weeks.

## RESULT INTERPRETATION

**Units:**

U/mL

**Reference Interval:**

&lt; 0.4 U/mL

## ADMINISTRATIVE

**CPT Codes:**  
86337-90

**LOINC Codes:**  
13633-3

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
INHS

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Radio Binding Assay

**Collect:**  
Red top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.2 mL serum

**Specimen Preparation:**  
Order Quest # 52324P

**Units:**  
U/mL

**Reference Interval:**  
< 0.4 U/mL

**Synonyms:**

- Anti-insulin antibody
- 36178
- Q36178
- HUMAN INSULIN ANTIBODY
- INSAB

**Stability (from collection to initiation):**

Room temperature 4 weeks, refrigerated 4 weeks, frozen at -20C 4 weeks.

**Reported:**

Test performed Wednesday. Turnaround 3-10 days

**CPT Codes:**  
86337-90

**LOINC Codes:**  
13633-3

# Insulin-Like Growth Factor 1, LC/MS

LAB5487

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS

**Reported:**

3-5 days

**Additional Information:**

Insulin-like growth factor I (IGF-I, or somatomedin C), a protein involved in stimulating somatic growth, is regulated principally by growth hormone (GH) and nutritional intake. IGF-I is transported in serum by several proteins; this helps maintain relatively high IGF-I plasma levels and minimizes fluctuations in serum IGF-I concentrations.

Measuring IGF-I is useful in several growth-related disorders. Dwarfism caused by deficiency of growth hormone (hypopituitarism) results in decreased serum levels of IGF-I, while acromegaly (growth hormone excess) results in elevated levels of IGF-I. IGF-I measurements are also helpful in assessing nutritional status; levels are reduced in under-nutrition and restored with a proper diet.

**Synonyms:**

- IGF1
- Somatomedin C
- INSULIN LIKE GROWTH FACTOR
- IGBP1
- IGF-1

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

AIGF1B

**Collect:**

Red top or Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen 1 week, frozen at -70C 3 weeks

## PROCESSING

**Test Code:**

AIGF1

**Test Group:**

IGF1

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze aliquot and send to China Basin for sendout

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum



**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen 1 week, frozen at -70C 3 weeks

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

Adult:

| Age           | ng/mL   |
|---------------|---------|
| 18-19.9 years | 108-548 |
| 20-24.9 years | 83-456  |
| 25-29.9 years | 63-373  |
| 30-39.9 years | 53-331  |
| 40-49.9 years | 52-328  |
| 50-59.9 years | 50-317  |
| 60-69.9 years | 41-279  |
| 70-79.9 years | 34-245  |
| >80 years     | 34-246  |

Pediatric:

| Age (Years) | Male (ng/mL) | Female (ng/ml) |
|-------------|--------------|----------------|
| <1          | 14-142       | 17-185         |
| 1-1.9       | 12-134       | 15-175         |
| 2-2.9       | 12-135       | 16-179         |
| 3-3.9       | 30-155       | 38-214         |
| 4-4.9       | 28-181       | 34-238         |
| 5-5.9       | 31-214       | 37-272         |
| 6-6.9       | 38-253       | 45-316         |
| 7-7.9       | 48-298       | 58-367         |
| 8-8.9       | 62-347       | 76-424         |
| 9-9.9       | 80-398       | 99-483         |
| 10-10.9     | 100-449      | 125-541        |
| 11-11.9     | 123-497      | 152-593        |
| 12-12.9     | 146-541      | 178-636        |
| 13-13.9     | 168-576      | 200-664        |
| 14-14.9     | 187-599      | 214-673        |
| 15-15.9     | 201-609      | 218-659        |
| 16-16.9     | 209-602      | 208-619        |
| 17-17.9     | 207-576      | 185-551        |

**Additional Information:**

Insulin-like growth factor I (IGF-I, or somatomedin C), a protein involved in stimulating somatic growth, is regulated principally by growth hormone (GH) and nutritional intake. IGF-I is transported in serum by several proteins; this helps maintain relatively high IGF-I plasma levels and minimizes fluctuations in serum IGF-I concentrations.

Measuring IGF-I is useful in several growth-related disorders. Dwarfism caused by deficiency of growth hormone (hypopituitarism) results in decreased serum levels of IGF-I, while acromegaly (growth hormone excess) results in elevated levels of IGF-I. IGF-I measurements are also helpful in assessing nutritional status; levels are reduced in under-nutrition and restored with a proper diet.

**ADMINISTRATIVE****CPT Codes:**

84305-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AIGF1

**Test Group:**

IGF1

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS

**Collect:**

Red top or Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Freeze aliquot and send to China Basin for sendout

**Units:**

ng/mL

**Reference Interval:**

Adult:

| Age           | ng/mL   |
|---------------|---------|
| 18-19.9 years | 108-548 |
| 20-24.9 years | 83-456  |
| 25-29.9 years | 63-373  |
| 30-39.9 years | 53-331  |
| 40-49.9 years | 52-328  |
| 50-59.9 years | 50-317  |
| 60-69.9 years | 41-279  |
| 70-79.9 years | 34-245  |
| >80 years     | 34-246  |

Pediatric:

| Age (Years) | Male (ng/mL) | Female (ng/ml) |
|-------------|--------------|----------------|
| <1          | 14-142       | 17-185         |
| 1-1.9       | 12-134       | 15-175         |
| 2-2.9       | 12-135       | 16-179         |
| 3-3.9       | 30-155       | 38-214         |
| 4-4.9       | 28-181       | 34-238         |
| 5-5.9       | 31-214       | 37-272         |
| 6-6.9       | 38-253       | 45-316         |
| 7-7.9       | 48-298       | 58-367         |
| 8-8.9       | 62-347       | 76-424         |
| 9-9.9       | 80-398       | 99-483         |
| 10-10.9     | 100-449      | 125-541        |
| 11-11.9     | 123-497      | 152-593        |
| 12-12.9     | 146-541      | 178-636        |
| 13-13.9     | 168-576      | 200-664        |
| 14-14.9     | 187-599      | 214-673        |
| 15-15.9     | 201-609      | 218-659        |
| 16-16.9     | 209-602      | 208-619        |
| 17-17.9     | 207-576      | 185-551        |

**Synonyms:**

- IGF1
- Somatomedin C
- INSULIN LIKE GROWTH FACTOR
- IGBP1
- IGF-1

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen 1 week, frozen at -70C 3 weeks

**Reported:**

3-5 days

**Additional Information:**

Insulin-like growth factor I (IGF-I, or somatomedin C), a protein involved in stimulating somatic growth, is regulated principally by growth hormone (GH) and nutritional intake. IGF-I is transported in serum by several proteins; this helps maintain relatively high IGF-I plasma levels and minimizes fluctuations in serum IGF-I concentrations.

Measuring IGF-I is useful in several growth-related disorders. Dwarfism caused by deficiency of growth hormone (hypopituitarism) results in decreased serum levels of IGF-I, while acromegaly (growth hormone excess) results in elevated levels of IGF-I. IGF-I measurements are also helpful in assessing nutritional status; levels are reduced in under-nutrition and restored with a proper diet.

**CPT Codes:**

84305-90

# Insulin-Like Growth Factor 2 (IGF-2)

LAB3473

## ORDERING

**Ordering Recommendations:**

May be used as an adjunct to IGF-1 in diagnosis of growth disorders.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Tue

**Methodology:**

Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Reported:**

1-8 days

**Synonyms:**

- IGF-2 (Insulin-Like Growth Factor II)
- IGF2

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

IGF2

**Collect:**

Plain Red or Serum Separator Tube (SST).

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Ambient: 24 hours; Refrigerated: 2 days; Frozen: 2 months (Avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Unacceptable Conditions:**

Moderately or grossly hemolyzed or severely lipemic specimens

## PROCESSING

**Test Code:**

IGF2

**ARUP Test Code:**

2013599

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube (Min: 0.2 mL). Freeze Immediately.

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Moderately or grossly hemolyzed or severely lipemic specimens

**Stability (from collection to initiation):**

Ambient: 24 hours; Refrigerated: 2 days; Frozen: 2 months (Avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**RESULT INTERPRETATION****Reference Interval:**

|                                   |               |
|-----------------------------------|---------------|
| Prepubertal (0-11 years old)      | 127-473 ng/mL |
| Postpubertal (12 years and older) | 180-580 ng/mL |

**Interpretive Data:**

Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

83520

**LOINC:**

- 2485-1

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

May be used as an adjunct to IGF-1 in diagnosis of growth disorders.

**Test Code:**

IGF2

**ARUP Test Code:**

2013599

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Tue

**Methodology:**

Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Collect:**

Plain Red or Serum Separator Tube (SST).

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Moderately or grossly hemolyzed or severely lipemic specimens

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube (Min: 0.2 mL). Freeze Immediately.

**Reference Interval:**

|                                   |               |
|-----------------------------------|---------------|
| Prepubertal (0-11 years old)      | 127-473 ng/mL |
| Postpubertal (12 years and older) | 180-580 ng/mL |

**Interpretive Data:**

Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- IGF-2 (Insulin-Like Growth Factor II)
- IGF2

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Stability (from collection to initiation):**

Ambient: 24 hours; Refrigerated: 2 days; Frozen: 2 months (Avoid repeated freeze/thaw cycles)

**Reported:**

1-8 days

**CPT Codes:**

83520

**LOINC:**

- 2485-1

# Intact Fibroblast Growth Factor 23 (FGF23), Serum

LAB2242

## ORDERING

**Ordering Recommendations:**

May assist in the evaluation of inherited or acquired disorders of mineral metabolism such as hypophosphatemia rickets, tumor-induced osteomalacia, and familial tumoral calcinosis with hyperphosphatemia.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Varies

**Methodology:**

Quantitative Chemiluminescent Immunoassay (CLIA)

**Reported:**

6-11 days

**Synonyms:**

- Autosomal Dominant Hypophosphatemic Rickets
- Familial Tumoral Calcinosis with Hyperphosphatemia
- FGF23
- Intact-FGF23
- Oncogenic Osteomalacia
- Phosphatonin
- X-linked Hypophosphatemia

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

FGF23

**Collect:**

Serum separator tube (SST). Also acceptable: Plain red.

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 3 months

**Storage/Transport Temperature:**

Frozen. Also acceptable: Refrigerated.

## PROCESSING

**Test Code:**

FGF23

**ARUP Test Code:**

3003816

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 0.5 mL serum to an ARUP standard transport tube. (Min: 0.25 mL)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 3 months

**Storage/Transport Temperature:**

Frozen. Also acceptable: Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

By Report

**ADMINISTRATIVE****CPT Codes:**

83520

**LOINC:**

- 54390-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

May assist in the evaluation of inherited or acquired disorders of mineral metabolism such as hypophosphatemia rickets, tumor-induced osteomalacia, and familial tumoral calcinosis with hyperphosphatemia.

**Test Code:**

FGF23

**ARUP Test Code:**

3003816

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Varies

**Methodology:**

Quantitative Chemiluminescent Immunoassay (CLIA)

**Collect:**

Serum separator tube (SST). Also acceptable: Plain red.

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.25 mL serum

**Specimen Preparation:**

Transfer 0.5 mL serum to an ARUP standard transport tube. (Min: 0.25 mL)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Reference Interval:**

By Report

**Synonyms:**

- Autosomal Dominant Hypophosphatemic Rickets
- Familial Tumoral Calcinosis with Hyperphosphatemia
- FGF23
- Intact-FGF23
- Oncogenic Osteomalacia
- Phosphatonin
- X-linked Hypophosphatemia

**Storage/Transport Temperature:**

Frozen. Also acceptable: Refrigerated.



**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 3 months

**Reported:**

6-11 days

**CPT Codes:**

83520

**LOINC:**

- 54390-0

# Interleukin-6

LAB332

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

EIA

**Reported:**

Run Friday. Turnaround time 1-7 days

**Synonyms:**

- IL-6
- IL6
- IL 6 HS
- CYTOKINE

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

IL6

**Collect:**

Gold or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 24 hours, refrigerated 48 hours, frozen at -20C 3 months. Order Quest test # 34473X

## PROCESSING

**Test Code:**

IL6

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate and freeze serum or plasma at -20C. Transport frozen.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 24 hours, refrigerated 48 hours, frozen at -20C 3 months. Order Quest test # 34473X

## RESULT INTERPRETATION

**Units:**

pg/mL

**Reference Interval:**

0.31-5.00 pg/mL

## ADMINISTRATIVE

**CPT Codes:**  
83529-90

**LOINC Codes:**  
26881-3

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
IL6

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
EIA

**Collect:**  
Gold or Red top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

**Specimen Preparation:**  
Separate and freeze serum or plasma at -20C. Transport frozen.

**Units:**  
pg/mL

**Reference Interval:**  
0.31-5.00 pg/mL

**Synonyms:**

- IL-6
- IL6
- IL 6 HS
- CYTOKINE

**Stability (from collection to initiation):**  
Room temperature 24 hours, refrigerated 48 hours, frozen at -20C 3 months. Order Quest test # 34473X

**Reported:**  
Run Friday. Turnaround time 1-7 days

**CPT Codes:**  
83529-90

**LOINC Codes:**  
26881-3

# Intracellular Kappa & Lambda Light Chains

ICKL

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday - Friday (Day shift only)

**Methodology:**

Flow cytometry

**Reported:**

Preliminary result available from laboratory in 2-4 days. Written interpretive report sent within 7 days.

**Additional Information:**

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. Only some of the reagents used have been cleared or approved by the U.S. Food and Drug Administration.

## COLLECTION

**Sample Type:**

EDTA whole blood, Bone Marrow, Unfixed tissue, Body Fluid, FNA

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood, Contact Immunology x3-1712 for other sample types

**Preferred Volume:**

3 mL blood, Contact Immunology x3-1712 for other sample types

**Minimum Volume:**

Contact Immunology x3-1712

**Remarks:**

Maintain samples at room temperature and transport to laboratory as soon as possible, esp. for FNA samples

**Unacceptable Conditions:**

Frozen, fixed samples or those stored at inappropriate temperatures

## PROCESSING

**Test Code:**

ICKL

**Performing Lab:**

Immunology

**Specimen Preparation:**

Typically ordered by Immunology only, if order received on a requisition contact Immunology to confirm.

Hold bone marrow specimens at room temperature, but refrigerate fine needle aspirates in special holding medium. Do NOT centrifuge. Each specimen should be assigned its own accession number.

If specimens are delivered after 1200 hours on Friday, weekends or on a holiday contact the resident on call

**Preferred Volume:**

3 mL blood, Contact Immunology x3-1712 for other sample types

**Minimum Volume:**

Contact Immunology x3-1712

**Unacceptable Conditions:**

Frozen, fixed samples or those stored at inappropriate temperatures

## RESULT INTERPRETATION

**Reference Interval:**

Positive

**Additional Information:**

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. Only some of the reagents used have been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

88346 X 2

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ICKL

**Performing Lab:**

Immunology

**Performed:**

Monday - Friday (Day shift only)

**Methodology:**

Flow cytometry

**Remarks:**

Maintain samples at room temperature and transport to laboratory as soon as possible, esp. for FNA samples

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood, Contact Immunology x3-1712 for other sample types

**Sample Type:**

EDTA whole blood, Bone Marrow, Unfixed tissue, Body Fluid, FNA

**Preferred Volume:**

3 mL blood, Contact Immunology x3-1712 for other sample types

**Minimum Volume:**

Contact Immunology x3-1712

**Unacceptable Conditions:**

Frozen, fixed samples or those stored at inappropriate temperatures

**Specimen Preparation:**

Typically ordered by Immunology only, if order received on a requisition contact Immunology to confirm.

Hold bone marrow specimens at room temperature, but refrigerate fine needle aspirates in special holding medium. Do NOT centrifuge. Each specimen should be assigned its own accession number.

If specimens are delivered after 1200 hours on Friday, weekends or on a holiday contact the resident on call

**Reference Interval:**

Positive

**Reported:**

Preliminary result available from laboratory in 2-4 days. Written interpretive report sent within 7 days.

**Additional Information:**

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. Only some of the reagents used have been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

88346 X 2

**LDT or Modified FDA:**

Yes

# Intrinsic Factor Blocking Antibody

LAB857

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay

**Reported:**

Test performed Tuesday, Thursday, Saturday. Turnaround time: 2-6 days.

## COLLECTION

**Patient Preparation:**

Do NOT collect samples within 48 hours following an injection of Vitamin B12, which can give a false positive result.

**Sample Type:**

Serum

**Label Abbreviation:**

IFBA

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Remarks:**

Do NOT collect samples within 48 hours following an injection of Vitamin B12, which can give a false positive result.

**Stability (from collection to initiation):**

Room temperature or refrigerated 1 week, frozen at -20C 28 days.

## PROCESSING

**Test Code:**

IFBA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate serum (or plasma). Order Quest # 568

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature or refrigerated 1 week, frozen at -20C 28 days.

## RESULT INTERPRETATION

**Reference Interval:**

Negative

## ADMINISTRATIVE

**CPT Codes:**

86340-90

**LOINC Codes:**

31443-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

IFBA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Immunoassay

**Patient Preparation:**

Do NOT collect samples within 48 hours following an injection of Vitamin B12, which can give a false positive result.

**Remarks:**

Do NOT collect samples within 48 hours following an injection of Vitamin B12, which can give a false positive result.

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Refrigerate serum (or plasma). Order Quest # 568

**Reference Interval:**

Negative

**Stability (from collection to initiation):**

Room temperature or refrigerated 1 week, frozen at -20C 28 days.

**Reported:**

Test performed Tuesday, Thursday, Saturday. Turnaround time: 2-6 days.

**CPT Codes:**

86340-90

**LOINC Codes:**

31443-5

# Inversion 3p RPN1/MECOM FISH

INV3Q, BINV3Q

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-Situ Hybridization

**Reported:**

1-2 weeks

**Synonyms:**

- Inversion 3q21q26.2 RPN1/MECOM FISH
- INV3Q
- BINV3Q

## COLLECTION

**Sample Type:**

Heparinized blood or bone marrow aspirate  
Bone biopsy

**Collect:**

Blood or marrow aspirate: Dark Green top

**Amount to Collect:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Preferred Volume:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL  
?Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL  
Bone marrow aspirate: 1 mL  
?Bone marrow core: 1 cm

**Remarks:**

Mix blood and marrow aspirates well

**Stability (from collection to initiation):**

2 days at room temperature

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin

## PROCESSING

**Test Code:**

BINV3Q: Blood  
INV3Q: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature; Do Not Refrigerate or freeze. Do Not centrifuge.

**Preferred Volume:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL  
?Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL  
Bone marrow aspirate: 1 mL  
?Bone marrow core: 1 cm

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin



**Stability (from collection to initiation):**  
2 days at room temperature

## ADMINISTRATIVE

**CPT Codes:**  
88271 x2, 88275

**LDT or Modified FDA:**  
Yes

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
BINV3Q: Blood  
INV3Q: Bone marrow

**Performing Lab:**  
Medical Genomics - Cytogenetics

**Methodology:**  
Fluorescent in-Situ Hybridization

**Remarks:**  
Mix blood and marrow aspirates well

**Collect:**  
Blood or marrow aspirate: Dark Green top

**Amount to Collect:**  
Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Sample Type:**  
Heparinized blood or bone marrow aspirate  
Bone biopsy

**Preferred Volume:**  
Blood: 2 mL  
Bone marrow aspirate: 2 mL  
?Bone marrow core: 2 cm

**Minimum Volume:**  
Blood: 1 mL  
Bone marrow aspirate: 1 mL  
?Bone marrow core: 1 cm

**Unacceptable Conditions:**  
Insufficient sample or not collected in heparin

**Specimen Preparation:**  
Maintain sample at room temperature; Do Not Refrigerate or freeze. Do Not centrifuge.

**Synonyms:**

- Inversion 3q21q26.2 RPN1/MECOM FISH
- INV3Q
- BINV3Q

**Stability (from collection to initiation):**  
2 days at room temperature

**Reported:**  
1-2 weeks

**CPT Codes:**  
88271 x2, 88275

**LDT or Modified FDA:**  
Yes

# Inversion, Deletion or Translocation 16q FISH

INV16Q, BINV16

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization (FISH)

**Reported:**

1-2 weeks

**Synonyms:**

- Inv16q, Del16q
- INV16Q
- BINV16

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Collect:**

Dark green top (Na-heparin)

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow core: 2 cm

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow core: 2 cm

**Remarks:**

Maintain sample at room temperature.

## PROCESSING

**Test Code:**

BINV16: Blood

INV16Q: Bone marrow

**Test Group:**

Oncology FISH

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow core: 2 cm

## RESULT INTERPRETATION

**Reference Interval:**

No inversion, deletion or translocation identified

**ADMINISTRATIVE****CPT Codes:**

88271, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BINV16: Blood

INV16Q: Bone marrow

**Test Group:**

Oncology FISH

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization (FISH)

**Remarks:**

Maintain sample at room temperature.

**Collect:**

Dark green top (Na-heparin)

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow core: 2 cm

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow core: 2 cm

**Specimen Preparation:**

Maintain sample at room temperature

**Reference Interval:**

No inversion, deletion or translocation identified

**Synonyms:**

- Inv16q, Del16q
- INV16Q
- BINV16

**Reported:**

1-2 weeks

**CPT Codes:**

88271, 88275

**LDT or Modified FDA:**

Yes

# Iodine, 24 hour urine

IODI

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Inductively Coupled Plasma-Mass Spectrometry (ICP/MS)

**Reported:**

3-5 days

**Additional Information:**

Iodine is an essential element that is required for thyroid hormone production. The measurement of urinary iodine serves as an index of adequate dietary iodine intake.

## COLLECTION

**Sample Type:**

Urine

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Stability (from collection to initiation):**

Room temperature 10 days, refrigerated 10 days, frozen unacceptable

## PROCESSING

**Test Code:**

IODI

**Test Group:**

Iodine

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Specify the total 24-hour urine volume on the request form. Refrigerate specimen. Forward to CB.

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Stability (from collection to initiation):**

Room temperature 10 days, refrigerated 10 days, frozen unacceptable

## RESULT INTERPRETATION

**Units:**

µg/24Hr (mcg/24 Hr)

**Reference Interval:**

70-500 µg/24Hr

**Additional Information:**

Iodine is an essential element that is required for thyroid hormone production. The measurement of urinary iodine serves as an index of adequate dietary iodine intake.

**ADMINISTRATIVE**

**CPT Codes:**  
83789-90

**COMPLETE VIEW**

**Available Stat:**  
No

**Test Code:**  
IODI

**Test Group:**  
Iodine

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Inductively Coupled Plasma-Mass Spectrometry (ICP/MS)

**Collect:**  
Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**  
Entire 24 hour urine output

**Sample Type:**  
Urine

**Preferred Volume:**  
10 mL urine

**Minimum Volume:**  
2 mL urine

**Specimen Preparation:**  
Specify the total 24-hour urine volume on the request form. Refrigerate specimen. Forward to CB.

**Units:**  
µg/24Hr (mcg/24 Hr)

**Reference Interval:**  
70-500 µg/24Hr

**Stability (from collection to initiation):**  
Room temperature 10 days, refrigerated 10 days, frozen unacceptable

**Reported:**  
3-5 days

**Additional Information:**  
Iodine is an essential element that is required for thyroid hormone production. The measurement of urinary iodine serves as an index of adequate dietary iodine intake.

**CPT Codes:**  
83789-90

# Iodine, Urine, Random

LAB5490

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Inductively Coupled Plasma/Mass Spectrometry

**Reported:**

3-5 days

**Additional Information:**

Iodine is an essential element that is required for thyroid hormone production. The measurement of urinary iodine serves as an index of adequate dietary iodine intake.

## COLLECTION

**Sample Type:**

Random urine

**Label Abbreviation:**

IODUR

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Stability (from collection to initiation):**

Room temperature 10 days, refrigerated 10 days, frozen unacceptable

## PROCESSING

**Test Code:**

IODUR

**Test Group:**

Iodine

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Do not freeze

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Stability (from collection to initiation):**

Room temperature 10 days, refrigerated 10 days, frozen unacceptable

## RESULT INTERPRETATION

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

34-523 µg/mL

**Additional Information:**

Iodine is an essential element that is required for thyroid hormone production. The measurement of urinary iodine serves as an index of adequate dietary iodine intake.

**ADMINISTRATIVE**

**CPT Codes:**  
83789-90

**COMPLETE VIEW**

**Available Stat:**  
No

**Test Code:**  
IODUR

**Test Group:**  
Iodine

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Inductively Coupled Plasma/Mass Spectrometry

**Collect:**  
Urine cup

**Amount to Collect:**  
10 mL urine

**Sample Type:**  
Random urine

**Preferred Volume:**  
10 mL urine

**Minimum Volume:**  
2 mL urine

**Specimen Preparation:**  
Do not freeze

**Units:**  
µg/mL (mcg/mL)

**Reference Interval:**  
34-523 µg/mL

**Stability (from collection to initiation):**  
Room temperature 10 days, refrigerated 10 days, frozen unacceptable

**Reported:**  
3-5 days

**Additional Information:**  
Iodine is an essential element that is required for thyroid hormone production. The measurement of urinary iodine serves as an index of adequate dietary iodine intake.

**CPT Codes:**  
83789-90

# IRF4 Break Apart Rearrangement FISH

BIRF4, IRF4

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7~14 days

**Synonyms:**

- BIRF4
- 6q25 BA Rearrangement FISH
- IRF4

## COLLECTION

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Collect:**

Blood: Dark Green top Sodium Heparin tube

Bone marrow: Dark Green top Sodium Heparin tube for bone marrow, sterile container with medium for bone core.

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room Temperature

**Unacceptable Conditions:**

Clotted samples, samples received refrigerated or frozen

## PROCESSING

**Test Code:**

Blood: BIRF4

Bone marrow: IRF4

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples, samples received refrigerated or frozen



**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room Temperature

**ADMINISTRATIVE****CPT Codes:**

88271x2, 88275x1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

Blood: BIRF4

Bone marrow: IRF4

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri 9 am to 5 pm

**Methodology:**

FISH

**Collect:**

Blood: Dark Green top Sodium Heparin tube

Bone marrow: Dark Green top Sodium Heparin tube for bone marrow, sterile container with medium for bone core.

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples, samples received refrigerated or frozen

**Synonyms:**

- BIRF4
- 6q25 BA Rearrangement FISH
- IRF4

**Storage/Transport Temperature:**

Room Temperature

**Stability (from collection to initiation):**

2 days

**Reported:**

7~14 days

**CPT Codes:**

88271x2, 88275x1

# Iron

LAB94

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and Mount Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Ferene (Abbott Architect c8000 or c4000)

**Reported:**

Stat 1 hour, Routine 1 day

**Additional Information:**

To convert µg/dL to µmol/L (SI units) multiply by x 0.179

Gadolinium MR Contrast agents including Gadodiamide (Omniscan), Gadoversetamide (Optimark), Gadopentetate Dimeglumine (Magnevist), and Gadoterdiol (Prohance), have been shown to interfere with certain colorimetric assays used in the measurement of various serum cations including iron, magnesium, and calcium. The UCSF clinical labs utilize a colorimetric assay for the measurement of both serum iron and serum magnesium that are subject to this interference and could therefore also affect the % saturation calculation.

For serum iron, gadolinium containing agents (Gadodiamide, Gadoversetamide, and Gadopentetate) may produce a falsely low result (on average, 75, 78, and 88% respectively, of the actual iron concentration). See "Calcium" and "Magnesium" entries for respective interferences.

Reference: Proctor et al. Gadolinium Magnetic Resonance contrast Agents produce Analytic Interference in Multiple Serum Assays. Am J Clin Pathol. 2004;121:282-292.

Hemolysis may artifactually increase the iron concentration and could therefore also affect the % saturation calculation.

If a sample is found to have a hemolytic index of  $\geq 500$  mg/dL, append ETC HEMIN ( hemolysis present, may tend to increase result).

See also Iron, % saturation and transferrin or TIBC, plasma/serum.

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.8 mL plasma or serum

**Remarks:**

Draw w/o hemolysis, which may artifactually increase the result. To avoid contamination, do not allow the specimen to come into contact with glass.

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 3 weeks, frozen at -20C 1 year

## PROCESSING

**Test Code:**

IRON

**Test Group:**

Iron

**Performing Lab:**

Parnassus, Mission Bay and Mount Zion Chemistry

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.8 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 3 weeks, frozen at -20C 1 year

**RESULT INTERPRETATION****Units:**

µg/dL

**Reference Interval:**

| Age            | Male (µg/dL) | Female (µg/dL) |
|----------------|--------------|----------------|
| 0 to 13 years  | 16-128       | 16-128         |
| 14 to 18 years | 31-168       | 20-162         |
| >=19 years     | 65-179       | 39-179         |

The adult reference ranges were adopted from: Lee et al, 2017, Generating method-specific reference ranges - a harmonious outcome? Pract Lab Med 9: 1-11.

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <http://caliper.research.sickkids.ca/#/search>

**Additional Information:**

To convert µg/dL to µmol/L (SI units) multiply by x 0.179

Gadolinium MR Contrast agents including Gadodiamide (Omniscan), Gadoversetamide (Optimark), Gadopentetate Dimeglumine (Magnevist), and Gadoterdiol (Prohance), have been shown to interfere with certain colorimetric assays used in the measurement of various serum cations including iron, magnesium, and calcium. The UCSF clinical labs utilize a colorimetric assay for the measurement of both serum iron and serum magnesium that are subject to this interference and could therefore also affect the % saturation calculation.

For serum iron, gadolinium containing agents (Gadodiamide, Gadoversetamide, and Gadopentetate) may produce a falsely low result (on average, 75, 78, and 88% respectively, of the actual iron concentration). See "Calcium" and "Magnesium" entries for respective interferences.

Reference: Proctor et al. Gadolinium Magnetic Resonance contrast Agents produce Analytic Interference in Multiple Serum Assays. Am J Clin Pathol. 2004;121:282-292.

Hemolysis may artifactually increase the iron concentration and could therefore also affect the % saturation calculation.

If a sample is found to have a hemolytic index of >=500 mg/dL, append ETC HEMIN ( hemolysis present, may tend to increase result).

See also Iron, % saturation and transferrin or TIBC, plasma/serum.

**ADMINISTRATIVE****CPT Codes:**

83540

**LOINC Codes:**

2498-4

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

IRON

**Test Group:**

Iron

**Performing Lab:**

Parnassus, Mission Bay and Mount Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Ferene (Abbott Architect c8000 or c4000)

**Remarks:**

Draw w/o hemolysis, which may artifactually increase the result. To avoid contamination, do not allow the specimen to come into contact with glass.

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.8 mL plasma or serum

**Units:**

µg/dL

**Reference Interval:**

| Age            | Male (µg/dL) | Female (µg/dL) |
|----------------|--------------|----------------|
| 0 to 13 years  | 16-128       | 16-128         |
| 14 to 18 years | 31-168       | 20-162         |
| >=19 years     | 65-179       | 39-179         |

The adult reference ranges were adopted from: Lee et al, 2017, Generating method-specific reference ranges - a harmonious outcome? Pract Lab Med 9: 1-11.

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <http://caliper.research.sickkids.ca/#/search>

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 3 weeks, frozen at -20C 1 year

**Reported:**

Stat 1 hour, Routine 1 day

**Additional Information:**

To convert µg/dL to µmol/L (SI units) multiply by x 0.179

Gadolinium MR Contrast agents including Gadodiamide (Omniscan), Gadoversetamide (Optimark), Gadopentetate Dimeglumine (Magnevist), and Gadoterdiol (Prohance), have been shown to interfere with certain colorimetric assays used in the measurement of various serum cations including iron, magnesium, and calcium. The UCSF clinical labs utilize a colorimetric assay for the measurement of both serum iron and serum magnesium that are subject to this interference and could therefore also affect the % saturation calculation.

For serum iron, gadolinium containing agents (Gadodiamide, Gadoversetamide, and Gadopentetate) may produce a falsely low result (on average, 75, 78, and 88% respectively, of the actual iron concentration). See "Calcium" and "Magnesium" entries for respective interferences.

Reference: Proctor et al. Gadolinium Magnetic Resonance contrast Agents produce Analytic Interference in Multiple Serum Assays. Am J Clin Pathol. 2004;121:282-292.

Hemolysis may artifactually increase the iron concentration and could therefore also affect the % saturation calculation.

If a sample is found to have a hemolytic index of >=500 mg/dL, append ETC HEMIN ( hemolysis present, may tend to increase result).

See also Iron, % saturation and transferrin or TIBC, plasma/serum.

**CPT Codes:**

83540

**LOINC Codes:**

2498-4

# Iron, %Saturation and Transferrin or TIBC

LAB8010

## ORDERING

### Ordering Recommendations:

Consider ordering serum ferritin in addition

### Available Stat:

No

### Performing Lab:

Mission Bay, Parnassus and Mt Zion Chemistry

### Performed:

Test available 24 hours per day 7 days per week

### Methodology:

Iron: Ferrozine Spectrophotometric - Abbott Architect c8000 or c4000

Transferrin: Immunoturbidimetric - Abbott Architect c8000 or c4000

### Reported:

1 day

### Additional Information:

Note: Iron and transferrin may be ordered separately.

Saturation is calculated from the iron and transferrin levels and cannot be ordered separately.

The calculation is:

$[\text{Serum iron concentration (mcg/dL)} / \text{Transferrin concentration (mg/dL)}] * 71.24$

This calculation is equivalent to the following calculation:

$\text{Serum iron concentration (mcg/dL)} \times 100 / (\text{Transferrin concentration (mg/dL)} \times 1.4)$

Note: Transferrin saturation is not calculated by dividing the reported iron concentration/transferrin concentration. The calculation for transferrin saturation adjusts for the measurement units reported for iron and transferrin, the molecular weights, and for the number of iron binding sites in the transferrin molecule.

See also Ferritin, the level of which is the single most sensitive test for the detection of iron deficiency short of examining the bone marrow for stainable iron. A transferrin saturation of  $\geq 45\%$  has been employed as a screen for iron overload due to hereditary hemochromatosis, and may warrant further evaluation. See: Adams PC, et al. 2000. Population screening for hemochromatosis: a comparison of unbound iron binding capacity, transferrin saturation, and C282Y genotyping in 5211 voluntary blood donors Hepatology 31:1160-1164. Brandhagen D J, et al. 2002. Recognition and Management of hereditary hemochromatosis. Amer. Fam. Physician 65:853-860. Fletcher L M, et al. 2002. Haemochromatosis: understanding the mechanism of diseases and implications for diagnosis and patient management following the recent cloning of novel genes involved in iron metabolism. J. Intern. Med. 251:181-192.

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For serum iron, gadolinium containing agents (Gadodiamide, Gadoversetamide, and Gadopentetate) may produce a falsely low result (on average, 75, 78, and 88% respectively, of the actual iron concentration). See "Calcium" and "Magnesium" entries for respective interferences.

Reference: Proctor et al. Gadolinium Magnetic Resonance contrast Agents produce Analytic Interference in Multiple Serum Assays. Am J Clin Pathol. 2004;121:282-292.

Hemolysis may artifactually increase the iron concentration and could therefore also affect the % saturation calculation.

If a sample is found to have a hemolytic index of  $\geq 500$  mg/dL, append ETC HEMIN ( hemolysis present, may tend to increase result).

Samples containing paraproteins (monoclonal proteins) and other factors affecting sample turbidity may interfere in the transferrin assay and therefore could affect the % saturation calculation.

If a sample is found to have a lipemic/turbidity index of  $\geq 200$ , append ETC "TURUNK" ( specimen grossly turbid, effect on most assay results unknown).

### Synonyms:

- FE

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred.

**Sample Type:**

Heparinized plasma (preferred) or Serum

**Label Abbreviation:**

FE

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1.5 mL plasma or serum

**Remarks:**

Avoid hemolysis.

**Unacceptable Conditions:**

Lipemia, hemolyzed

**PROCESSING****Test Code:**

FE

**Test Group:**

Iron

**Performing Lab:**

Mission Bay, Parnassus and Mt Zion Chemistry

**Specimen Preparation:**

Avoid contamination of Iron by pouring or using plastic pipette to transfer plasma or serum. Store at 2-8 C. Do NOT use a glass pipette.

**Preferred Volume:**

1.5 mL plasma or serum

**Unacceptable Conditions:**

Lipemia, hemolyzed

**RESULT INTERPRETATION****Units:**

µg/dL, mg/dL, %

**Reference Interval:**

Iron:

| Age            | Male (µg/dL) | Female (µg/dL) |
|----------------|--------------|----------------|
| 0 - 13 years   | 16-128       | 16-128         |
| 14 to 18 years | 31-168       | 20-162         |
| >= 19 years    | 65-179       | 39-179         |

The adult reference ranges were adopted from: Lee et al, 2017, Generating method-specific reference ranges - a harmonious outcome? Pract Lab Med 9: 1-11.

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <http://caliper.research.sickkids.ca/#/search>

Transferrin:

| Age                     | mg/dL   |
|-------------------------|---------|
| 0 to < 9 weeks          | 104-224 |
| 9 weeks to < 1 year     | 107-324 |
| >= 1 year to < 19 years | 220-337 |
| >= 19 years             | 182-360 |

Adult reference interval adopted from the previous transferrin reference interval from the China Basin Immunology Image methodology following a method comparison study and a reference interval study performed between the Architect and the Image.

Pediatric reference intervals adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <http://caliper.research.sickkids.ca/#/search>.

Transferrin % saturation:

| Age                       | %     |
|---------------------------|-------|
| 0 to < 1 year             | 5-59  |
| >= 1 year to < 14 years   | 7-39  |
| >= 14 years to < 19 years | 5-58  |
| >= 19 years               | 10-47 |

Reference interval adopted from the previous % saturation reference interval from the China Basin Immunology Image methodology following a method comparison study and a reference interval study performed between the Architect and the Image.

Pediatric reference intervals adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <http://caliper.research.sickkids.ca/#/search>.

**Additional Information:**

Note: Iron and transferrin may be ordered separately.

Saturation is calculated from the iron and transferrin levels and cannot be ordered separately.

The calculation is:

$[\text{Serum iron concentration (mcg/dL)} / \text{Transferrin concentration (mg/dL)}] * 71.24$

This calculation is equivalent to the following calculation:

$\text{Serum iron concentration (mcg/dL)} \times 100 / (\text{Transferrin concentration (mg/dL)} \times 1.4)$

Note: Transferrin saturation is not calculated by dividing the reported iron concentration/transferrin concentration. The calculation for transferrin saturation adjusts for the measurement units reported for iron and transferrin, the molecular weights, and for the number of iron binding sites in the transferrin molecule.

See also Ferritin, the level of which is the single most sensitive test for the detection of iron deficiency short of examining the bone marrow for stainable iron. A transferrin saturation of  $\geq 45\%$  has been employed as a screen for iron overload due to hereditary hemochromatosis, and may warrant further evaluation. See: Adams PC, et al. 2000. Population screening for hemochromatosis: a comparison of unbound iron binding capacity, transferrin saturation, and C282Y genotyping in 5211 voluntary blood donors Hepatology 31:1160-1164. Brandhagen D J, et al. 2002. Recognition and Management of hereditary hemochromatosis. Amer. Fam. Physician 65:853-860. Fletcher L M, et al. 2002. Haemochromatosis: understanding the mechanism of diseases and implications for diagnosis and patient management following the recent cloning of novel genes involved in iron metabolism. J. Intern. Med. 251:181-192.

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For serum iron, gadolinium containing agents (Gadodiamide, Gadoversetamide, and Gadopentetate) may produce a falsely low result (on average, 75, 78, and 88% respectively, of the actual iron concentration). See "Calcium" and "Magnesium" entries for respective interferences.

Reference: Proctor et al. Gadolinium Magnetic Resonance contrast Agents produce Analytic Interference in Multiple Serum Assays. Am J Clin Pathol. 2004;121:282-292.

Hemolysis may artifactually increase the iron concentration and could therefore also affect the % saturation calculation.

If a sample is found to have a hemolytic index of  $\geq 500$  mg/dL, append ETC HEMIN ( hemolysis present, may tend to increase result).

Samples containing paraproteins (monoclonal proteins) and other factors affecting sample turbidity may interfere in the transferrin assay and therefore could affect the % saturation calculation.

If a sample is found to have a lipemic/turbidity index of  $\geq 200$ , append ETC "TURUNK" ( specimen grossly turbid, effect on most assay results unknown).

**ADMINISTRATIVE****CPT Codes:**

84466, 83540

**LOINC Codes:**

39778-6

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Consider ordering serum ferritin in addition

**Test Code:**

FE

**Test Group:**

Iron

**Performing Lab:**

Mission Bay, Parnassus and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Iron: Ferrozine Spectrophotometric - Abbott Architect c8000 or c4000

Transferrin: Immunoturbidimetric - Abbott Architect c8000 or c4000



**Patient Preparation:**

An 8 hour fast before specimen collection is preferred.

**Remarks:**

Avoid hemolysis.

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

3 mL blood

**Sample Type:**

Heparinized plasma (preferred) or Serum

**Preferred Volume:**

1.5 mL plasma or serum

**Unacceptable Conditions:**

Lipemia, hemolyzed

**Specimen Preparation:**

Avoid contamination of Iron by pouring or using plastic pipette to transfer plasma or serum. Store at 2-8 C. Do NOT use a glass pipette.

**Units:**

µg/dL, mg/dL, %

**Reference Interval:**

Iron:

| Age            | Male (µg/dL) | Female (µg/dL) |
|----------------|--------------|----------------|
| 0 - 13 years   | 16-128       | 16-128         |
| 14 to 18 years | 31-168       | 20-162         |
| >= 19 years    | 65-179       | 39-179         |

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Transferrin:

| Age                     | mg/dL   |
|-------------------------|---------|
| 0 to < 9 weeks          | 104-224 |
| 9 weeks to < 1 year     | 107-324 |
| >= 1 year to < 19 years | 220-337 |
| >= 19 years             | 182-360 |

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Pediatric reference intervals adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <http://caliper.research.sickkids.ca/#/search>.

Transferrin % saturation:

| Age                       | %     |
|---------------------------|-------|
| 0 to < 1 year             | 5-59  |
| >= 1 year to < 14 years   | 7-39  |
| >= 14 years to < 19 years | 5-58  |
| >= 19 years               | 10-47 |

Reference interval adopted from the previous % saturation reference interval from the China Basin Immunology Image methodology following a method comparison study and a reference interval study performed between the Architect and the Image.

Pediatric reference intervals adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <http://caliper.research.sickkids.ca/#/search>.

**Synonyms:**

- FE

**Reported:**

1 day

**Additional Information:**

Note: Iron and transferrin may be ordered separately.

Saturation is calculated from the iron and transferrin levels and cannot be ordered separately.

The calculation is:

$[\text{Serum iron concentration (mcg/dL)} / \text{Transferrin concentration (mg/dL)}] * 71.24$

This calculation is equivalent to the following calculation:

$\text{Serum iron concentration (mcg/dL)} \times 100 / (\text{Transferrin concentration (mg/dL)} \times 1.4)$

Note: Transferrin saturation is not calculated by dividing the reported iron concentration/transferrin concentration. The calculation for transferrin saturation adjusts for the measurement units reported for iron and transferrin, the molecular weights, and for the number of iron binding sites in the transferrin molecule.

See also Ferritin, the level of which is the single most sensitive test for the detection of iron deficiency short of examining the bone marrow for stainable iron. A transferrin saturation of  $\geq 45\%$  has been employed as a screen for iron overload due to hereditary hemochromatosis, and may warrant further evaluation. See: Adams PC, et al. 2000. Population screening for hemochromatosis: a comparison of unbound iron binding capacity, transferrin saturation, and C282Y genotyping in 5211 voluntary blood donors *Hepatology* 31:1160-1164. Brandhagen D J, et al. 2002. Recognition and Management of hereditary hemochromatosis. *Amer. Fam. Physician* 65:853-860. Fletcher L M, et al. 2002. Haemochromatosis: understanding the mechanism of diseases and implications for diagnosis and patient management following the recent cloning of novel genes involved in iron metabolism. *J. Intern. Med.* 251:181-192.

Gadolinium MR Contrast agents including Gadodiamide (Omniscan), Gadoversetamide (Optimark), Gadopentetate Dimeglumine (Magnevist), and Gadoterdiol (Prohance), have been shown to interfere with certain colorimetric assays used in the measurement of various serum cations including iron, magnesium, and calcium. The UCSF clinical labs utilize a colorimetric assay for the measurement of both serum iron and serum magnesium that are subject to this interference and could therefore affect the % saturation calculation.

For serum iron, gadolinium containing agents (Gadodiamide, Gadoversetamide, and Gadopentetate) may produce a falsely low result (on average, 75, 78, and 88% respectively, of the actual iron concentration). See "Calcium" and "Magnesium" entries for respective interferences.

Reference: Proctor et al. Gadolinium Magnetic Resonance contrast Agents produce Analytic Interference in Multiple Serum Assays. *Am J Clin Pathol.* 2004;121:282-292.

Hemolysis may artifactually increase the iron concentration and could therefore also affect the % saturation calculation.

If a sample is found to have a hemolytic index of  $\geq 500$  mg/dL, append ETC HEMIN ( hemolysis present, may tend to increase result).

Samples containing paraproteins (monoclonal proteins) and other factors affecting sample turbidity may interfere in the transferrin assay and therefore could affect the % saturation calculation.

If a sample is found to have a lipemic/turbidity index of  $\geq 200$ , append ETC "TURUNK" ( specimen grossly turbid, effect on most assay results unknown).

**CPT Codes:**

84466, 83540

**LOINC Codes:**

39778-6

# Iron, liver

FEBX

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

ICP/MS

**Reported:**

14 days

**Additional Information:**

To convert µg to µmol (SI units) multiply x 0.0179

The hepatic iron index (provided for patients ≥12 years old) is derived from the formula µg of iron per g of dry liver weight/56 x age. Results between 1.0 and 1.9 suggest mild, nonspecific iron accumulation as may be seen in alcoholic liver disease or heterozygous hemochromatosis. Results > 1.9 indicate homozygous hemochromatosis or transfusion-related iron overload.

## COLLECTION

**Sample Type:**

Fresh liver tissue

**Collect:**

Trace metal-free vial (blue label)

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

0.5 x 5 mm piece of liver

**Remarks:**

Obtain special vial from Specimen Receiving.

## PROCESSING

**Test Code:**

FEBX

**Test Group:**

Iron

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Refrigerate specimen. Order MAYO# 8350. Call MCS for pickup.

**Preferred Volume:**

0.5 x 5 mm piece of liver

## RESULT INTERPRETATION

**Units:**

µg per g dry wt of liver

**Reference Interval:**

Males: 200-2400 µg per g dry wt of liver

Females: 400-1600 µg per g dry wt of liver

Iron Index: &lt; 1.0

**Additional Information:**

To convert µg to µmol (SI units) multiply x 0.0179

The hepatic iron index (provided for patients ≥12 years old) is derived from the formula µg of iron per g of dry liver weight/56 x age. Results between 1.0 and 1.9 suggest mild, nonspecific iron accumulation as may be seen in alcoholic liver disease or heterozygous hemochromatosis. Results > 1.9 indicate homozygous hemochromatosis or transfusion-related iron overload.

**ADMINISTRATIVE**

**CPT Codes:**  
83540-90

**LOINC Codes:**  
57028-3

**COMPLETE VIEW**

**Available Stat:**  
No

**Test Code:**  
FEBX

**Test Group:**  
Iron

**Performing Lab:**  
Mayo

**Sendout:**  
Yes

**Methodology:**  
ICP/MS

**Remarks:**  
Obtain special vial from Specimen Receiving.

**Collect:**  
Trace metal-free vial (blue label)

**Amount to Collect:**  
See preferred volume

**Sample Type:**  
Fresh liver tissue

**Preferred Volume:**  
0.5 x 5 mm piece of liver

**Specimen Preparation:**  
Refrigerate specimen. Order MAYO# 8350. Call MCS for pickup.

**Units:**  
µg per g dry wt of liver

**Reference Interval:**  
Males: 200-2400 µg per g dry wt of liver  
Females: 400-1600 µg per g dry wt of liver

Iron Index: < 1.0

**Reported:**  
14 days

**Additional Information:**  
To convert µg to µmol (SI units) multiply x 0.0179

The hepatic iron index (provided for patients ≥12 years old) is derived from the formula µg of iron per g of dry liver weight/56 x age. Results between 1.0 and 1.9 suggest mild, nonspecific iron accumulation as may be seen in alcoholic liver disease or heterozygous hemochromatosis. Results > 1.9 indicate homozygous hemochromatosis or transfusion-related iron overload.

**CPT Codes:**  
83540-90

**LOINC Codes:**  
57028-3

# Isavuconazole

LAB9015

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday, Wednesday and Friday (excluding holidays)

In order to be run on Monday, Wednesday or Friday, samples have to be received by the lab by 5am that day.

**Methodology:**

Liquid chromatography-tandem mass spectrometry (LC-MS/MS)

**Reported:**

2-3 days

**Additional Information:**

Isavuconazole is an azole antifungal drug indicated for the treatment of life threatening fungal infections, specifically invasive aspergillosis and invasive mucormycosis. CYP3A4 inhibitors can significantly increase, and CYP3A4 inducers can significantly decrease, the serum concentration of isavuconazole. Isavuconazole is metabolized via CYP3A4, CYP3A5 and UGTs.

**Reference:**

Astellas Pharma US, Inc., CRESEMBA® Package Insert.

**Synonyms:**

- Cresemba
- Isavuconazonium sulfate

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Remarks:**

Collect trough levels just before next dose.

**Stability (from collection to initiation):**

Refrigerated: 3 months

Frozen: 2 years

## PROCESSING

**Test Code:**

ISA

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Centrifuge blood and separate serum from cells as soon as possible. Keep sample refrigerated.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Refrigerated: 3 months

Frozen: 2 years

**RESULT INTERPRETATION****Units:**

µg/mL (mcg/mL)

**Reference Interval:**

No specific therapeutic trough target has been established for isavuconazole. If help with interpretation of results is required, please contact Adult Antimicrobial Stewardship at 443-9421 or Pediatric ID/ASP Pharmacist or Provider on Voalte.

**Additional Information:**

Isavuconazole is an azole antifungal drug indicated for the treatment of life threatening fungal infections, specifically invasive aspergillosis and invasive mucormycosis. CYP3A4 inhibitors can significantly increase, and CYP3A4 inducers can significantly decrease, the serum concentration of isavuconazole. Isavuconazole is metabolized via CYP3A4, CYP3A5 and UGTs.

**Reference:**

Astellas Pharma US, Inc., CRESEMBA® Package Insert.

**ADMINISTRATIVE****CPT Codes:**

80299

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ISA

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday, Wednesday and Friday (excluding holidays)

In order to be run on Monday, Wednesday or Friday, samples have to be received by the lab by 5am that day.

**Methodology:**

Liquid chromatography-tandem mass spectrometry (LC-MS/MS)

**Remarks:**

Collect trough levels just before next dose.

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Centrifuge blood and separate serum from cells as soon as possible. Keep sample refrigerated.

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

No specific therapeutic trough target has been established for isavuconazole. If help with interpretation of results is required, please contact Adult Antimicrobial Stewardship at 443-9421 or Pediatric ID/ASP Pharmacist or Provider on Voalte.

**Synonyms:**

- Cresemba
- Isavuconazonium sulfate

**Stability (from collection to initiation):**

Refrigerated: 3 months

Frozen: 2 years

**Reported:**

2-3 days

**Additional Information:**

Isavuconazole is an azole antifungal drug indicated for the treatment of life threatening fungal infections, specifically invasive aspergillosis and invasive mucormycosis. CYP3A4 inhibitors can significantly increase, and CYP3A4 inducers can significantly decrease, the serum concentration of isavuconazole. Isavuconazole is metabolized via CYP3A4, CYP3A5 and UGTs.

Reference:

Astellas Pharma US, Inc., CRESEMBA® Package Insert.

**CPT Codes:**

80299

**LDT or Modified FDA:**

Yes

# Islet Antigen-2 Autoantibody

LAB3359

## ORDERING

**Available Stat:**  
No

**Performing Lab:**  
Quest

**Methodology:**  
Radio Binding Assay

**Reported:**  
Test performed Wednesday and Friday. Turnaround 3-6 days

**Synonyms:**

- IA2 Antibodies
- ICA512 Autoantibodies
- Tyrosine Phosphatase Autoantibodies

## COLLECTION

**Sample Type:**  
Serum

**Label Abbreviation:**

ICA

**Collect:**  
Red top or Gold top

**Amount to Collect:**  
2 mL blood

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.2 mL serum

## PROCESSING

**Test Code:**  
ICA

**Sendout:**  
Yes

**Performing Lab:**  
Quest

**Specimen Preparation:**  
Refrigerate sample. Order Quest # 86736N

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.2 mL serum

## RESULT INTERPRETATION

**Units:**  
Index

**Reference Interval:**  
Children and adults positive result: 0.070 or greater (Index)

## ADMINISTRATIVE

**CPT Codes:**  
83519-90

**LOINC Codes:**  
31209-0



**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ICA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Radio Binding Assay

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Refrigerate sample. Order Quest # 86736N

**Units:**

Index

**Reference Interval:**

Children and adults positive result: 0.070 or greater (Index)

**Synonyms:**

- IA2 Antibodies
- ICA512 Autoantibodies
- Tyrosine Phosphatase Autoantibodies

**Reported:**

Test performed Wednesday and Friday. Turnaround 3-6 days

**CPT Codes:**

83519-90

**LOINC Codes:**

31209-0

# Islet Cell Cytoplasmic Antibody, IgG

LAB3367

## ORDERING

**Ordering Recommendations:**

If pursuing antibody testing to determine autoimmune diabetes mellitus (DM), perform at least two antibody tests. In most cases, use glutamic acid decarboxylase antibody in combination with another antibody test. Other antibody tests include Islet Antigen-2 (IA-2) Autoantibody (3001499), Glutamic Acid Decarboxylase Antibody (2001771), Insulin Antibody (0099228), and Zinc Transporter 8 Antibody (2006196). Most useful to establish autoimmune etiology in previously diagnosed type 1 DM. Do not use to differentiate type 1 DM from type 2 DM, for most cases.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

**Reported:**

1-3 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- Anti-Islet Cell Antibody
- beta cell
- Cytoplasmic Islet Cell Ab
- ICA
- Islet Cell Ab IgG
- ICAB

## COLLECTION

**Sample Type:**

Serum (Gold top)

**Label Abbreviation:**

ICAB

**Collect:**

Serum separator tube.

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month.

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Plasma. CSF. Contaminated, hemolyzed, or severely lipemic specimens.

## PROCESSING

**Test Code:**

ICAB

**ARUP Test Code:**

0050138

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube.  
(Min: 0.50 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.15 mL serum

**Unacceptable Conditions:**

Plasma. CSF. Contaminated, hemolyzed, or severely lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month.

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

&lt; 1:4 No antibody detected.

**Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

Islet cell antibodies (ICAs) are associated with type 1 diabetes (T1D), an autoimmune endocrine disorder. ICAs may be present years before the onset of clinical symptoms. To calculate Juvenile Diabetes Foundation (JDF) units: multiply the titer x 5 (1:8 x 5 = 40 JDF Units).

**ADMINISTRATIVE****CPT Codes:**

86341

**LOINC:**

- 13927-9

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

If pursuing antibody testing to determine autoimmune diabetes mellitus (DM), perform at least two antibody tests. In most cases, use glutamic acid decarboxylase antibody in combination with another antibody test. Other antibody tests include Islet Antigen-2 (IA-2) Autoantibody (3001499), Glutamic Acid Decarboxylase Antibody (2001771), Insulin Antibody (0099228), and Zinc Transporter 8 Antibody (2006196). Most useful to establish autoimmune etiology in previously diagnosed type 1 DM. Do not use to differentiate type 1 DM from type 2 DM, for most cases.

**Test Code:**

ICAB

**ARUP Test Code:**

0050138

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

**Collect:**

Serum separator tube.

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum (Gold top)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.15 mL serum

**Unacceptable Conditions:**

Plasma. CSF. Contaminated, hemolyzed, or severely lipemic specimens.

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube.  
(Min: 0.50 mL)

**Reference Interval:**

< 1:4 No antibody detected.

**Interpretive Data:**

Islet cell antibodies (ICAs) are associated with type 1 diabetes (T1D), an autoimmune endocrine disorder. ICAs may be present years before the onset of clinical symptoms. To calculate Juvenile Diabetes Foundation (JDF) units: multiply the titer x 5 (1:8 x 5 = 40 JDF Units).

**Synonyms:**

- Anti-Islet Cell Antibody
- beta cell
- Cytoplasmic Islet Cell Ab
- ICA
- Islet Cell Ab IgG
- ICAB

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month.

**Reported:**

1-3 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

86341

**LOINC:**

- 13927-9

# Isoagglutinin Titer

LAB3663

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus &amp; Mission Bay Blood Banks

**Performed:**

Test performed Monday-Friday

**Reported:**

1-3 days.

**Synonyms:**

- ABO titer
- Isoagglutinin titer

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

2.0 mL blood

**Remarks:**

Use Blood Bank Requisition. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

72 hours (ambient) or 7 days (refrigerated).

**Unacceptable Conditions:**

Unsigned, mislabeled or unlabeled sample

## PROCESSING

**Test Code:**

ISO

**Performing Lab:**

Parnassus &amp; Mission Bay Blood Banks

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

2.0 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled or unlabeled sample

**Stability (from collection to initiation):**

72 hours (ambient) or 7 days (refrigerated).

## ADMINISTRATIVE

**CPT Codes:**

86886

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

ISO

**Performing Lab:**

Parnassus & Mission Bay Blood Banks

**Performed:**

Test performed Monday-Friday

**Remarks:**

Use Blood Bank Requisition. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

2.0 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled or unlabeled sample

**Synonyms:**

- ABO titer
- Isoagglutinin titer

**Stability (from collection to initiation):**

72 hours (ambient) or 7 days (refrigerated).

**Reported:**

1-3 days.

**CPT Codes:**

86886

iSTAT Blood Gases and Lactate  
POC132

ORDERING

- Available Stat:**  
Yes
- Performing Lab:**  
Authorized Point of Care Testing site staff
- Performed:**  
Test is only available to Mission Bay Peds ED
- Methodology:**  
i-STAT CG4+ cartridge

COLLECTION

- Sample Type:**  
Whole blood
- Collect:**  
Light green top (Lithium heparin)
- Amount to Collect:**  
0.2 mL
- Preferred Volume:**  
0.2 mL
- Minimum Volume:**  
0.1 mL
- Stability (from collection to initiation):**  
Sample should be tested immediately after collection

PROCESSING

- Performing Lab:**  
Authorized Point of Care Testing site staff
- Preferred Volume:**  
0.2 mL
- Minimum Volume:**  
0.1 mL
- Stability (from collection to initiation):**  
Sample should be tested immediately after collection

RESULT INTERPRETATION

**Reference Interval:**

| Analyte                     | Reference Range                                     |
|-----------------------------|-----------------------------------------------------|
| pH, Arterial                | 7.35-7.45 mmHg                                      |
| pH, Venous                  | 7.31-7.41 mmHg                                      |
| pCO <sub>2</sub> , Arterial | < 1 year: 27-41 mmHg<br>>= 1 year: 32-48 mmHg       |
| pCO <sub>2</sub> , Venous   | < 1 year: 41-51 mmHg<br>>= 1 year: 41-51 mmHg       |
| pO <sub>2</sub> , Arterial  | < 30 years: 80-100 mmHg<br>>= 30 years: 83-108 mmHg |
| pO <sub>2</sub> , Venous    | < 30 years: 35-40 mmHg<br>>= 30 years: 35-40 mmHg   |
| Lactate, Arterial           | 0.36-1.25 mmol/L                                    |
| Lactate, Venous             | 0.90-1.70 mmol/L                                    |
| TCO <sub>2</sub> , Arterial | 23-27 mmol/L                                        |
| TCO <sub>2</sub> , Venous   | 24-29 mmol/L                                        |
| HCO <sub>3</sub> , Arterial | 23-27 mmol/L                                        |
| HCO <sub>3</sub> , Venous   | 24-29 mmol/L                                        |
| Base Excess (BE), Arterial  | (-2)-(+3) mmol/L                                    |
| Base Excess (BE), Venous    | (-2)-(+3) mmol/L                                    |
| sO <sub>2</sub> , Arterial  | 95-98%                                              |

**Critical Values:**

| Analyte                     | Critical Value (mmHg) |
|-----------------------------|-----------------------|
| pH, Arterial                | <7.20 or >7.55        |
| pH, Venous                  | <7.20                 |
| pCO <sub>2</sub> , Arterial | <25 or >65            |
| pCO <sub>2</sub> , Venous   | >75                   |
| pO <sub>2</sub> , Arterial  | <40 or >100           |
| pO <sub>2</sub> , Venous    | <40 or >100           |

**COMPLETE VIEW****Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care Testing site staff

**Performed:**

Test is only available to Mission Bay Peds ED

**Methodology:**

i-STAT CG4+ cartridge

**Collect:**

Light green top (Lithium heparin)

**Amount to Collect:**

0.2 mL

**Sample Type:**

Whole blood

**Preferred Volume:**

0.2 mL

**Minimum Volume:**

0.1 mL



**Reference Interval:**

| Analyte                     | Reference Range                                     |
|-----------------------------|-----------------------------------------------------|
| pH, Arterial                | 7.35-7.45 mmHg                                      |
| pH, Venous                  | 7.31-7.41 mmHg                                      |
| pCO <sub>2</sub> , Arterial | < 1 year: 27-41 mmHg<br>>= 1 year: 32-48 mmHg       |
| pCO <sub>2</sub> , Venous   | < 1 year: 41-51 mmHg<br>>= 1 year: 41-51 mmHg       |
| pO <sub>2</sub> , Arterial  | < 30 years: 80-100 mmHg<br>>= 30 years: 83-108 mmHg |
| pO <sub>2</sub> , Venous    | < 30 years: 35-40 mmHg<br>>= 30 years: 35-40 mmHg   |
| Lactate, Arterial           | 0.36-1.25 mmol/L                                    |
| Lactate, Venous             | 0.90-1.70 mmol/L                                    |
| TCO <sub>2</sub> , Arterial | 23-27 mmol/L                                        |
| TCO <sub>2</sub> , Venous   | 24-29 mmol/L                                        |
| HCO <sub>3</sub> , Arterial | 23-27 mmol/L                                        |
| HCO <sub>3</sub> , Venous   | 24-29 mmol/L                                        |
| Base Excess (BE), Arterial  | (-2)-(+3) mmol/L                                    |
| Base Excess (BE), Venous    | (-2)-(+3) mmol/L                                    |
| sO <sub>2</sub> , Arterial  | 95-98%                                              |

**Critical Values:**

| Analyte                     | Critical Value (mmHg) |
|-----------------------------|-----------------------|
| pH, Arterial                | <7.20 or >7.55        |
| pH, Venous                  | <7.20                 |
| pCO <sub>2</sub> , Arterial | <25 or >65            |
| pCO <sub>2</sub> , Venous   | >75                   |
| pO <sub>2</sub> , Arterial  | <40 or >100           |
| pO <sub>2</sub> , Venous    | <40 or >100           |

**Stability (from collection to initiation):**

Sample should be tested immediately after collection

# Itraconazole

LAB5497

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC

**Reported:**

3-5 days

**Synonyms:**

- Sporanox

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ITRC

**Collect:**

Red top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Stability (from collection to initiation):**

Frozen 2 weeks.

**Unacceptable Conditions:**

Collected in serum separator tube

## PROCESSING

**Test Code:**

ITRC

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze sample. Transport frozen to CB.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Collected in serum separator tube

**Stability (from collection to initiation):**

Frozen 2 weeks.

## RESULT INTERPRETATION

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

&lt; 0.1 µg/mL

## ADMINISTRATIVE

**CPT Codes:**  
80299

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
ITRC

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
HPLC

**Collect:**  
Red top

**Amount to Collect:**  
4 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
2 mL serum

**Minimum Volume:**  
1 mL serum

**Unacceptable Conditions:**  
Collected in serum separator tube

**Specimen Preparation:**  
Aliquot and freeze sample. Transport frozen to CB.

**Units:**  
µg/mL (mcg/mL)

**Reference Interval:**  
< 0.1 µg/mL

**Synonyms:**  

- Sporanox

**Stability (from collection to initiation):**  
Frozen 2 weeks.

**Reported:**  
3-5 days

**CPT Codes:**  
80299

# JAK2 (V617F) Mutation, Qualitative

LAB3287

## ORDERING

### Ordering Recommendations:

Patients suspicious for chronic myeloproliferative disorders (PV, ET or PMF excluding CML), but having equivocal morphology and/or clinical picture. In cases suspected of PV, EPO level should be evaluated to rule out secondary erythrocytosis before JAK2 mutation test is considered; while, in cases suspicious for ET, serum iron and ferritin should be checked to rule out secondary thrombocytosis. The cases, which fulfill diagnostic criteria for PV or other MPD, are not indicated for this test because currently, JAK2 mutation has no prognostic significance and is not used as a minimal residual disease marker.

V617F is found in approximately 95% of patients with polycythemia vera. It is also found in approximately 50% of patients with essential thrombocytopenia (ET) or primary myelofibrosis (PMF). The detection of V617F complements histological findings aimed at the diagnosis of ET and PMF.

### Available Stat:

No

### Performing Lab:

Medical Genomics - Molecular Diagnostics

### Performed:

Run 2x per week, Tuesday &amp; Thursday, day shift only

### Methodology:

PCR and allele-specific hybridization

### Reported:

7-10 days

### Additional Information:

Clinical Significance:

A somatic mutation in a highly conserved residue of the Janus kinase (JAK2) on chromosome 9 was detected in 80% of patients with polycythemia vera (PV), and 30-50% of patients with essential thrombocythemia (ET) or primary myelofibrosis (PMF). This point mutation in exon 14 of JAK2 alters codon 617 from a valine to a phenylalanine residue on JH2 domain of JAK2 kinase, thus disrupting auto-inhibitory property of this pseudokinase domain and leading to constitutive activation of the tyrosine kinase. This enhanced JAK2 kinase activity is thought to confer erythropoietin hypersensitivity and erythropoietin independent survival to the myeloid stem cells. Although JAK2 V617F mutation has been detected in variable percentage of patients with other type of myeloid malignancies, normal individuals tested so far are exclusively negative for the mutation.

Limitations:

This assay has 1% DNA sensitivity of the JAK2 V617F mutation in a background of 99% DNA without the mutation. A positive result is strongly supportive of a diagnosis of PV, ET or CIMF.

A negative result does not rule out the presence of V617F at a level below the sensitivity of this assay and does not exclude the presence of other mutations in the JAK2 gene.

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

### Reflex Testing:

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

### Synonyms:

- V617F
- Myeloproliferative disorders
- MPD
- JAK2

## COLLECTION

### Sample Type:

EDTA Whole blood or bone marrow aspirate

### Collect:

Lavender top (3 mL)

### Amount to Collect:

Blood: 3 mL

Bone marrow aspirate: 1 mL

**Preferred Volume:**

Blood: 3 mL  
Bone marrow aspirate: 1 mL

**Minimum Volume:**

Blood: 1 mL  
Bone marrow aspirate: 0.4 mL

**Remarks:**

Avoid hemolysis.

Due to stability issues these samples should only be collected Monday through noon Friday.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 3 days, frozen at -20C Unacceptable.

**Unacceptable Conditions:**

Heparinized sample submitted. Samples collected outside of stated time frames.

**PROCESSING****Test Code:**

JAK2

**Test Group:**

JAK2

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Do not centrifuge. Refrigerate sample but do not freeze. Ship refrigerated.

**Preferred Volume:**

Blood: 3 mL  
Bone marrow aspirate: 1 mL

**Minimum Volume:**

Blood: 1 mL  
Bone marrow aspirate: 0.4 mL

**Unacceptable Conditions:**

Heparinized sample submitted. Samples collected outside of stated time frames.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 3 days, frozen at -20C Unacceptable.

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Clinical Significance:

A somatic mutation in a highly conserved residue of the Janus kinase (JAK2) on chromosome 9 was detected in 80% of patients with polycythemia vera(PV), and 30-50% of patients with essential thrombocythemia (ET) or primary myelofibrosis (PMF). This point mutation in exon 14 of JAK2 alters codon 617 from a valine to a phenylalanine residue on JH2 domain of JAK2 kinase, thus disrupting auto-inhibitory property of this pseudokinase domain and leading to constitutive activation of the tyrosine kinase. This enhanced JAK2 kinase activity is thought to confer erythropoietin hypersensitivity and erythropoietin independent survival to the myeloid stem cells. Although JAK2 V617F mutation has been detected in variable percentage of patients with other type of myeloid malignancies, normal individuals tested so far are exclusively negative for the mutation.

Limitations:

This assay has 1% DNA sensitivity of the JAK2 V617F mutation in a background of 99% DNA without the mutation. A positive result is strongly supportive of a diagnosis of PV, ET or CIMF.

A negative result does not rule out the presence of V617F at a level below the sensitivity of this assay and does not exclude the presence of other mutations in the JAK2 gene.

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

**ADMINISTRATIVE**

**CPT Codes:**

81270

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

48726-4

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Patients suspicious for chronic myeloproliferative disorders (PV, ET or PMF excluding CML), but having equivocal morphology and/or clinical picture. In cases suspected of PV, EPO level should be evaluated to rule out secondary erythrocytosis before JAK2 mutation test is considered; while, in cases suspicious for ET, serum iron and ferritin should be checked to rule out secondary thrombocytosis. The cases, which fulfill diagnostic criteria for PV or other MPD, are not indicated for this test because currently, JAK2 mutation has no prognostic significance and is not used as a minimal residual disease marker.

V617F is found in approximately 95% of patients with polycythemia vera. It is also found in approximately 50% of patients with essential thrombocytopenia (ET) or primary myelofibrosis (PMF). The detection of V617F complements histological findings aimed at the diagnosis of ET and PMF.

**Test Code:**

JAK2

**Test Group:**

JAK2

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 2x per week, Tuesday &amp; Thursday, day shift only

**Methodology:**

PCR and allele-specific hybridization

**Remarks:**

Avoid hemolysis.

Due to stability issues these samples should only be collected Monday through noon Friday.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top (3 mL)

**Amount to Collect:**

Blood: 3 mL

Bone marrow aspirate: 1 mL

**Sample Type:**

EDTA Whole blood or bone marrow aspirate

**Preferred Volume:**

Blood: 3 mL

Bone marrow aspirate: 1 mL

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 0.4 mL

**Unacceptable Conditions:**

Heparinized sample submitted. Samples collected outside of stated time frames.

**Specimen Preparation:**

Do not centrifuge. Refrigerate sample but do not freeze. Ship refrigerated.

**Reference Interval:**

Negative

**Synonyms:**

- V617F
- Myeloproliferative disorders
- MPD
- JAK2

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 3 days, frozen at -20C Unacceptable.

**Reported:**

7-10 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

**Clinical Significance:**

A somatic mutation in a highly conserved residue of the Janus kinase (JAK2) on chromosome 9 was detected in 80% of patients with polycythemia vera(PV), and 30-50% of patients with essential thrombocythemia (ET) or primary myelofibrosis (PMF). This point mutation in exon 14 of JAK2 alters codon 617 from a valine to a phenylalanine residue on JH2 domain of JAK2 kinase, thus disrupting auto-inhibitory property of this pseudokinase domain and leading to constitutive activation of the tyrosine kinase. This enhanced JAK2 kinase activity is thought to confer erythropoietin hypersensitivity and erythropoietin independent survival to the myeloid stem cells. Although JAK2 V617F mutation has been detected in variable percentage of patients with other type of myeloid malignancies, normal individuals tested so far are exclusively negative for the mutation.

**Limitations:**

This assay has 1% DNA sensitivity of the JAK2 V617F mutation in a background of 99% DNA without the mutation. A positive result is strongly supportive of a diagnosis of PV, ET or CIMF.

A negative result does not rule out the presence of V617F at a level below the sensitivity of this assay and does not exclude the presence of other mutations in the JAK2 gene.

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

**CPT Codes:**

81270

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

48726-4

# JAK2 Break-apart rearrangement FISH

9JAK2, B9JAK2

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9 am - 5 pm

**Methodology:**

FISH

**Reported:**

7-14 days

**Synonyms:**

- 9JAK2
- B9JAK2
- 9p24 Break-apart FISH

## COLLECTION

**Sample Type:**

Blood or bone marrow

**Collect:**

Blood and bone marrow aspirate: Dark green top

Bone marrow core: Sterile container

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

## PROCESSING

**Test Code:**

Blood: B9JAK2

Bone marrow: 9JAK2

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Stability (from collection to initiation):**

2 days



**Storage/Transport Temperature:**  
Room temperature

## ADMINISTRATIVE

**CPT Codes:**  
88271x2, 88275x1

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
Blood: B9JAK2  
Bone marrow: 9JAK2

**Performing Lab:**  
Cytogenetics

**Performed:**  
Monday - Friday, 9 am - 5 pm

**Methodology:**  
FISH

**Collect:**  
Blood and bone marrow aspirate: Dark green top  
Bone marrow core: Sterile container

**Amount to Collect:**  
See Preferred Volume

**Sample Type:**  
Blood or bone marrow

**Preferred Volume:**  
Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Minimum Volume:**  
Blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow core: 1 cm

**Unacceptable Conditions:**  
Clotted samples. Samples received refrigerated or frozen

**Synonyms:**

- 9JAK2
- B9JAK2
- 9p24 Break-apart FISH

**Storage/Transport Temperature:**  
Room temperature

**Stability (from collection to initiation):**  
2 days

**Reported:**  
7-14 days

**CPT Codes:**  
88271x2, 88275x1

# JAK2 EXON 12 MUTATION ANALYSIS

LC5367

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Synonyms:**

- JAK 2 exon 12
- Janus Kinase 2 Gene
- Janus Kinase 2 Gene Sequencing
- MPN JAK2 testing
- Tyrosine Kinase Gene Sequencing
- JAK212
- Tyrosine Kinas

## COLLECTION

**Sample Type:**

Blood, bone marrow or DNA

**Label Abbreviation:**

JAK212

**Preferred Volume:**

Whole Blood: 5 mL whole blood

Bone Marrow: 3 mL bone marrow

Extracted DNA: 40 uL DNA with at least 50 ng/uL concentration

**Minimum Volume:**

Whole Blood: 1 mL

Bone Marrow: 1 mL

Extracted DNA: 40 uL DNA with at least 50 ng/uL concentration

## PROCESSING

**Test Code:**

JAK212

**ARUP Test Code:**

2002357

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Preferred Volume:**

Whole Blood: 5 mL whole blood

Bone Marrow: 3 mL bone marrow

Extracted DNA: 40 uL DNA with at least 50 ng/uL concentration

**Minimum Volume:**

Whole Blood: 1 mL

Bone Marrow: 1 mL

Extracted DNA: 40 uL DNA with at least 50 ng/uL concentration

## ADMINISTRATIVE

**LOINC:**

- 63421-2
- 31208-2

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

JAK212

**ARUP Test Code:**

2002357

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Sample Type:**

Blood, bone marrow or DNA

**Preferred Volume:**

Whole Blood: 5 mL whole blood

Bone Marrow: 3 mL bone marrow

Extracted DNA: 40 uL DNA with at least 50 ng/uL concentration

**Minimum Volume:**

Whole Blood: 1 mL

Bone Marrow: 1 mL

Extracted DNA: 40 uL DNA with at least 50 ng/uL concentration

**Synonyms:**

- JAK 2 exon 12
- Janus Kinase 2 Gene
- Janus Kinase 2 Gene Sequencing
- MPN JAK2 testing
- Tyrosine Kinase Gene Sequencing
- JAK212
- Tyrosine Kinas

**LOINC:**

- 63421-2
- 31208-2

# JC Virus DNA, Quantitative, CSF

LAB3411

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Viracor

**Methodology:**

Real time PCR

**Reported:**

Test run Monday-Friday. Results Available within 24 hours of specimen receipt at Viracor.

**Additional Information:**

JCV is the etiologic agent of progressive multifocal leukoencephalopathy (PML) which is mainly seen in HIV patients, organ transplant patients and other immunodeficient syndromes. In addition to PML, JCV also causes nephropathy in the renal transplant setting although with considerably less frequency than BKV.

JCV should always be considered in an immunocompromised patient with progressively deteriorating CNS function. Quantitative JCV DNA PCR can be used to detect JCV in CSF in the setting of CNS disease and blood and urine in the setting of renal dysfunction. The DNA PCR can be used to track the course of the infection as well as monitor response to treatment.

Assay range: 100-1.0x10<sup>8</sup> copies/mL

**Synonyms:**

- JC virus PCR
- John Cunningham virus
- JVC

## COLLECTION

**Sample Type:**

Preferred sample is EDTA plasma.

Testing may be performed on other sample types: serum, CSF, and random urine

**Collect:**

Lavender top preferred. Gold top, Red top, urine cup, CSF tube or sterile collection tube acceptable with approval.

**Amount to Collect:**

6 mL blood (Lavender top) or 6 mL blood (Gold or Red top), random urine (See preferred volume)

**Preferred Volume:**

Plasma: 3 mL  
CSF: 1 mL  
Urine: 5 mL  
Tissue: 1mm x 1mm

**Minimum Volume:**

Plasma: 2 mL  
CSF: 1 mL  
Urine: 5 mL

**Remarks:**

Fresh tissue specimens must be placed in saline in a red top tube to prevent dehydration

**Unacceptable Conditions:**

Improperly submitted sample

## PROCESSING

**Test Code:**

JCV

**Test Group:**

JCV

**Sendout:**

Yes

**Performing Lab:**

Viracor

**Specimen Preparation:**

Keep plasma, whole blood and urine specimens at room temperature. Ship at room temperature.

Fresh tissue specimens must be placed in saline to prevent dehydration during shipping. Ship at room temperature.

Freeze CSF and ship frozen on dry ice.

Send samples to China Basin for Medical Courier pickup at 1600 hours. Monday-Friday.

**Preferred Volume:**

Plasma: 3 mL  
CSF: 1 mL  
Urine: 5 mL  
Tissue: 1mm x 1mm

**Minimum Volume:**

Plasma: 2 mL  
CSF: 1 mL  
Urine: 5 mL

**Unacceptable Conditions:**

Improperly submitted sample

**RESULT INTERPRETATION****Units:**

copies/mL

**Reference Interval:**

Not detected

**Additional Information:**

JCV is the etiologic agent of progressive multifocal leukoencephalopathy (PML) which is mainly seen in HIV patients, organ transplant patients and other immunodeficient syndromes. In addition to PML, JCV also causes nephropathy in the renal transplant setting although with considerably less frequency than BKV.

JCV should always be considered in an immunocompromised patient with progressively deteriorating CNS function. Quantitative JCV DNA PCR can be used to detect JCV in CSF in the setting of CNS disease and blood and urine in the setting of renal dysfunction. The DNA PCR can be used to track the course of the infection as well as monitor response to treatment.

Assay range: 100-1.0x10<sup>8</sup> copies/mL

**ADMINISTRATIVE****CPT Codes:**

87799-90

**LOINC Codes:**

49412-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

JCV

**Test Group:**

JCV

**Performing Lab:**

Viracor

**Sendout:**

Yes

**Methodology:**

Real time PCR

**Remarks:**

Fresh tissue specimens must be placed in saline in a red top tube to prevent dehydration

**Collect:**

Lavender top preferred. Gold top, Red top, urine cup, CSF tube or sterile collection tube acceptable with approval.

**Amount to Collect:**

6 mL blood (Lavender top) or 6 mL blood (Gold or Red top), random urine (See preferred volume)

**Sample Type:**

Preferred sample is EDTA plasma.

Testing may be performed on other sample types: serum, CSF, and random urine

**Preferred Volume:**

Plasma: 3 mL  
CSF: 1 mL  
Urine: 5 mL  
Tissue: 1mm x 1mm

**Minimum Volume:**

Plasma: 2 mL  
CSF: 1 mL  
Urine: 5 mL

**Unacceptable Conditions:**

Improperly submitted sample

**Specimen Preparation:**

Keep plasma, whole blood and urine specimens at room temperature. Ship at room temperature.

Fresh tissue specimens must be placed in saline to prevent dehydration during shipping. Ship at room temperature.

Freeze CSF and ship frozen on dry ice.

Send samples to China Basin for Medical Courier pickup at 1600 hours. Monday-Friday.

**Units:**

copies/mL

**Reference Interval:**

Not detected

**Synonyms:**

- JC virus PCR
- John Cunningham virus
- JVC

**Reported:**

Test run Monday-Friday. Results Available within 24 hours of specimen receipt at Viracor.

**Additional Information:**

JCV is the etiologic agent of progressive multifocal leukoencephalopathy (PML) which is mainly seen in HIV patients, organ transplant patients and other immunodeficient syndromes. In addition to PML, JCV also causes nephropathy in the renal transplant setting although with considerably less frequency than BKV.

JCV should always be considered in an immunocompromised patient with progressively deteriorating CNS function. Quantitative JCV DNA PCR can be used to detect JCV in CSF in the setting of CNS disease and blood and urine in the setting of renal dysfunction. The DNA PCR can be used to track the course of the infection as well as monitor response to treatment.

Assay range: 100-1.0x10<sup>8</sup> copies/mL

**CPT Codes:**

87799-90

**LOINC Codes:**

49412-0

# JMML Associated Exon Panel

LAB4244

## ORDERING

**Available Stat:**

No

**Performing Lab:**

UCSF Clinical Cancer Genomics Lab

**Performed:**

Run twice per week, day shift only

**Methodology:**

Targeted next generation DNA sequencing (NovaSeq)

**Reported:**

14 days

**Additional Information:**[Requisition Form](#)

The test was validated by the UCSF Clinical Cancer Genomics Laboratory (CCGL) to confirm performance characteristics, in compliance with current guidelines for clinical implementation.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will be automatically performed and billed for separately.

**Synonyms:**

- JMML Panel
- CBL exons 8/9
- KRAS exons 2/3
- NRAS exons 2/3
- PTPN11 exons 3/4/13

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Tumor sample EDTA whole blood or Bone marrow aspirate

Germline sample Buccal swab or Cultured fibroblasts

Note: Buccal swabs are required for all new patients.(CCGL - 415-502-3252)

**Collect:**

Lavender top (EDTA) Blood or bone marrow Buccal swab or T25 flask Germline sample

**Amount to Collect:**

Tumor sample

EDTA whole blood: 5 mL

Bone Marrow aspirate: 3 mL

Germline sample

Cultured fibroblasts: Confluent T25 flasks x2

Buccal swab: Collect 4-6 cytobrush/cotton swabs on each side of the mouth, place swabs in transport tubes, 2 swabs per tube.

**Preferred Volume:**

Tumor sample

EDTA whole blood: 5 mL

Bone Marrow aspirate: 3 mL

Germline sample

Cultured fibroblasts: Confluent T25 flasks x2

Buccal swab: Collect 4-6 cytobrush/cotton swabs on each side of the mouth, place swabs in transport tubes, 2 swabs per tube.

**Minimum Volume:**

Tumor sample  
 EDTA whole blood: 2 mL  
 Bone Marrow aspirate: 1 mL

Germline sample

Cultured fibroblasts: Confluent T25 flasks x2

Buccal swab: Collect 2-4 cytobrush/cotton swabs on each side of the mouth, place swabs in transport tubes, 2 swabs per tube.

**Remarks:**

Buccal swabs are required for new patients to determine the presence of a variant in normal vs. tumor samples. Wipe Cheek multiple times with cytobrush/cotton swabs. Transport in room temperature.

Avoid hemolysis. Due to stability issues these samples should only be collected at UCSF Monday through noon Friday.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**PROCESSING****Test Code:**

JMML

**Performing Lab:**

UCSF Clinical Cancer Genomics Lab

**Specimen Preparation:**

**DO NOT FREEZE blood or bone marrow samples. Ship samples to CCGL at Mt Zion as soon as possible.**

**Overnight refrigeration prior to transport is acceptable.**

**Preferred Volume:**

Tumor sample  
 EDTA whole blood: 5 mL  
 Bone Marrow aspirate: 3 mL

Germline sample

Cultured fibroblasts: Confluent T25 flasks x2

Buccal swab: Collect 4-6 cytobrush/cotton swabs on each side of the mouth, place swabs in transport tubes, 2 swabs per tube.

**Minimum Volume:**

Tumor sample  
 EDTA whole blood: 2 mL  
 Bone Marrow aspirate: 1 mL

Germline sample

Cultured fibroblasts: Confluent T25 flasks x2

Buccal swab: Collect 2-4 cytobrush/cotton swabs on each side of the mouth, place swabs in transport tubes, 2 swabs per tube.

**RESULT INTERPRETATION****Reference Interval:**

Negative: No clinically significant variants detected.

**Additional Information:**

[Requisition Form](#)

The test was validated by the UCSF Clinical Cancer Genomics Laboratory (CCGL) to confirm performance characteristics, in compliance with current guidelines for clinical implementation.

**Interpretive Data:**

The test was validated by the UCSF Clinical Cancer Genomics Laboratory (CCGL) to confirm performance characteristics, in compliance with current guidelines for clinical implementation.

**ADMINISTRATIVE****CPT Codes:**

81450

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW**



**Available Stat:**

No

**Test Code:**

JMML

**Performing Lab:**

UCSF Clinical Cancer Genomics Lab

**Performed:**

Run twice per week, day shift only

**Methodology:**

Targeted next generation DNA sequencing (NovaSeq)

**Remarks:**

Buccal swabs are required for new patients to determine the presence of a variant in normal vs. tumor samples. Wipe Cheek multiple times with cytobrush/cotton swabs. Transport in room temperature.

Avoid hemolysis. Due to stability issues these samples should only be collected at UCSF Monday through noon Friday.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top (EDTA) Blood or bone marrow Buccal swab or T25 flask Germline sample

**Amount to Collect:**

Tumor sample

EDTA whole blood: 5 mL

Bone Marrow aspirate: 3 mL

Germline sample

Cultured fibroblasts: Confluent T25 flasks x2

Buccal swab: Collect 4-6 cytobrush/cotton swabs on each side of the mouth, place swabs in transport tubes, 2 swabs per tube.

**Sample Type:**

Tumor sample EDTA whole blood or Bone marrow aspirate

Germline sample Buccal swab or Cultured fibroblasts

Note: Buccal swabs are required for all new patients.(CCGL - 415-502-3252)

**Preferred Volume:**

Tumor sample

EDTA whole blood: 5 mL

Bone Marrow aspirate: 3 mL

Germline sample

Cultured fibroblasts: Confluent T25 flasks x2

Buccal swab: Collect 4-6 cytobrush/cotton swabs on each side of the mouth, place swabs in transport tubes, 2 swabs per tube.

**Minimum Volume:**

Tumor sample

EDTA whole blood: 2 mL

Bone Marrow aspirate: 1 mL

Germline sample

Cultured fibroblasts: Confluent T25 flasks x2

Buccal swab: Collect 2-4 cytobrush/cotton swabs on each side of the mouth, place swabs in transport tubes, 2 swabs per tube.

**Specimen Preparation:**

**DO NOT FREEZE blood or bone marrow samples. Ship samples to CCGL at Mt Zion as soon as possible.**

**Overnight refrigeration prior to transport is acceptable.**

**Reference Interval:**

Negative: No clinically significant variants detected.

**Interpretive Data:**

The test was validated by the UCSF Clinical Cancer Genomics Laboratory (CCGL) to confirm performance characteristics, in compliance with current guidelines for clinical implementation.

**Synonyms:**

- JMML Panel
- CBL exons 8/9
- KRAS exons 2/3
- NRAS exons 2/3
- PTPN11 exons 3/4/13

**Reported:**

14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will be automatically performed and billed for separately.

**Additional Information:**

[Requisition Form](#)

The test was validated by the UCSF Clinical Cancer Genomics Laboratory (CCGL) to confirm performance characteristics, in compliance with current guidelines for clinical implementation.

**CPT Codes:**

81450

**LDT or Modified FDA:**

Yes

**Supplemental Test Request Form Required:**

Yes

# Jo-1 Antibody

LAB5325

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enzyme immunoassay

**Reported:**

4-5 days

**Additional Information:**

Jo-1 Antibody is found in patients with idiopathic inflammatory myopathies including approximately one-fourth of patients with advanced polymyositis and dermatomyositis. Jo-1 Antibody is associated with pulmonary disease and arthropathy

**Synonyms:**

- 5810
- Q5810

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

JO1

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed or lipemic samples.

## PROCESSING

**Test Code:**

JO1

**Sendout:**

Yes

**Performing Lab:**

Quest

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed or lipemic samples.

## RESULT INTERPRETATION

**Units:**

AI

**Reference Interval:**

&lt; 1.0 AI

**Additional Information:**

Jo-1 Antibody is found in patients with idiopathic inflammatory myopathies including approximately one-fourth of patients with advanced polymyositis and dermatomyositis. Jo-1 Antibody is associated with pulmonary disease and arthropathy

**ADMINISTRATIVE**

**CPT Codes:**  
86235-90

**COMPLETE VIEW**

**Available Stat:**  
No

**Test Code:**  
JO1

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Enzyme immunoassay

**Collect:**  
Gold top or Red top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

**Unacceptable Conditions:**  
Grossly hemolyzed or lipemic samples.

**Units:**  
AI

**Reference Interval:**  
< 1.0 AI

**Synonyms:**

- 5810
- Q5810

**Reported:**  
4-5 days

**Additional Information:**  
Jo-1 Antibody is found in patients with idiopathic inflammatory myopathies including approximately one-fourth of patients with advanced polymyositis and dermatomyositis. Jo-1 Antibody is associated with pulmonary disease and arthropathy

**CPT Codes:**  
86235-90

# Kappa and Lambda Free light Chains, Serum

LAB3195

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Turbidimetry

**Reported:**

1-5 days

**Additional Information:**

In serum, the kappa/lambda ratio of whole immunoglobulin molecules is 2:1, whereas the kappa/lambda ratio of free light chains is 1:1.5. The latter is attributed to the occurrence of lambda light chains as dimers whose serum half-life is approximately 3 times longer than that of monomeric kappa light chains. Excess production of kappa or lambda light chains alters the kappa/lambda ratio. Alterations that fall outside the normal range may be attributable to the presence of monoclonal light chains. Serum or urine protein electrophoresis along with immunofixation electrophoresis should be performed to confirm the presence of a monoclonal paraprotein.

Measurement of free light chain concentration in serum can be useful for diagnosis, prognosis, monitoring disease activity and following response to therapy of many disorders, including plasma cell myeloma, macroglobulinemia, Mu heavy chain disease, primary amyloidosis, light chain deposition disease, monoclonal gammopathies, and some cases of lymphoproliferative disorders with paraprotein production such as chronic lymphocytic leukemia.

Chronic infections, chronic inflammatory diseases, and renal insufficiency may be accompanied by a diffuse increase in both kappa and lambda free light chains. Additionally, the serum concentration of free light chains increases with age (particularly over age 60).

This test is performed on The Binding Site reagent on the Optilite instrument. Results from this assay are not comparable to results obtained from other assays.

Undetected antigen excess is a rare event but cannot be excluded. If these free light chain results do not agree with other clinical and laboratory findings, or if the sample is from a patient that has previously demonstrated antigen excess, the result must be checked by retesting at a higher sample dilution. Results should always be interpreted in conjunction with other laboratory tests and clinical evidence; any anomalies should be discussed with the testing laboratory.

Patients with renal dysfunction may exhibit increased levels of both kappa and lambda free light chains. Additionally, due to preferential kappa retention, the free light chain ratio may also be elevated. Suggested reference ranges (see Long, TE, et al. Defining new reference intervals for serum free light chains in individuals with chronic kidney disease: Results of the iStopMM study. Blood Cancer Journal (2022)12:133) are shown below (eGFR in mL/min/1.73 sq m). These proposed reference intervals have not been verified by the UCSF Clinical Labs.

**Reference Interval**
**Free Kappa (mg/L)**

eGFR 45-59 7.8 - 83.6

eGFR 30-44 8.8 - 103.3

eGFR &lt;30 11.7 - 265.1

**Free Lambda (mg/L)**

eGFR 45-59 7.3 - 65.1

eGFR 30-44 8.2 - 73.2

eGFR &lt;30 12.6 - 150.9

**FKL Ratio**

eGFR 45-59 0.46 - 2.62

eGFR 30-44 0.48 - 3.38

eGFR &lt;30 0.54 - 3.30

**Synonyms:**

- K/L
- kappa/lambda

**COLLECTION****Sample Type:**

Serum

**Collect:**

Gold top (Red top acceptable)

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Remarks:**

Avoid hemolysis

**Unacceptable Conditions:**

Hemolysis, lipemia

**PROCESSING****Test Code:**

FKL

**Test Group:**

light chains

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerate sample

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Hemolysis, lipemia

**RESULT INTERPRETATION****Units:**

mg/L

**Reference Interval:**

Kappa light chains: 3.3-19.4 mg/L

Lambda light chains: 5.7-26.3 mg/L

Kappa/Lambda ratio: 0.26-1.65

**Additional Information:**

In serum, the kappa/lambda ratio of whole immunoglobulin molecules is 2:1, whereas the kappa/lambda ratio of free light chains is 1:1.5. The latter is attributed to the occurrence of lambda light chains as dimers whose serum half-life is approximately 3 times longer than that of monomeric kappa light chains. Excess production of kappa or lambda light chains alters the kappa/lambda ratio. Alterations that fall outside the normal range may be attributable to the presence of monoclonal light chains. Serum or urine protein electrophoresis along with immunofixation electrophoresis should be performed to confirm the presence of a monoclonal paraprotein.

Measurement of free light chain concentration in serum can be useful for diagnosis, prognosis, monitoring disease activity and following response to therapy of many disorders, including plasma cell myeloma, macroglobulinemia, Mu heavy chain disease, primary amyloidosis, light chain deposition disease, monoclonal gammopathies, and some cases of lymphoproliferative disorders with paraprotein production such as chronic lymphocytic leukemia.

Chronic infections, chronic inflammatory diseases, and renal insufficiency may be accompanied by a diffuse increase in both kappa and lambda free light chains. Additionally, the serum concentration of free light chains increases with age (particularly over age 60).

This test is performed on The Binding Site reagent on the Optilite instrument. Results from this assay are not comparable to results obtained from other assays.

Undetected antigen excess is a rare event but cannot be excluded. If these free light chain results do not agree with other clinical and laboratory findings, or if the sample is from a patient that has previously demonstrated antigen excess, the result must be checked by retesting at a higher sample dilution. Results should always be interpreted in conjunction with other laboratory tests and clinical evidence; any anomalies should be discussed with the testing laboratory.

Patients with renal dysfunction may exhibit increased levels of both kappa and lambda free light chains. Additionally, due to preferential kappa retention, the free light chain ratio may also be elevated. Suggested reference ranges (see Long, TE, et al. Defining new reference intervals for serum free light chains in individuals with chronic kidney disease: Results of the iStopMM study. Blood Cancer Journal (2022)12:133) are shown below (eGFR in mL/min/1.73 sq m). These proposed reference intervals have not been verified by the UCSF Clinical Labs.

**Reference Interval****Free Kappa (mg/L)**

eGFR 45-59 7.8 - 83.6

eGFR 30-44 8.8 - 103.3

eGFR &lt;30 11.7 - 265.1

**Free Lambda (mg/L)**

eGFR 45-59 7.3 - 65.1

eGFR 30-44 8.2 - 73.2

eGFR &lt;30 12.6 - 150.9

**FKL Ratio**

eGFR 45-59 0.46 - 2.62

eGFR 30-44 0.48 - 3.38

eGFR &lt;30 0.54 - 3.30

**ADMINISTRATIVE****CPT Codes:**

83521 x2

**LOINC Codes:**

40844-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FKL

**Test Group:**

light chains

**Performing Lab:**

Immunology

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Turbidimetry

**Remarks:**

Avoid hemolysis

**Collect:**

Gold top (Red top acceptable)

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Hemolysis, lipemia

**Specimen Preparation:**

Refrigerate sample

**Units:**

mg/L

**Reference Interval:**

Kappa light chains: 3.3-19.4 mg/L

Lambda light chains: 5.7-26.3 mg/L

Kappa/Lambda ratio: 0.26-1.65

**Synonyms:**

- K/L
- kappa/lambda

**Reported:**

1-5 days



**Additional Information:**

In serum, the kappa/lambda ratio of whole immunoglobulin molecules is 2:1, whereas the kappa/lambda ratio of free light chains is 1:1.5. The latter is attributed to the occurrence of lambda light chains as dimers whose serum half-life is approximately 3 times longer than that of monomeric kappa light chains. Excess production of kappa or lambda light chains alters the kappa/lambda ratio. Alterations that fall outside the normal range may be attributable to the presence of monoclonal light chains. Serum or urine protein electrophoresis along with immunofixation electrophoresis should be performed to confirm the presence of a monoclonal paraprotein.

Measurement of free light chain concentration in serum can be useful for diagnosis, prognosis, monitoring disease activity and following response to therapy of many disorders, including plasma cell myeloma, macroglobulinemia, Mu heavy chain disease, primary amyloidosis, light chain deposition disease, monoclonal gammopathies, and some cases of lymphoproliferative disorders with paraprotein production such as chronic lymphocytic leukemia.

Chronic infections, chronic inflammatory diseases, and renal insufficiency may be accompanied by a diffuse increase in both kappa and lambda free light chains. Additionally, the serum concentration of free light chains increases with age (particularly over age 60).

This test is performed on The Binding Site reagent on the Optilite instrument. Results from this assay are not comparable to results obtained from other assays.

Undetected antigen excess is a rare event but cannot be excluded. If these free light chain results do not agree with other clinical and laboratory findings, or if the sample is from a patient that has previously demonstrated antigen excess, the result must be checked by retesting at a higher sample dilution. Results should always be interpreted in conjunction with other laboratory tests and clinical evidence; any anomalies should be discussed with the testing laboratory.

Patients with renal dysfunction may exhibit increased levels of both kappa and lambda free light chains. Additionally, due to preferential kappa retention, the free light chain ratio may also be elevated. Suggested reference ranges (see Long, TE, et al. Defining new reference intervals for serum free light chains in individuals with chronic kidney disease: Results of the iStopMM study. Blood Cancer Journal (2022)12:133) are shown below (eGFR in mL/min/1.73 sq m). These proposed reference intervals have not been verified by the UCSF Clinical Labs.

**Reference Interval****Free Kappa (mg/L)**

eGFR 45-59 7.8 - 83.6

eGFR 30-44 8.8 - 103.3

eGFR <30 11.7 - 265.1

**Free Lambda (mg/L)**

eGFR 45-59 7.3 - 65.1

eGFR 30-44 8.2 - 73.2

eGFR <30 12.6 - 150.9

**FKL Ratio**

eGFR 45-59 0.46 - 2.62

eGFR 30-44 0.48 - 3.38

eGFR <30 0.54 - 3.30

**CPT Codes:**

83521 x2

**LOINC Codes:**

40844-3

# Kappa/Lambda Light Chains, Free with Ratio, Urine, Random

LAB3413

## ORDERING

**Ordering Recommendations:**

Order SERUM instead of URINE to screen for monoclonal gammopathies.

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Nephelometry

**Reported:**

Set up 5 days per week. Turn around 2-4 days

**Additional Information:**

Polyclonal Immunoglobulin light chains (kappa and Lambda) normally occur in a ratio of 2:1, whereas monoclonal immunoglobulin light chains exhibit only one light chain type, either kappa or lambda. A kappa:lambda ratio outside 2:1 is an indication of a monoclonal gammopathy.

**Synonyms:**

- K/L ratio
- Free light chains

## COLLECTION

**Sample Type:**

24 hour or random urine

**Label Abbreviation:**

FRULC

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Complete 24 hour urine output or 10 mL random urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 3 weeks, frozen at -20C 3 months

## PROCESSING

**Test Code:**

FRULC

**Test Group:**

light chains

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate sample. Order Quest test # 11233X.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 3 weeks, frozen at -20C 3 months

## RESULT INTERPRETATION

**Additional Information:**

Polyclonal Immunoglobulin light chains (kappa and Lambda) normally occur in a ratio of 2:1, whereas monoclonal immunoglobulin light chains exhibit only one light chain type, either kappa or lambda. A kappa:lambda ratio outside 2:1 is an indication of a monoclonal gammopathy.

**ADMINISTRATIVE****CPT Codes:**

83521-90 x 2

**LOINC Codes:**

41759-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Order SERUM instead of URINE to screen for monoclonal gammopathies.

**Test Code:**

FRULC

**Test Group:**

light chains

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Nephelometry

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Complete 24 hour urine output or 10 mL random urine

**Sample Type:**

24 hour or random urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Specimen Preparation:**

Refrigerate sample. Order Quest test # 11233X.

**Synonyms:**

- K/L ratio
- Free light chains

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 3 weeks, frozen at -20C 3 months

**Reported:**

Set up 5 days per week. Turn around 2-4 days

**Additional Information:**

Polyclonal Immunoglobulin light chains (kappa and Lambda) normally occur in a ratio of 2:1, whereas monoclonal immunoglobulin light chains exhibit only one light chain type, either kappa or lambda. A kappa:lambda ratio outside 2:1 is an indication of a monoclonal gammopathy.

**CPT Codes:**

83521-90 x 2

**LOINC Codes:**

41759-2

# Ketones, Qualitative, urine

UA, UAWM

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Dipstick

**Reported:**

STAT 1 hour, Routine same or next day.

**Additional Information:**

Ketone bodies include acetoacetate, acetone and beta-hydroxybutyrate; however, this reacts only with acetoacetic acid and does not react with beta-hydroxybutyric acid

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

10 mL urine

## PROCESSING

**Test Code:**

UA or UAWM

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Hematology

**Preferred Volume:**

10 mL urine

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Ketone bodies include acetoacetate, acetone and beta-hydroxybutyrate; however, this reacts only with acetoacetic acid and does not react with beta-hydroxybutyric acid

## ADMINISTRATIVE

**CPT Codes:**

81003

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

UA or UAWM

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Dipstick

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

10 mL urine

**Reference Interval:**

Negative

**Reported:**

STAT 1 hour, Routine same or next day.

**Additional Information:**

Ketone bodies include acetoacetate, acetone and beta-hydroxybutyrate; however, this reacts only with acetoacetic acid and does not react with beta-hydroxybutyric acid

**CPT Codes:**

81003

# KIR Genotype - Low Resolution

HTKIR (Sunquest: ILKIR)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Molecular - SSP

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Synonyms:**

- KIR Typing, KIR Genotyping

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood.

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Preferred Volume:**

8.5 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:**

Fill ACD tube completely. Obtain ACD tube from Specimen Receiving. If being collected with other HLA intermediate resolution typing such as HLA-B, HLA-C, HLA-DR, HLA-DQ, etc., 1 tube is sufficient for all tests. Collect additional samples if white blood cell (WBC) count is low (<1,000).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours.

**Unacceptable Conditions:**

WBC count too low (&lt;1,000).

## PROCESSING

**Test Code:**

HTKIR (Sunquest: ILKIR)

**Test Group:**

KIR Genotyping

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

8.5 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

WBC count too low (&lt;1,000).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours.

## ADMINISTRATIVE

**CPT Codes:**

81373

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTKIR (Sunquest: ILKIR)

**Test Group:**

KIR Genotyping

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Molecular - SSP

**Remarks:**

Fill ACD tube completely. Obtain ACD tube from Specimen Receiving. If being collected with other HLA intermediate resolution typing such as HLA-B, HLA-C, HLA-DR, HLA-DQ, etc., 1 tube is sufficient for all tests. Collect additional samples if white blood cell (WBC) count is low (<1,000).

**Collect:**

Yellow top (ACD)

**Amount to Collect:**

8.5 mL blood

**Sample Type:**

ACD anticoagulated whole blood.

**Preferred Volume:**

8.5 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

WBC count too low (&lt;1,000).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- KIR Typing, KIR Genotyping

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours.

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**CPT Codes:**

81373

# Kleihauer Betke

LAB3144

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mission Bay Hematology

**Performed:**

Test run 0800-1500 Monday-Friday

**Methodology:**

Modified Acid Elution as described by Kleihauer-Betke and modified by Clayton.

**Reported:**

Same day or next weekday.

**Additional Information:**

Testing for a feto-maternal bleed will NOT be done in the case of an Rh+ infant born to an Rh- mother if the more sensitive Fetal Bleed Screen (rosetting test) run by the Blood Bank is negative.

Other anticoagulants or clotted blood may be used if necessary. A blood sample must be submitted at the same time and tested in parallel with CSF or BF. Each specimen examined is charged separately.

**References:**

Brecher M, ed. Technical Manual, 15th ed. Bethesda, Maryland: American Association of Blood Banks, 2005.

Petrides, M. Practical Guide to Transfusion Medicine, 2nd. Bethesda, Maryland: AABB Press, 2007

**Synonyms:**

- Kleihauer-Betke Test
- Acid elution test
- Alkali Denaturation
- Betke test
- fetal RBC's
- Kleihauer test

## COLLECTION

**Sample Type:**

EDTA whole blood, Body Fluid, CSF

**Collect:**

Lavender top, CSF tube or sterile collection tube

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

1 mL blood, Body fluid or CSF

**Remarks:**

Complete appropriate requisition and request "Fetal cells, Quantitative"

**Stability (from collection to initiation):**

Blood refrigerated 48 hours. CSF and Body fluids refrigerated 4-6 hours.

## PROCESSING

**Test Code:**

FETC

**Performing Lab:**

Mission Bay Hematology

**Specimen Preparation:**

If test cannot be performed immediately refrigerate sample.

**Preferred Volume:**

1 mL blood, Body fluid or CSF

**Stability (from collection to initiation):**

Blood refrigerated 48 hours. CSF and Body fluids refrigerated 4-6 hours.

## RESULT INTERPRETATION



**Reference Interval:**

Pregnant women: < 0.1% Fetal cells

**Additional Information:**

Testing for a feto-maternal bleed will NOT be done in the case of an Rh+ infant born to an Rh- mother if the more sensitive Fetal Bleed Screen (rosetting test) run by the Blood Bank is negative.

Other anticoagulants or clotted blood may be used if necessary. A blood sample must be submitted at the same time and tested in parallel with CSF or BF. Each specimen examined is charged separately.

**References:**

Brecher M, ed. Technical Manual, 15th ed. Bethesda, Maryland: American Association of Blood Banks, 2005.

Petrides, M. Practical Guide to Transfusion Medicine, 2nd. Bethesda, Maryland: AABB Press, 2007

**ADMINISTRATIVE****CPT Codes:**

85460

**LOINC Codes:**

48556-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FETC

**Performing Lab:**

Mission Bay Hematology

**Performed:**

Test run 0800-1500 Monday-Friday

**Methodology:**

Modified Acid Elution as described by Kleihauer-Betke and modified by Clayton.

**Remarks:**

Complete appropriate requisition and request "Fetal cells, Quantitative"

**Collect:**

Lavender top, CSF tube or sterile collection tube

**Amount to Collect:**

1 mL blood

**Sample Type:**

EDTA whole blood, Body Fluid, CSF

**Preferred Volume:**

1 mL blood, Body fluid or CSF

**Specimen Preparation:**

If test cannot be performed immediately refrigerate sample.

**Reference Interval:**

Pregnant women: < 0.1% Fetal cells

**Synonyms:**

- Kleihauer-Betke Test
- Acid elution test
- Alkali Denaturation
- Betke test
- fetal RBC's
- Kleihauer test

**Stability (from collection to initiation):**

Blood refrigerated 48 hours. CSF and Body fluids refrigerated 4-6 hours.

**Reported:**

Same day or next weekday.

**Additional Information:**

Testing for a feto-maternal bleed will NOT be done in the case of an Rh+ infant born to an Rh- mother if the more sensitive Fetal Bleed Screen (rosetting test) run by the Blood Bank is negative.

Other anticoagulants or clotted blood may be used if necessary. A blood sample must be submitted at the same time and tested in parallel with CSF or BF. Each specimen examined is charged separately.

**References:**

Brecher M, ed. Technical Manual, 15th ed. Bethesda, Maryland: American Association of Blood Banks, 2005.

Petrides, M. Practical Guide to Transfusion Medicine, 2nd. Bethesda, Maryland: AABB Press, 2007

**CPT Codes:**

85460

**LOINC Codes:**

48556-5

# Lactate (Blood Gas sample)

LAB5804

## ORDERING

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Radiometer ABL 90 FLEX Plus

**Reported:**

STAT: 10 min

**Additional Information:**

Glycolic acid, the ethylene glycol metabolite, causes erroneously high results in this assay.

**Synonyms:**

- Lactic acid
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- Blood gas
- ABG

## COLLECTION

**Sample Type:**

Heparinized whole blood (Blood gas syringe only)

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab >30 minutes after collection may yield erroneous results.

**Unacceptable Conditions:**

Samples submitted > 30 min after collection, samples with needle attached, containing large bubbles, unlabeled, clotted or of insufficient volume.

**PROCESSING****Test Code:**

NLACT (battery code)

LACTWB (test code)

LAB4445: Arterial source

LAB4446: Venous source

LAB4447: Central venous source

LAB4448: Mixed venous source

**Test Group:**

Lactate

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Samples submitted > 30 min after collection, samples with needle attached, containing large bubbles, unlabeled, clotted or of insufficient volume.

**RESULT INTERPRETATION**

**Units:**

mmol/L

**Reference Interval:**

Arterial, mixed venous, central venous and capillary: 0.5-2.0 mmol/L

Venous: 0.5-2.2 mmol/L

Cord blood umbilical artery: 1.9 - 10.2 mmol/L

Cord blood umbilical vein: 1.7 - 8.9 mmol/L

**Critical Values:**

> 3.9 mmol/L (does not apply to cord blood sample sources)

**Additional Information:**

Glycolic acid, the ethylene glycol metabolite, causes erroneously high results in this assay.

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Test Code:**

NLACT (battery code)

LACTWB (test code)

LAB4445: Arterial source

LAB4446: Venous source

LAB4447: Central venous source

LAB4448: Mixed venous source

**Test Group:**

Lactate

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Radiometer ABL 90 FLEX Plus

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab >30 minutes after collection may yield erroneous results.

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Sample Type:**

Heparinized whole blood (Blood gas syringe only)

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Samples submitted > 30 min after collection, samples with needle attached, containing large bubbles, unlabeled, clotted or of insufficient volume.

**Units:**

mmol/L

**Reference Interval:**

Arterial, mixed venous, central venous and capillary: 0.5-2.0 mmol/L

Venous: 0.5-2.2 mmol/L

Cord blood umbilical artery: 1.9 - 10.2 mmol/L

Cord blood umbilical vein: 1.7 - 8.9 mmol/L

**Critical Values:**

> 3.9 mmol/L (does not apply to cord blood sample sources)

**Synonyms:**

- Lactic acid
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- Blood gas
- ABG

**Reported:**

STAT: 10 min

**Additional Information:**

Glycolic acid, the ethylene glycol metabolite, causes erroneously high results in this assay.

# Lactate Dehydrogenase

LAB96

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

IFCC recommended forward reaction - Lactate to Pyruvate

**Reported:**

4 hours

**Additional Information:**

Hemolysis will increase results because erythrocytes contain approximately 150 times more LD activity.

Certain LDH isoenzymes (LDH-4 and LDH-5) are sensitive to cold exposure and cooling the sample may result in variable decreases in the LDH activity depending on the isoenzyme composition of the sample.

**Synonyms:**

- LD
- LDH

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Remarks:**

Samples should be submitted to the laboratory for processing within 2 hours of collection

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 4 days, frozen at -20C 6 weeks

## PROCESSING

**Test Code:**

LD

**Test Group:**

LD

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Specimen Preparation:**

Centrifuge and separate serum/plasma from cells. Do not freeze.

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 4 days, frozen at -20C 6 weeks

## RESULT INTERPRETATION



**Units:**  
U/L

**Reference Interval:**

| Age                | Male (U/L) | Female (U/L) |
|--------------------|------------|--------------|
| 0 to 14 days       | 309-1222   | 309-1222     |
| 15 days to <1 year | 163-452    | 163-452      |
| 1 to 9 years       | 192-321    | 192-321      |
| 10 to 14 years     | 170-283    | 157-272      |
| 15 to 17 years     | 130-250    | 130-250      |
| >=18 years         | 125-243    | 125-243      |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <https://caliper.research.sickkids.ca/#/search>

The adult reference ranges were adopted from Lee et al, 2017, Generating method-specific reference ranges - a harmonious outcome? Pract Lab Med 9: 1-11. The adult reference ranges were verified by running 40 normal volunteers from UCSF Clinical Laboratories.

**Additional Information:**

Hemolysis will increase results because erythrocytes contain approximately 150 times more LD activity.

Certain LDH isoenzymes (LDH-4 and LDH-5) are sensitive to cold exposure and cooling the sample may result in variable decreases in the LDH activity depending on the isoenzyme composition of the sample.

**ADMINISTRATIVE****CPT Codes:**

83615

**LOINC Codes:**

2532-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LD

**Test Group:**

LD

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

IFCC recommended forward reaction - Lactate to Pyruvate

**Remarks:**

Samples should be submitted to the laboratory for processing within 2 hours of collection

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Specimen Preparation:**

Centrifuge and separate serum/plasma from cells. Do not freeze.

**Units:**

U/L

**Reference Interval:**

| Age                | Male (U/L) | Female (U/L) |
|--------------------|------------|--------------|
| 0 to 14 days       | 309-1222   | 309-1222     |
| 15 days to <1 year | 163-452    | 163-452      |
| 1 to 9 years       | 192-321    | 192-321      |
| 10 to 14 years     | 170-283    | 157-272      |
| 15 to 17 years     | 130-250    | 130-250      |
| >=18 years         | 125-243    | 125-243      |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <https://caliper.research.sickkids.ca/#/search>

The adult reference ranges were adopted from Lee et al, 2017, Generating method-specific reference ranges - a harmonious outcome? Pract Lab Med 9: 1-11. The adult reference ranges were verified by running 40 normal volunteers from UCSF Clinical Laboratories.

**Synonyms:**

- LD
- LDH

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 4 days, frozen at -20C 6 weeks

**Reported:**

4 hours

**Additional Information:**

Hemolysis will increase results because erythrocytes contain approximately 150 times more LD activity.

Certain LDH isoenzymes (LDH-4 and LDH-5) are sensitive to cold exposure and cooling the sample may result in variable decreases in the LDH activity depending on the isoenzyme composition of the sample.

**CPT Codes:**

83615

**LOINC Codes:**

2532-0

# Lactate Dehydrogenase, Body Fluid

LAB188

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

IFCC recommended forward reaction - Lactate to Pyruvate

**Reported:**

4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

**Synonyms:**

- LD
- LDH

## COLLECTION

**Sample Type:**

Body fluid

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Preferred Volume:**

0.5 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Room Temperature: 7 days

Refrigerated (2-8 C): 4 days

Frozen (-20 C): 6 weeks

## PROCESSING

**Test Code:**

LDB

**Test Group:**

LD

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Preferred Volume:**

0.5 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Stability (from collection to initiation):**

Room Temperature: 7 days

Refrigerated (2-8 C): 4 days

Frozen (-20 C): 6 weeks

## RESULT INTERPRETATION

**Units:**

U/L

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

**ADMINISTRATIVE****CPT Codes:**

83615

**LOINC Codes:**

2529-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LDB

**Test Group:**

LD

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

IFCC recommended forward reaction - Lactate to Pyruvate

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Sample Type:**

Body fluid

**Preferred Volume:**

0.5 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Units:**

U/L

**Synonyms:**

- LD
- LDH

**Stability (from collection to initiation):**

Room Temperature: 7 days

Refrigerated (2-8 C): 4 days

Frozen (-20 C): 6 weeks

**Reported:**

4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

**CPT Codes:**

83615

**LOINC Codes:**

2529-6

# Lactate Dehydrogenase, CSF

LAB3053

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

IFCC recommended forward reaction - Lactate to Pyruvate

**Reported:**

4 hours

**Additional Information:**

Interpretation requires knowledge of blood level.

**Synonyms:**

- LD
- LDH

## COLLECTION

**Sample Type:**

CSF

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

3 mL CSF

**Preferred Volume:**

0.5 mL CSF

**Minimum Volume:**

0.2 mL CSF

**Remarks:**

Collect serum/plasma in addition if recent blood level is not available for comparison with CSF result. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Room temperature 2 hours. Do not refrigerate or freeze.

## PROCESSING

**Test Code:**

LDCF

**Test Group:**

LD

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Preferred Volume:**

0.5 mL CSF

**Minimum Volume:**

0.2 mL CSF

**Stability (from collection to initiation):**

Room temperature 2 hours. Do not refrigerate or freeze.

## RESULT INTERPRETATION

**Units:**

U/L

**Reference Interval:**

The LDH level in CSF is normally about 10% of the serum LDH level

Karcher DS, McPherson RA. Chapter 29: Cerebrospinal, synovial, serous body fluids, and alternative specimens. In Henry's Clinical Diagnosis and Management by Laboratory Methods. 22 Ed. McPherson RA, Pincus MR. Eds. Elsevier Saunders: Philadelphia, PA, 2011.

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

**Additional Information:**

Interpretation requires knowledge of blood level.

**ADMINISTRATIVE****CPT Codes:**

83615

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LDCF

**Test Group:**

LD

**Performing Lab:**

Parnassus & Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

IFCC recommended forward reaction - Lactate to Pyruvate

**Remarks:**

Collect serum/plasma in addition if recent blood level is not available for comparison with CSF result. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

3 mL CSF

**Sample Type:**

CSF

**Preferred Volume:**

0.5 mL CSF

**Minimum Volume:**

0.2 mL CSF

**Units:**

U/L

**Reference Interval:**

The LDH level in CSF is normally about 10% of the serum LDH level

Karcher DS, McPherson RA. Chapter 29: Cerebrospinal, synovial, serous body fluids, and alternative specimens. In Henry's Clinical Diagnosis and Management by Laboratory Methods. 22 Ed. McPherson RA, Pincus MR. Eds. Elsevier Saunders: Philadelphia, PA, 2011.

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

**Synonyms:**

- LD
- LDH

**Stability (from collection to initiation):**

Room temperature 2 hours. Do not refrigerate or freeze.

**Reported:**

4 hours

**Additional Information:**

Interpretation requires knowledge of blood level.

**CPT Codes:**  
83615

# Lactate, CSF

LAB187

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzymatic - Lactic Acid to Pyruvate

**Reported:**

1 hour

**Synonyms:**

- Lactic acid

## COLLECTION

**Sample Type:**

CSF

**Collect:**

CSF tube or sterile collection tube on ice

**Amount to Collect:**

1 mL CSF

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.6 mL CSF

**Remarks:**

Chill tube before collection. Deliver sample on ice IMMEDIATELY to laboratory (should be received within 30 min of collection).

Specimen label should contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

On ice 2 hours.

## PROCESSING

**Test Code:**

LACS

**Test Group:**

lactate

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Specimen Preparation:**

If specimen not received on ice, attach comment "Specimen not received on ice, may cause falsely elevated lactate in some cases"

If specimen received > 60 minutes after collection, attach comment stability period exceeded, results questionable."

All specimens must be assumed to contain cells and processed immediately.

Provide immediately to Chemistry who will centrifuge and assay sample.

If specimen is collected at Mt. Zion, centrifuge immediately. Aliquot and freeze the sample (-20C) immediately and send to Parnassus on next scheduled delivery run.

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.6 mL CSF



**Stability (from collection to initiation):**

On ice 2 hours.

**RESULT INTERPRETATION****Units:**

mmol/L

**Reference Interval:**

1.1-2.8 mmol/L

Reference range adapted from manufacturer's reference range and the reference of Herold DA, Savory J, Bruns DE. Determination of lactate acid concentration in spinal fluid: results on patient samples using automated enzymatic assay. Clin Chem 1980;26:968.

**ADMINISTRATIVE****CPT Codes:**

83605

**LOINC Codes:**

2520-5

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LACS

**Test Group:**

lactate

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzymatic - Lactic Acid to Pyruvate

**Remarks:**

Chill tube before collection. Deliver sample on ice IMMEDIATELY to laboratory (should be received within 30 min of collection).

Specimen label should contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

CSF tube or sterile collection tube on ice

**Amount to Collect:**

1 mL CSF

**Sample Type:**

CSF

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.6 mL CSF

**Specimen Preparation:**

If specimen not received on ice, attach comment "Specimen not received on ice, may cause falsely elevated lactate in some cases"

If specimen received > 60 minutes after collection, attach comment stability period exceeded, results questionable."

All specimens must be assumed to contain cells and processed immediately.

Provide immediately to Chemistry who will centrifuge and assay sample.

If specimen is collected at Mt. Zion, centrifuge immediately. Aliquot and freeze the sample (-20C) immediately and send to Parnassus on next scheduled delivery run.

**Units:**

mmol/L

**Reference Interval:**

1.1-2.8 mmol/L

Reference range adapted from manufacturer's reference range and the reference of Herold DA, Savory J, Bruns DE.  
Determination of lactate acid concentration in spinal fluid: results on patient samples using automated enzymatic assay.  
Clin Chem 1980;26:968.

**Synonyms:**

- Lactic acid

**Stability (from collection to initiation):**

On ice 2 hours.

**Reported:**

1 hour

**CPT Codes:**

83605

**LOINC Codes:**

2520-5

# Lactate, Plasma

LAB95

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzymatic - Lactic Acid to Pyruvate

**Reported:**

1 hour

**Additional Information:**

Glycolic acid, the ethylene glycol metabolite, causes a significant interference in this assay.  
High concentrations of N-acetyl-L-cysteine cause a significant interference in this assay.

**Synonyms:**

- Lactic acid
- LACT

## COLLECTION

**Sample Type:**

Fluoride / oxalate whole blood

**Collect:**

Gray top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.3 mL blood

**Remarks:**

Deliver sample immediately to laboratory for processing.

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen at -20C 3 days

**Unacceptable Conditions:**

Note that samples received in gray top tubes more than 60 minutes after collection or samples received in non-gray top tubes will be tested but will have a comment attached to the result noting that results could be falsely elevated.

## PROCESSING

**Test Code:**

LACT

**Test Group:**

lactate

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Specimen Preparation:**

Provide immediately to Chemistry section who will centrifuge and assay sample.

If specimen cannot be run at either site centrifuge immediately. Aliquot and freeze the plasma (-20C) immediately and send immediately to other site for testing

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.3 mL blood

**Unacceptable Conditions:**

Note that samples received in gray top tubes more than 60 minutes after collection or samples received in non-gray top tubes will be tested but will have a comment attached to the result noting that results could be falsely elevated.

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen at -20C 3 days

**RESULT INTERPRETATION****Units:**

mmol/L

**Reference Interval:**

| Age               | Normal Range   |
|-------------------|----------------|
| 0 - 2 months      | 1.0-3.5 mmol/L |
| 3 months - 1 year | 1.0-3.3 mmol/L |
| 2 - 18 years      | 1.0-2.4 mmol/L |
| > 18 years        | 0.5-2.2 mmol/L |

Pediatric reference ranges adopted from Soldin, Steven J. Pediatric Reference Intervals (method 3), 7th edition, 2011.

**Critical Values:**

> 3.9 mmol/L

**Additional Information:**

Glycolic acid, the ethylene glycol metabolite, causes a significant interference in this assay.

High concentrations of N-acetyl-L-cysteine cause a significant interference in this assay.

**ADMINISTRATIVE****CPT Codes:**

83605

**LOINC Codes:**

2524-7

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LACT

**Test Group:**

lactate

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzymatic - Lactic Acid to Pyruvate

**Remarks:**

Deliver sample immediately to laboratory for processing.

**Collect:**

Gray top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Fluoride / oxalate whole blood

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.3 mL blood

**Unacceptable Conditions:**

Note that samples received in gray top tubes more than 60 minutes after collection or samples received in non-gray top tubes will be tested but will have a comment attached to the result noting that results could be falsely elevated.

**Specimen Preparation:**

Provide immediately to Chemistry section who will centrifuge and assay sample.

If specimen cannot be run at either site centrifuge immediately. Aliquot and freeze the plasma (-20C) immediately and send immediately to other site for testing

**Units:**

mmol/L

**Reference Interval:**

| Age               | Normal Range   |
|-------------------|----------------|
| 0 - 2 months      | 1.0-3.5 mmol/L |
| 3 months - 1 year | 1.0-3.3 mmol/L |
| 2 - 18 years      | 1.0-2.4 mmol/L |
| > 18 years        | 0.5-2.2 mmol/L |

Pediatric reference ranges adopted from Soldin, Steven J. Pediatric Reference Intervals (method 3), 7th edition, 2011.

**Critical Values:**

> 3.9 mmol/L

**Synonyms:**

- Lactic acid
- LACT

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen at -20C 3 days

**Reported:**

1 hour

**Additional Information:**

Glycolic acid, the ethylene glycol metabolite, causes a significant interference in this assay.  
High concentrations of N-acetyl-L-cysteine cause a significant interference in this assay.

**CPT Codes:**

83605

**LOINC Codes:**

2524-7

# Lactoferrin, Stool

LAB5292

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

ELISA

**Reported:**

Test set up 2x per week. Turnaround time 4-7 days.

**Synonyms:**

- LACTS

## COLLECTION

**Sample Type:**

Stool

**Label Abbreviation:**

LACTOF

**Collect:**

Urine cup

**Amount to Collect:**

1 gram stool  
10 grams for B&T patients

**Preferred Volume:**

1 gram stool  
10 grams for B&T patients

**Minimum Volume:**

0.3 gram stool

**Remarks:**

Collect stool in clean dry container. Do not use or add preservatives. Keep sample at room temperature and deliver to laboratory within 48 hours after collection.

**Stability (from collection to initiation):**

Room temperature 48 hours, refrigerated 48 hours, frozen 3 weeks.

**Unacceptable Conditions:**

Samples received &gt; 48 hours after collection. Samples submitted in preservative.

**Rejection Criteria:**

Sample thawed when received. Samples collected in preservative.

## PROCESSING

**Test Code:**

LACTOF

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze stool sample. Send to China Basin. Order Quest test # 10156.

For B&amp;T patients order LabCorp test # 823513

**Preferred Volume:**

1 gram stool  
10 grams for B&T patients

**Minimum Volume:**

0.3 gram stool

**Unacceptable Conditions:**

Samples received &gt; 48 hours after collection. Samples submitted in preservative.

**Rejection Criteria:**

Sample thawed when received. Samples collected in preservative.

**Stability (from collection to initiation):**

Room temperature 48 hours, refrigerated 48 hours, frozen 3 weeks.

**RESULT INTERPRETATION****Reference Interval:**

Negative

**ADMINISTRATIVE****CPT Codes:**

83630-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LACTOF

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

ELISA

**Remarks:**

Collect stool in clean dry container. Do not use or add preservatives. Keep sample at room temperature and deliver to laboratory within 48 hours after collection.

**Collect:**

Urine cup

**Amount to Collect:**

1 gram stool  
10 grams for B&T patients

**Sample Type:**

Stool

**Preferred Volume:**

1 gram stool  
10 grams for B&T patients

**Minimum Volume:**

0.3 gram stool

**Rejection Criteria:**

Sample thawed when received. Samples collected in preservative.

**Unacceptable Conditions:**

Samples received > 48 hours after collection. Samples submitted in preservative.

**Specimen Preparation:**

Freeze stool sample. Send to China Basin. Order Quest test # 10156.

For B&T patients order LabCorp test # 823513

**Reference Interval:**

Negative

**Synonyms:**

- LACTS

**Stability (from collection to initiation):**

Room temperature 48 hours, refrigerated 48 hours, frozen 3 weeks.

**Reported:**

Test set up 2x per week. Turnaround time 4-7 days.

**CPT Codes:**

83630-90

# Lamotrigine Level

LAB475

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC-MS-MS

**Reported:**

Test run 5 days per week. Turnaround 3-5 days

**Synonyms:**

- Lamictal

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

LAMI

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Draw 1/2 to 1 hour before next dose at steady state. Do not use gel barrier tube.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C 2 weeks.

**Unacceptable Conditions:**

Collected in Gold top. Gross hemolyzed or lipemic samples

**Rejection Criteria:**

Gross hemolyzed or lipemic samples

## PROCESSING

**Test Code:**

LAMI

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze sample. Order Quest # 22060

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top. Gross hemolyzed or lipemic samples

**Rejection Criteria:**

Gross hemolyzed or lipemic samples

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C 2 weeks.

## RESULT INTERPRETATION



**Reference Interval:**  
4.0-18.0 µg/mL

## ADMINISTRATIVE

**CPT Codes:**  
80175-90

**LOINC Codes:**  
6948-4

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
LAMI

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
LC-MS-MS

**Remarks:**  
Draw 1/2 to 1 hour before next dose at steady state. Do not use gel barrier tube.

**Collect:**  
Red top (Gold top **NOT** acceptable)

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

**Rejection Criteria:**  
Gross hemolyzed or lipemic samples

**Unacceptable Conditions:**  
Collected in Gold top. Gross hemolyzed or lipemic samples

**Specimen Preparation:**  
Freeze sample. Order Quest # 22060

**Reference Interval:**  
4.0-18.0 µg/mL

**Synonyms:**  

- Lamictal

**Stability (from collection to initiation):**  
Room temperature 2 days, refrigerated 5 days, frozen at -20C 2 weeks.

**Reported:**  
Test run 5 days per week. Turnaround 3-5 days

**CPT Codes:**  
80175-90

**LOINC Codes:**  
6948-4

# L-asparaginase

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

NEXT Molecular Analytics via ARUP

**Methodology:**

Enzyme Linked Immunosorbent Assay (ELISA)

**Reported:**

1-4 days

**Additional Information:**

An asparaginase assay sample submission form must be completed and submitted with the sample. The form is available [here](#).

Additional information about this testing can be found on the vendors website [here](#).

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Lavender, red or gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.3 mL plasma or serum

**Remarks:**

An asparaginase assay sample submission form must be completed and submitted with the sample. The form is available [here](#).

Additional information about this testing can be found on the vendors website [here](#).

**Stability (from collection to initiation):**

5 days refrigerated; indefinite frozen

**Storage/Transport Temperature:**

Refrigerated

## PROCESSING

**Test Code:**

MOLT

**Sendout:**

Yes

**Performing Lab:**

NEXT Molecular Analytics via ARUP

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.3 mL plasma or serum

**Stability (from collection to initiation):**

5 days refrigerated; indefinite frozen

**Storage/Transport Temperature:**

Refrigerated

## RESULT INTERPRETATION

**Additional Information:**

An asparaginase assay sample submission form must be completed and submitted with the sample. The form is available [here](#).

Additional information about this testing can be found on the vendors website [here](#).

**ADMINISTRATIVE****CPT Codes:**

82657

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT

**Performing Lab:**

NEXT Molecular Analytics via ARUP

**Sendout:**

Yes

**Methodology:**

Enzyme Linked Immunosorbent Assay (ELISA)

**Remarks:**

An asparaginase assay sample submission form must be completed and submitted with the sample. The form is available [here](#).

Additional information about this testing can be found on the vendors website [here](#).

**Collect:**

Lavender, red or gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.3 mL plasma or serum

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

5 days refrigerated; indefinite frozen

**Reported:**

1-4 days

**Additional Information:**

An asparaginase assay sample submission form must be completed and submitted with the sample. The form is available [here](#).

Additional information about this testing can be found on the vendors website [here](#).

**CPT Codes:**

82657

# LCM Virus Antibody

LCM

## ORDERING

**Available Stat:**

No

**Performing Lab:**

San Francisco Public Health Laboratory

**Methodology:**

IFA

**Reported:**

Test run Wednesday. Turnaround time: 1-2 weeks

**Additional Information:**

Available from the State Viral and Rickettsial Diseases Lab via the local health department. See also entry for Viral Serology, and consult Microbiology regarding culture.

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Submit paired sera, one collected within 1 wk of onset of illness and another 2-3 weeks later. Tests are NOT performed until convalescent serum is received. The physician must complete a form for Special Serology, [Click here for form](#)

**Stability (from collection to initiation):**

Refrigerated 2 weeks, frozen 1 month

**Rejection Criteria:**

Sample received at room temperature

## PROCESSING

**Test Code:**

LCM

**Sendout:**

Yes

**Performing Lab:**

San Francisco Public Health Laboratory

**Specimen Preparation:**

Refrigerate sample

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Sample received at room temperature

**Stability (from collection to initiation):**

Refrigerated 2 weeks, frozen 1 month

## RESULT INTERPRETATION

**Units:**

Titer

**Reference Interval:**

Negative titer &lt; 8

**Additional Information:**

Available from the State Viral and Rickettsial Diseases Lab via the local health department. See also entry for Viral Serology, and consult Microbiology regarding culture.

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LCM

**Performing Lab:**

San Francisco Public Health Laboratory

**Sendout:**

Yes

**Methodology:**

IFA

**Remarks:**

Submit paired sera, one collected within 1 wk of onset of illness and another 2-3 weeks later. Tests are NOT performed until convalescent serum is received. The physician must complete a form for Special Serology, [Click here for form](#)

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Sample received at room temperature

**Specimen Preparation:**

Refrigerate sample

**Units:**

Titer

**Reference Interval:**

Negative titer &lt; 8

**Stability (from collection to initiation):**

Refrigerated 2 weeks, frozen 1 month

**Reported:**

Test run Wednesday. Turnaround time: 1-2 weeks

**Additional Information:**

Available from the State Viral and Rickettsial Diseases Lab via the local health department. See also entry for Viral Serology, and consult Microbiology regarding culture.

**Supplemental Test Request Form Required:**

Yes

# LDL Cholesterol, Direct

LAB9000

## ORDERING

**Ordering Recommendations:**

For routine testing, please order our in-house assay ([Cholesterol, LDL; test code LDL](#)) which uses the Friedewald formula to calculate LDL. If a calculated LDL is unreliable (e.g. elevated triglycerides >400 mg/dL or low calculated LDL values), then this direct LDL test can be ordered to provide more accurate results.

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Sunday - Thursday

**Methodology:**

Enzymatic

**Reported:**

3 - 6 days

**Additional Information:**

LDL cholesterol is a key factor in the pathogenesis of atherosclerosis and Coronary Artery Disease (CAD), while HDL cholesterol has often been observed to have a protective effect. Even within the normal range of total cholesterol concentrations, an increase in LDL cholesterol can produce an associated increased risk for CAD. LDL cholesterol binds to receptor sites on macrophages in blood vessel walls inciting several changes to the blood wall which enhance atherosclerotic plaque development.

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

LDLD

**Collect:**

Gold top preferred; Red or light green top acceptable

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum/plasma

**Minimum Volume:**

0.5 mL serum/plasma

**Stability (from collection to initiation):**

Room temperature: 6 days

Refrigerated: 7 days

Frozen: 31 days

**Storage/Transport Temperature:**

Frozen

## PROCESSING

**Test Code:**

LDLD

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

NOTE: For routine testing, please order our in-house assay ([Cholesterol, LDL; test code LDL](#))

If a calculated LDL is potentially inaccurate (e.g. due to high triglycerides) and a direct LDL test is needed: Aliquot and freeze serum. Order Quest test code 8293.

**Preferred Volume:**

1 mL serum/plasma

**Minimum Volume:**

0.5 mL serum/plasma

**Stability (from collection to initiation):**

Room temperature: 6 days

Refrigerated: 7 days

Frozen: 31 days

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

&lt;20 Years old: &lt;110 mg/dL

&gt;=20 Years old: &lt;100 mg/dL

**Additional Information:**

LDL cholesterol is a key factor in the pathogenesis of atherosclerosis and Coronary Artery Disease (CAD), while HDL cholesterol has often been observed to have a protective effect. Even within the normal range of total cholesterol concentrations, an increase in LDL cholesterol can produce an associated increased risk for CAD. LDL cholesterol binds to receptor sites on macrophages in blood vessel walls inciting several changes to the blood wall which enhance atherosclerotic plaque development.

**ADMINISTRATIVE****CPT Codes:**

83721

**LOINC Codes:**

18262-6

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

For routine testing, please order our in-house assay ([Cholesterol, LDL; test code LDL](#)) which uses the Friedewald formula to calculate LDL. If a calculated LDL is unreliable (e.g. elevated triglycerides >400 mg/dL or low calculated LDL values), then this direct LDL test can be ordered to provide more accurate results.

**Test Code:**

LDLD

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Sunday - Thursday

**Methodology:**

Enzymatic

**Collect:**

Gold top preferred; Red or light green top acceptable

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

1 mL serum/plasma

**Minimum Volume:**

0.5 mL serum/plasma

**Specimen Preparation:**NOTE: For routine testing, please order our in-house assay ([Cholesterol, LDL; test code LDL](#))

If a calculated LDL is potentially inaccurate (e.g. due to high triglycerides) and a direct LDL test is needed: Aliquot and freeze serum. Order Quest test code 8293.

**Units:**

mg/dL

**Reference Interval:**

<20 Years old: <110 mg/dL  
>=20 Years old: <100 mg/dL

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: 6 days  
Refrigerated: 7 days  
Frozen: 31 days

**Reported:**

3 - 6 days

**Additional Information:**

LDL cholesterol is a key factor in the pathogenesis of atherosclerosis and Coronary Artery Disease (CAD), while HDL cholesterol has often been observed to have a protective effect. Even within the normal range of total cholesterol concentrations, an increase in LDL cholesterol can produce an associated increased risk for CAD. LDL cholesterol binds to receptor sites on macrophages in blood vessel walls inciting several changes to the blood wall which enhance atherosclerotic plaque development.

**CPT Codes:**

83721

**LOINC Codes:**

18262-6



# Lead, Urine, 24 Hour

LAB3447

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Inductively-Coupled Plasma/Mass Spectrometry

**Reported:**

Test run Tuesday-Saturday. Turnaround: 2-5 days.

**Additional Information:**

The results are reported as the lead concentration (ug/L) and in the amount of lead in the total volume (ug/TV). To convert µg/L to µmol/L (SI units), multiply by 0.00483.

**Synonyms:**

- Pb
- heavy metal toxicity
- heavy metal poisoning
- heavy metals

## COLLECTION

**Sample Type:**

24 hour urine collection

**Label Abbreviation:**

PBUR

**Collect:**

Acid Wash Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Remarks:**

Refrigerate container during collection.

**Unacceptable Conditions:**

Container not refrigerated during collection.

## PROCESSING

**Test Code:**

PBUR

**Test Group:**

Lead

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Record total volume of urine collected on requisition. Follow detailed processing instructions for trace metal analysis Mix urine received and aliquot 7 mL. Refrigerate. Order Quest #36440

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection.

## RESULT INTERPRETATION

**Units:** $\mu\text{g/L}$  (mcg/L)**Reference Interval:**< 80  $\mu\text{g/L}$ **Additional Information:**

The results are reported as the lead concentration ( $\mu\text{g/L}$ ) and in the amount of lead in the total volume ( $\mu\text{g/TV}$ ). To convert  $\mu\text{g/L}$  to  $\mu\text{mol/L}$  (SI units), multiply by 0.00483.

**ADMINISTRATIVE****CPT Codes:**

83655-90

**LOINC Codes:**

20625-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PBUR

**Test Group:**

Lead

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Inductively-Coupled Plasma/Mass Spectrometry

**Remarks:**

Refrigerate container during collection.

**Collect:**

Acid Wash Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection.

**Specimen Preparation:**

Record total volume of urine collected on requisition. Follow detailed processing instructions for trace metal analysis Mix urine received and aliquot 7 mL. Refrigerate. Order Quest #36440

**Units:** $\mu\text{g/L}$  (mcg/L)**Reference Interval:**< 80  $\mu\text{g/L}$ **Synonyms:**

- Pb
- heavy metal toxicity
- heavy metal poisoning
- heavy metals

**Reported:**

Test run Tuesday-Saturday. Turnaround: 2-5 days.

**Additional Information:**

The results are reported as the lead concentration ( $\mu\text{g/L}$ ) and in the amount of lead in the total volume ( $\mu\text{g/TV}$ ). To convert  $\mu\text{g/L}$  to  $\mu\text{mol/L}$  (SI units), multiply by 0.00483.

**CPT Codes:**

83655-90

**LOINC Codes:**  
20625-0

# Lead, Urine, Random

LAB3519

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Inductively-Coupled Plasma/Mass Spectrometry

**Reported:**

Performed 5 days per week. Turn around 6-8 days.

**Synonyms:**

- Pb
- heavy metal toxicity
- heavy metal poisoning
- heavy metals

## COLLECTION

**Sample Type:**

Random urine (2nd void)

**Label Abbreviation:**

PBURR

**Collect:**

Acid-washed or metal-free container

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Remarks:**

Collect second morning void urine. Avoid worksite collection. Collect urine in an acid-washed or metal-free plastic container.

Note: Tests performed on a specimen submitted in a non-trace element tube or non-acid washed/non-metal free container may not accurately reflect the patient's level. If a non-trace element tube/container is received, it will be accepted for testing. However, elevated results shall be reported with a message that a re-submission with a trace element tube/container is recommended.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C 2 weeks.

## PROCESSING

**Test Code:**

PBURR

**Test Group:**

Lead

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate aliquot. Order Quest test # 56762P

Collect in an acid-washed or metal-free plastic container.

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C 2 weeks.

**RESULT INTERPRETATION****Units:**

µg/g Creatinine (mcg/g Creatinine)

**Reference Interval:**

Nonexposed: &lt; 10 µg/g creatinine

**ADMINISTRATIVE****CPT Codes:**

82570-90, 83655-90

**LOINC Codes:**

13466-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PBURR

**Test Group:**

Lead

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Inductively-Coupled Plasma/Mass Spectrometry

**Remarks:**

Collect second morning void urine. Avoid worksite collection. Collect urine in an acid-washed or metal-free plastic container.

Note: Tests performed on a specimen submitted in a non-trace element tube or non-acid washed/non-metal free container may not accurately reflect the patient's level. If a non-trace element tube/container is received, it will be accepted for testing. However, elevated results shall be reported with a message that a re-submission with a trace element tube/container is recommended.

**Collect:**

Acid-washed or metal-free container

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine (2nd void)

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Specimen Preparation:**

Refrigerate aliquot. Order Quest test # 56762P

Collect in an acid-washed or metal-free plastic container.

**Units:**

µg/g Creatinine (mcg/g Creatinine)

**Reference Interval:**

Nonexposed: &lt; 10 µg/g creatinine

**Synonyms:**

- Pb
- heavy metal toxicity
- heavy metal poisoning
- heavy metals

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C 2 weeks.

**Reported:**

Performed 5 days per week. Turn around 6-8 days.

**CPT Codes:**

82570-90, 83655-90

**LOINC Codes:**

13466-8

# Lead, Whole Blood (Capillary)

LAB9098

## ORDERING

### Ordering Recommendations:

Recommended routine screening for lead exposure in pediatric populations. Confirm elevated results with Lead, Whole Blood (Venous) (0020098).

### Available Stat:

No

### Performing Lab:

ARUP

### Performed:

Sun-Sat

### Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

### Reported:

1-3 days

### Additional Technical Information:

- [Specimen Collection and Handling](#)

### Synonyms:

- BLL
- Capillary blood level
- Lead (Pediatric)
- Pb
- Pb, Blood
- Pb, Pediatric
- Pb, Whole Blood
- PBMC1

### Supplemental Test Request Form Required:

Yes

## COLLECTION

### Patient Preparation:

Clean puncture site well with soap and water before collection procedure begins.

### Sample Type:

Whole blood (micro-lavendar top)

### Label Abbreviation:

PBMC1

### Collect:

Lavender microtainer (K<sub>2</sub>EDTA)

### Amount to Collect:

0.5 mL

### Preferred Volume:

0.5 mL

### Minimum Volume:

0.3 mL

### Stability (from collection to initiation):

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

### Storage/Transport Temperature:

Room temperature. Also acceptable: Refrigerated.

### Unacceptable Conditions:

Specimens collected in tubes other than lavender microtainer (K<sub>2</sub>EDTA). Specimens transported in tubes other than trace element-free transport tubes or lavender microtainer (K<sub>2</sub>EDTA) tubes. Heparin anticoagulant. Clotted specimens. Venous whole blood, refer to Lead, Whole Blood (Venous) (ARUP test code 0020098).

### Submit with Order:

- [Public Health Demographics Form: submit ONLY if complete demographic info is not transmitted to ARUP](#)

## PROCESSING

**Test Code:**

PBMCI

**ARUP Test Code:**

0020745

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Invert specimen 10 times to prevent clot formation. Transport 0.5 mL whole blood in the original collection tube. (Min: 0.3 mL)

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.3 mL

**Unacceptable Conditions:**

Specimens collected in tubes other than lavender microtainer (K2EDTA). Specimens transported in tubes other than trace element-free transport tubes or lavender microtainer (K2EDTA) tubes. Heparin anticoagulant. Clotted specimens. Venous whole blood, refer to Lead, Whole Blood (Venous) (ARUP test code 0020098).

**Stability (from collection to initiation):**

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

**Storage/Transport Temperature:**

Room temperature. Also acceptable: Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

Effective July 21, 2025

| Components                    | Reference Interval              |
|-------------------------------|---------------------------------|
| Lead, Whole Blood (Capillary) | Less than or equal to 3.4 µg/dL |

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**Interpretive Data:**

Reference intervals are based on the CDC's Blood Lead Reference Value (BLRV). Thresholds and time intervals for retesting, medical evaluation, and response vary by state and regulatory body. Contact your State Department of Health and/or applicable regulatory agency for specific guidance on medical management recommendations.

Capillary collections are prone to contamination from skin and from use of nontrace element-free collection tubes. Results above the reference interval should be confirmed with a venous specimen collected in a certified trace element-free tube.

Methodology: Inductively Coupled Plasma-Mass Spectrometry (ICP-MS).

**ADMINISTRATIVE****CPT Codes:**

83655

**LOINC:**

- 10368-9

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Recommended routine screening for lead exposure in pediatric populations. Confirm elevated results with Lead, Whole Blood (Venous) (0020098).

**Test Code:**

PBMCI

**ARUP Test Code:**

0020745



**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

**Patient Preparation:**

Clean puncture site well with soap and water before collection procedure begins.

**Collect:**Lavender microtainer (K<sub>2</sub>EDTA)**Amount to Collect:**

0.5 mL

**Sample Type:**

Whole blood (micro-lavendar top)

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.3 mL

**Unacceptable Conditions:**

Specimens collected in tubes other than lavender microtainer (K<sub>2</sub>EDTA). Specimens transported in tubes other than trace element-free transport tubes or lavender microtainer (K<sub>2</sub>EDTA) tubes. Heparin anticoagulant. Clotted specimens. Venous whole blood, refer to Lead, Whole Blood (Venous) (ARUP test code 0020098).

**Specimen Preparation:**

Invert specimen 10 times to prevent clot formation. Transport 0.5 mL whole blood in the original collection tube. (Min: 0.3 mL)

**Reference Interval:**

Effective July 21, 2025

| Components                    | Reference Interval              |
|-------------------------------|---------------------------------|
| Lead, Whole Blood (Capillary) | Less than or equal to 3.4 µg/dL |

**Interpretive Data:**

Reference intervals are based on the CDC's Blood Lead Reference Value (BLRV). Thresholds and time intervals for retesting, medical evaluation, and response vary by state and regulatory body. Contact your State Department of Health and/or applicable regulatory agency for specific guidance on medical management recommendations.

Capillary collections are prone to contamination from skin and from use of nontrace element-free collection tubes. Results above the reference interval should be confirmed with a venous specimen collected in a certified trace element-free tube.

Methodology: Inductively Coupled Plasma-Mass Spectrometry (ICP-MS).

**Synonyms:**

- BLL
- Capillary blood level
- Lead (Pediatric)
- Pb
- Pb, Blood
- Pb, Pediatric
- Pb, Whole Blood
- PBMC1

**Storage/Transport Temperature:**

Room temperature. Also acceptable: Refrigerated.

**Stability (from collection to initiation):**

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

**Reported:**

1-3 days

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**CPT Codes:**

83655

**LOINC:**

- 10368-9

**Supplemental Test Request Form Required:**

Yes

# Lead, Whole Blood (Venous)

LAB98

## ORDERING

**Ordering Recommendations:**

Recommended for routine testing for lead exposure. For occupational exposure, consider Lead, Industrial, Whole Blood (0025016).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

**Reported:**

1-2 days

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**Synonyms:**

- BLL
- Lead (Adult)
- Pb
- Pb, Blood
- Pb, Whole Blood
- Venous blood level
- PBM

## COLLECTION

**Sample Type:**

Whole blood

**Label Abbreviation:**

PBM

**Collect:**

Royal blue (K2EDTA), Royal blue (NaHep), or tan (K2EDTA).

**Amount to Collect:**

Royal blue: 7 mL blood

Tan: 3 mL blood

**Preferred Volume:**

Royal blue: 7 mL blood

Tan: 3 mL blood

**Minimum Volume:**

Royal blue: 0.5 mL blood

Tan: 0.5 mL blood

**Stability (from collection to initiation):**

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

**Storage/Transport Temperature:**

Room temperature. Also acceptable: Refrigerated.

**Unacceptable Conditions:**

Serum. Specimens collected in tubes other than royal blue (K2EDTA), royal blue (NaHep), or tan (K2EDTA). Clotted specimens. Capillary pediatric EDTA collection tubes, refer to Lead, Whole Blood (Capillary) 0020745.

**Submit with Order:**

- [Public Health Demographics Form: submit ONLY if complete demographic info is not transmitted to ARUP](#)

## PROCESSING

**Test Code:**

PBM

**ARUP Test Code:**  
0020098

**Sendout:**  
Yes

**Performing Lab:**  
ARUP

**Specimen Preparation:**

Transport 3 or 6 mL whole blood in the original collection tube (royal blue). (Min: 0.5 mL) OR Transport 3 mL whole blood in the original collection tube (tan). (Min: 0.5 mL)

**Additional Processing Instructions:**

NOTE: Pediatric venous specimens are an acceptable sample for this test.

**Preferred Volume:**

Royal blue: 7 mL blood  
Tan: 3 mL blood

**Minimum Volume:**

Royal blue: 0.5 mL blood  
Tan: 0.5 mL blood

**Unacceptable Conditions:**

Serum. Specimens collected in tubes other than royal blue (K2EDTA), royal blue (NaHep), or tan (K2EDTA). Clotted specimens. Capillary pediatric EDTA collection tubes, refer to Lead, Whole Blood (Capillary) 0020745.

**Stability (from collection to initiation):**

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

**Storage/Transport Temperature:**

Room temperature. Also acceptable: Refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**

| Components                 | Reference Interval              |
|----------------------------|---------------------------------|
| Lead, Whole Blood (Venous) | Less than or equal to 3.4 µg/dL |

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**Interpretive Data:**

Reference intervals are based on the CDC's Blood Lead Reference Value (BLRV). Thresholds and time intervals for retesting, medical evaluation, and response vary by state and regulatory body. Contact your State Department of Health and/or applicable regulatory agency for specific guidance on medical management recommendations.

Elevated results may be due to skin- or collection-related contamination, including the use of tubes that are not certified to be trace element free. If an elevated result is suspected to be due to contamination, confirmation with a second specimen collected in a certified trace element-free tube is recommended.

Methodology: Inductively Coupled Plasma-Mass Spectrometry (ICP-MS).

## ADMINISTRATIVE

**CPT Codes:**  
83655

**LOINC:**

- 77307-7

## COMPLETE VIEW

**Available Stat:**  
No

**Ordering Recommendations:**

Recommended for routine testing for lead exposure. For occupational exposure, consider Lead, Industrial, Whole Blood (0025016).

**Test Code:**  
PBM

**ARUP Test Code:**

0020098

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

**Collect:**

Royal blue (K2EDTA), Royal blue (NaHep), or tan (K2EDTA).

**Amount to Collect:**

Royal blue: 7 mL blood

Tan: 3 mL blood

**Sample Type:**

Whole blood

**Preferred Volume:**

Royal blue: 7 mL blood

Tan: 3 mL blood

**Minimum Volume:**

Royal blue: 0.5 mL blood

Tan: 0.5 mL blood

**Unacceptable Conditions:**

Serum. Specimens collected in tubes other than royal blue (K2EDTA), royal blue (NaHep), or tan (K2EDTA). Clotted specimens. Capillary pediatric EDTA collection tubes, refer to Lead, Whole Blood (Capillary) 0020745.

**Specimen Preparation:**

Transport 3 or 6 mL whole blood in the original collection tube (royal blue). (Min: 0.5 mL) OR Transport 3 mL whole blood in the original collection tube (tan). (Min: 0.5 mL)

**Additional Processing Instructions:**

NOTE: Pediatric venous specimens are an acceptable sample for this test.

**Reference Interval:**

| Components                 | Reference Interval              |
|----------------------------|---------------------------------|
| Lead, Whole Blood (Venous) | Less than or equal to 3.4 µg/dL |

**Interpretive Data:**

Reference intervals are based on the CDC's Blood Lead Reference Value (BLRV). Thresholds and time intervals for retesting, medical evaluation, and response vary by state and regulatory body. Contact your State Department of Health and/or applicable regulatory agency for specific guidance on medical management recommendations.

Elevated results may be due to skin- or collection-related contamination, including the use of tubes that are not certified to be trace element free. If an elevated result is suspected to be due to contamination, confirmation with a second specimen collected in a certified trace element-free tube is recommended.

Methodology: Inductively Coupled Plasma-Mass Spectrometry (ICP-MS).

**Synonyms:**

- BLL
- Lead (Adult)
- Pb
- Pb, Blood
- Pb, Whole Blood
- Venous blood level
- PBM

**Storage/Transport Temperature:**

Room temperature. Also acceptable: Refrigerated.

**Stability (from collection to initiation):**

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

**Reported:**

1-2 days

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**CPT Codes:**

83655

**LOINC:**

- 77307-7

**Leflunomide**  
LEFL

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Quest

**Methodology:**  
LC/MS

**Reported:**  
7 days

**Additional Information:**  
This test reports the active metabolite of Teriflunomide. Women who are being treated with Leflunomide and desire to become pregnant it is recommended that the plasma Teriflunomide levels be less than 20 ng/mL by two separate tests taken at least 14 days apart. Mean steady state trough plasma concentrations of Teriflunomide from patients on daily regimen of 5,10 or 25 mg of Leflunomide were 8,800 , 18,000 and 63,000 ng/mL respectively. The minimum effective concentration is reported to be 13,000 ng/mL.

This test was developed, validated and performed by National Medical Services Inc. 3701 Welsh Road, Willow Grove, PA. 19090 via Quest Nichols Diagnostics.

**Synonyms:**  

- Teriflunomide

**COLLECTION**

**Sample Type:**  
Serum

**Collect:**  
Red top (Gold top **NOT** acceptable)

**Amount to Collect:**  
2 mL blood

**Preferred Volume:**  
1 mL serum

**Unacceptable Conditions:**  
Collected in Gold top

**PROCESSING**

**Test Code:**  
LEFL

**Sendout:**  
Yes

**Performing Lab:**  
Quest

**Specimen Preparation:**  
Refrigerate sample. Order Quest test #18865

**Preferred Volume:**  
1 mL serum

**Unacceptable Conditions:**  
Collected in Gold top

**RESULT INTERPRETATION**

**Units:**  
ng/mL

**Reference Interval:**  
See Additional Information

**Additional Information:**

This test reports the active metabolite of Teriflunomide. Women who are being treated with Leflunomide and desire to become pregnant it is recommended that the plasma Teriflunomide levels be less than 20 ng/mL by two separate tests taken at least 14 days apart. Mean steady state trough plasma concentrations of Teriflunomide from patients on daily regimen of 5,10 or 25 mg of Leflunomide were 8,800 , 18,000 and 63,000 ng/mL respectively. The minimum effective concentration is reported to be 13,000 ng/mL.

This test was developed, validated and performed by National Medical Services Inc. 3701 Welsh Road, Willow Grove, PA. 19090 via Quest Nichols Diagnostics.

**ADMINISTRATIVE****CPT Codes:**

80299

**LOINC Codes:**

38901-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LEFL

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Refrigerate sample. Order Quest test #18865

**Units:**

ng/mL

**Reference Interval:**

See Additional Information

**Synonyms:**

- Teriflunomide

**Reported:**

7 days

**Additional Information:**

This test reports the active metabolite of Teriflunomide. Women who are being treated with Leflunomide and desire to become pregnant it is recommended that the plasma Teriflunomide levels be less than 20 ng/mL by two separate tests taken at least 14 days apart. Mean steady state trough plasma concentrations of Teriflunomide from patients on daily regimen of 5,10 or 25 mg of Leflunomide were 8,800 , 18,000 and 63,000 ng/mL respectively. The minimum effective concentration is reported to be 13,000 ng/mL.

This test was developed, validated and performed by National Medical Services Inc. 3701 Welsh Road, Willow Grove, PA. 19090 via Quest Nichols Diagnostics.

**CPT Codes:**

80299

**LOINC Codes:**

38901-5



# Legionella Culture

LAB902

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily, day and evening shifts

**Methodology:**

Culture

**Reported:**

Up to 14 days

**Additional Information:**

Culture is the gold standard and 100% specific, but sensitivity is less than 75%. Inadequate specimens, poor growth characteristics and prior antibiotic use will decrease culture yield.

The sensitivity of PCR tests are estimated to be 80 to 100% for lower respiratory tract specimens and the specificity is >90%.

Order Legionella Culture in conjunction with Legionella PCR test for optimal laboratory diagnosis of Legionella infections.

Legionella Urinary Antigen detects only serotype 1, which accounts for less than half of infections seen at UCSF.

**Synonyms:**

- Bacterial culture
- Legionnaires disease
- LegionellaCx

## COLLECTION

**Sample Type:**

Bronchial wash/lavage, endotracheal aspirate, sputum, unfixed tissue, nasopharyngeal swab

**Collect:**

Nasopharyngeal swab: Flocked swab in Universal Transport Medium(UTM), E-swab (liquid Amies elution medium) or Amies transport medium with charcoal, Other samples: Sterile, leak-proof container. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

**Remarks:**

**Nasopharyngeal swab:** Use flocked swab/Universal Transport Medium for collection. Insert swab into the nostril, gently rotating the swab inward until resistance is met at the level of the turbinates. Rotate the swab a few times against the nasopharyngeal wall (approximately 10 sec) and then withdraw swab. Insert swab into container with Universal Transport Medium. Break end of swab so top of vial can be screwed on securely. Appropriately label specimen and send to the laboratory.

**Stability (from collection to initiation):**

Refrigerated 24 hours

## PROCESSING

**Test Code:**

P125

**Test Group:**

Legionella

**Performing Lab:**

Microbiology

**Stability (from collection to initiation):**

Refrigerated 24 hours

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Critical Values:**

Positive culture

**Additional Information:**

Culture is the gold standard and 100% specific, but sensitivity is less than 75%. Inadequate specimens, poor growth characteristics and prior antibiotic use will decrease culture yield.

The sensitivity of PCR tests are estimated to be 80 to 100% for lower respiratory tract specimens and the specificity is >90%.

Order Legionella Culture in conjunction with Legionella PCR test for optimal laboratory diagnosis of Legionella infections.

Legionella Urinary Antigen detects only serotype 1, which accounts for less than half of infections seen at UCSF.

**ADMINISTRATIVE****CPT Codes:**

87081

**LOINC Codes:**

593-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P125

**Test Group:**

Legionella

**Performing Lab:**

Microbiology

**Performed:**

Daily, day and evening shifts

**Methodology:**

Culture

**Remarks:**

**Nasopharyngeal swab:** Use flocked swab/Universal Transport Medium for collection. Insert swab into the nostril, gently rotating the swab inward until resistance is met at the level of the turbinates. Rotate the swab a few times against the nasopharyngeal wall (approximately 10 sec) and then withdraw swab. Insert swab into container with Universal Transport Medium. Break end of swab so top of vial can be screwed on securely. Appropriately label specimen and send to the laboratory.

**Collect:**

Nasopharyngeal swab: Flocked swab in Universal Transport Medium(UTM), E-swab (liquid Amies elution medium) or Amies transport medium with charcoal, Other samples: Sterile, leak-proof container. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

**Sample Type:**

Bronchial wash/lavage, endotracheal aspirate, sputum, unfixed tissue, nasopharyngeal swab

**Reference Interval:**

Negative

**Critical Values:**

Positive culture

**Synonyms:**

- Bacterial culture
- Legionnaires disease
- LegionellaCx

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Reported:**

Up to 14 days

**Additional Information:**

Culture is the gold standard and 100% specific, but sensitivity is less than 75%. Inadequate specimens, poor growth characteristics and prior antibiotic use will decrease culture yield.

The sensitivity of PCR tests are estimated to be 80 to 100% for lower respiratory tract specimens and the specificity is >90%.

Order Legionella Culture in conjunction with Legionella PCR test for optimal laboratory diagnosis of Legionella infections.

Legionella Urinary Antigen detects only serotype 1, which accounts for less than half of infections seen at UCSF.

**CPT Codes:**

87081

**LOINC Codes:**

593-4

# Legionella DNA

LAB5612

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

Real time PCR

**Reported:**

3-5 days

**Additional Information:**

This test detects and differentiates between Legionella pneumophila and non-pneumophila Legionella spp. DNA in clinical specimens.

**Synonyms:**

- Legionnaires disease
- P356

## COLLECTION

**Sample Type:**

Bronchial wash/lavage, endotracheal aspirate, sputum, nasopharyngeal swab

**Collect:**

Nasopharyngeal swab: Flocked swab in Universal Transport Medium (UTM)

Other samples: Sterile leak-proof container

**Amount to Collect:**

Nasopharyngeal swab: 1 flocked swab

Other samples: 1 mL

**Preferred Volume:**

Nasopharyngeal swab: 1 flocked swab

Other samples: 1 mL

**Minimum Volume:**

Nasopharyngeal swab: 1 flocked swab

Other samples: 0.5 mL

**Remarks:**

Nasopharyngeal swab: Use flocked swab/Universal Transport Medium for collection. Insert swab into the nostril, gently rotating the swab inward until resistance is met at the level of the turbinates. Rotate the swab a few times against the nasopharyngeal wall (approximately 10 sec) and then withdraw swab. Insert swab into container with Universal Transport Medium. Break end of swab so top of vial can be screwed on securely. Appropriately label specimen and send to the laboratory.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 2 weeks, frozen 1 month

## PROCESSING

**Test Code:**

LEGDNA

**Test Group:**

Legionella

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Refrigerate sample and ship to CB refrigerated. Freeze specimen at -70C upon receipt at China Basin and ship frozen to reference lab.

**Preferred Volume:**

Nasopharyngeal swab: 1 flocked swab

Other samples: 1 mL

**Minimum Volume:**

Nasopharyngeal swab: 1 flocked swab

Other samples: 0.5 mL

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 2 weeks, frozen 1 month

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**Critical Values:**

Detected

**Additional Information:**

This test detects and differentiates between *Legionella pneumophila* and non-pneumophila *Legionella* spp. DNA in clinical specimens.

**ADMINISTRATIVE****CPT Codes:**

87541-90, 87798-90

**LOINC Codes:**

21363-7, 31208-2, 49616-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LEGDNA

**Test Group:**

Legionella

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

Real time PCR

**Remarks:**

Nasopharyngeal swab: Use flocked swab/Universal Transport Medium for collection. Insert swab into the nostril, gently rotating the swab inward until resistance is met at the level of the turbinates. Rotate the swab a few times against the nasopharyngeal wall (approximately 10 sec) and then withdraw swab. Insert swab into container with Universal Transport Medium. Break end of swab so top of vial can be screwed on securely. Appropriately label specimen and send to the laboratory.

**Collect:**

Nasopharyngeal swab: Flocked swab in Universal Transport Medium (UTM)

Other samples: Sterile leak-proof container

**Amount to Collect:**

Nasopharyngeal swab: 1 flocked swab

Other samples: 1 mL

**Sample Type:**

Bronchial wash/lavage, endotracheal aspirate, sputum, nasopharyngeal swab

**Preferred Volume:**

Nasopharyngeal swab: 1 flocked swab

Other samples: 1 mL

**Minimum Volume:**

Nasopharyngeal swab: 1 flocked swab

Other samples: 0.5 mL

**Specimen Preparation:**

Refrigerate sample and ship to CB refrigerated. Freeze specimen at -70C upon receipt at China Basin and ship frozen to reference lab.

**Reference Interval:**

Not detected

**Critical Values:**

Detected

**Synonyms:**

- Legionnaires disease
- P356

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 2 weeks, frozen 1 month

**Reported:**

3-5 days

**Additional Information:**

This test detects and differentiates between *Legionella pneumophila* and non-pneumophila *Legionella* spp. DNA in clinical specimens.

**CPT Codes:**

87541-90, 87798-90

**LOINC Codes:**

21363-7, 31208-2, 49616-6

# Legionella pneumophila urinary antigen

LAB3511

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

EIA

**Reported:**

Set up 5 days per week. Turnaround time 4-6 days.

**Additional Information:**

Legionella pneumophila serogroup 1 antigen can be detected in urine within 2-3 days of infection and may persist even after treatment.

Only a small portion of Legionella infections are due to serogroup 1. **This assay does not detect other Legionella species or serogroups.** Therefore a negative test cannot be used to exclude infection.

Regardless of whether a urine antigen test is used, culture of respiratory specimen should always be performed because culture diagnosis continues to be the most sensitive and specific means to diagnose Legionnaire's Disease

**Synonyms:**

- Legionnaires disease

## COLLECTION

**Sample Type:**

Random urine

**Label Abbreviation:**

ULEGA

**Collect:**

Urine cup

**Amount to Collect:**

10 mL

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 weeks, frozen at -20C 1 month.

## PROCESSING

**Test Code:**

LEGAU

**Test Group:**

Legionella

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Order Quest test # 8856

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 weeks, frozen at -20C 1 month.

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Legionella pneumophila serogroup 1 antigen can be detected in urine within 2-3 days of infection and may persist even after treatment.

Only a small portion of Legionella infections are due to serogroup 1. **This assay does not detect other Legionella species or serogroups.** Therefore a negative test cannot be used to exclude infection.

Regardless of whether a urine antigen test is used, culture of respiratory specimen should always be performed because culture diagnosis continues to be the most sensitive and specific means to diagnose Legionnaire's Disease

**ADMINISTRATIVE****CPT Codes:**

87449-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LEGAU

**Test Group:**

Legionella

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

EIA

**Collect:**

Urine cup

**Amount to Collect:**

10 mL

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Specimen Preparation:**

Order Quest test # 8856

**Reference Interval:**

Negative

**Synonyms:**

- Legionnaires disease

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 weeks, frozen at -20C 1 month.

**Reported:**

Set up 5 days per week. Turnaround time 4-6 days.

**Additional Information:**

Legionella pneumophila serogroup 1 antigen can be detected in urine within 2-3 days of infection and may persist even after treatment.

Only a small portion of Legionella infections are due to serogroup 1. **This assay does not detect other Legionella species or serogroups.** Therefore a negative test cannot be used to exclude infection.

Regardless of whether a urine antigen test is used, culture of respiratory specimen should always be performed because culture diagnosis continues to be the most sensitive and specific means to diagnose Legionnaire's Disease

**CPT Codes:**

87449-90



# Leishmania Exam

LAB5063

## ORDERING

**Approval Required:**

No, but contact parasitologist in Microbiology (x31268) prior to collecting samples

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday-Thursday before 12:30 pm

**Methodology:**

Microscopy (Giemsa stain of smears)

**Reported:**

Giemsa smears 1-3 days PCR/Sequencing 6 weeks

**Additional Information:**

Lesion biopsies and aspirates can be examined by stain and/or culture in patients with cutaneous or mucocutaneous leishmaniasis. Biopsy of liver, spleen, or lymph node, or bone marrow can be examined by stain and/or culture in visceral leishmaniasis (Kala azar). A portion of any tissue sample should also be submitted to Pathology.

Physician may also request Microbiology to send sample to CDC for PCR and DNA sequencing, and culture

**Synonyms:**

- Kala azar
- Cutaneous leishmaniasis
- Uta
- Visceral leishmaniasis
- LEISH

## COLLECTION

**Sample Type:**

Cutaneous/mucocutaneous leishmaniasis: Tissue/biopsy, lesion aspirate

Visceral leishmaniasis: bone marrow

**Collect:**

Biopsy/tissue: Sterile container

Lesion aspirate: Sterile container or syringe capped with Luer plug

Bone marrow: Lavender top (EDTA)

**Amount to Collect:**

Tissue/biopsy: 4 mm punch biopsies x 1-2

Lesion aspirate or bone marrow: 0.5 mL

**Preferred Volume:**

Tissue/biopsy: 4 mm punch biopsies x 1-2

Lesion aspirate or bone marrow: 0.5 mL

**Minimum Volume:**

Tissue/biopsy: 4 mm punch biopsies x 1-2

Lesion aspirate or bone marrow: 0.5 mL

**Remarks:**

Contact parasitologist in Microbiology Lab x31268 prior to obtaining specimens, and to discuss appropriate types of samples and collection instructions.

Deliver the specimen to the laboratory within 30 minutes of collection.

Include travel/residence history on requisition.

**Stability (from collection to initiation):**

Room temperature 24 hours

**Unacceptable Conditions:**

Fixed specimens

## PROCESSING

**Test Code:**

P403L

**Test Group:**

Leishmania

**Sendout:**

Appropriate samples can be sent to CDC for PCR and culture after consultation with Microbiology.

**Performing Lab:**

Microbiology

**Preferred Volume:**

Tissue/biopsy: 4 mm punch biopsies x 1-2

Lesion aspirate or bone marrow: 0.5 mL

**Minimum Volume:**

Tissue/biopsy: 4 mm punch biopsies x 1-2

Lesion aspirate or bone marrow: 0.5 mL

**Unacceptable Conditions:**

Fixed specimens

**Stability (from collection to initiation):**

Room temperature 24 hours

**RESULT INTERPRETATION****Reference Interval:**

No Leishmania seen or detected

**Additional Information:**

Lesion biopsies and aspirates can be examined by stain and/or culture in patients with cutaneous or mucocutaneous leishmaniasis. Biopsy of liver, spleen, or lymph node, or bone marrow can be examined by stain and/or culture in visceral leishmaniasis (Kala azar). A portion of any tissue sample should also be submitted to Pathology.

Physician may also request Microbiology to send sample to CDC for PCR and DNA sequencing, and culture

**ADMINISTRATIVE****CPT Codes:**

87207

**COMPLETE VIEW****Approval Required:**

No, but contact parasitologist in Microbiology (x31268) prior to collecting samples

**Available Stat:**

No

**Test Code:**

P403L

**Test Group:**

Leishmania

**Performing Lab:**

Microbiology

**Sendout:**

Appropriate samples can be sent to CDC for PCR and culture after consultation with Microbiology.

**Performed:**

Monday-Thursday before 12:30 pm

**Methodology:**

Microscopy (Giemsa stain of smears)

**Remarks:**

Contact parasitologist in Microbiology Lab x31268 prior to obtaining specimens, and to discuss appropriate types of samples and collection instructions.

Deliver the specimen to the laboratory within 30 minutes of collection.

Include travel/residence history on requisition.

**Collect:**

Biopsy/tissue: Sterile container

Lesion aspirate: Sterile container or syringe capped with Luer plug

Bone marrow: Lavender top (EDTA)

**Amount to Collect:**

Tissue/biopsy: 4 mm punch biopsies x 1-2

Lesion aspirate or bone marrow: 0.5 mL

**Sample Type:**

Cutaneous/mucocutaneous leishmaniasis: Tissue/biopsy, lesion aspirate  
Visceral leishmaniasis: bone marrow

**Preferred Volume:**

Tissue/biopsy: 4 mm punch biopsies x 1-2  
Lesion aspirate or bone marrow: 0.5 mL

**Minimum Volume:**

Tissue/biopsy: 4 mm punch biopsies x 1-2  
Lesion aspirate or bone marrow: 0.5 mL

**Unacceptable Conditions:**

Fixed specimens

**Reference Interval:**

No Leishmania seen or detected

**Synonyms:**

- Kala azar
- Cutaneous leishmaniasis
- Uta
- Visceral leishmaniasis
- LEISH

**Stability (from collection to initiation):**

Room temperature 24 hours

**Reported:**

Giemsa smears 1-3 days PCR/Sequencing 6 weeks

**Additional Information:**

Lesion biopsies and aspirates can be examined by stain and/or culture in patients with cutaneous or mucocutaneous leishmaniasis. Biopsy of liver, spleen, or lymph node, or bone marrow can be examined by stain and/or culture in visceral leishmaniasis (Kala azar). A portion of any tissue sample should also be submitted to Pathology.

Physician may also request Microbiology to send sample to CDC for PCR and DNA sequencing, and culture

**CPT Codes:**

87207

# Leishmania species Antibodies

LEISB

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay

**Reported:**

Set up 5x per week. Turnaround 3-7 days

**Additional Information:**

There is significant cross reactivity between the various Leishmania species with this assay. It is not specific for any single species.

See also Parasites-Culture and-Skin.

**Synonyms:**

- Kala azar
- Cutaneous leishmaniasis
- Uta
- Visceral leishmaniasis
- Leishmania mexicana
- Leishmania donovani
- Leishmania tropica
- Leishmania braziliensis

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

## PROCESSING

**Test Code:**

LEISB

**Test Group:**

Leishmania

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate sample at 4C. Order Quest # 42200N

For B&T patients order BTMOLT.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

Titer

**Reference Interval:**

Negative

**Additional Information:**

There is significant cross reactivity between the various Leishmania species with this assay. It is not specific for any single species.

See also Parasites-Culture and-Skin.

**ADMINISTRATIVE****CPT Codes:**

86717

**LOINC Codes:**

23156-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LEISB

**Test Group:**

Leishmania

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Immunoassay

**Collect:**

Red top (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Specimen Preparation:**

Refrigerate sample at 4C. Order Quest # 42200N

For B&T patients order BTMOLT.

**Units:**

Titer

**Reference Interval:**

Negative

**Synonyms:**

- Kala azar
- Cutaneous leishmaniasis
- Uta
- Visceral leishmaniasis
- Leishmania mexicana
- Leishmania donovani
- Leishmania tropica
- Leishmania braziliensis

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

**Reported:**

Set up 5x per week. Turnaround 3-7 days

**Additional Information:**

There is significant cross reactivity between the various Leishmania species with this assay. It is not specific for any single species.

See also Parasites-Culture and-Skin.

**CPT Codes:**

86717

**LOINC Codes:**

23156-3

# Leptin

LAB3446

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Electrochemiluminescence (ECL)

**Reported:**

Set up 2x per week. Turnaround 3-10 days

**Synonyms:**

- LEP

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

LEPN

**Collect:**

Red top, Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 weeks, frozen at -20C 5 weeks.

**Unacceptable Conditions:**

Markedly icteric or hemolyzed samples

**Rejection Criteria:**

Markedly icteric or hemolyzed samples

## PROCESSING

**Test Code:**

LEPN

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate sample. Order Quest # 90367

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Markedly icteric or hemolyzed samples

**Rejection Criteria:**

Markedly icteric or hemolyzed samples

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 weeks, frozen at -20C 5 weeks.

## RESULT INTERPRETATION

**Reference Interval:**

Adult Lean Subjects (18-61years) with BMI range of 18-25:

|         |                  |
|---------|------------------|
| Males   | 1.2 - 9.5 ng/mL  |
| Females | 4.1 - 25.0 ng/mL |

Adult Subjects (19-60 years) with BMI range 25-30:

|         |                   |
|---------|-------------------|
| Males   | 1.6 - 20.9 ng/mL  |
| Females | 13.1 - 40.8 ng/mL |

| Pediatric:           | Male           | Female         |
|----------------------|----------------|----------------|
| Prepubertal          | 1.6-10.8 ng/mL | 1.7-10.6 ng/mL |
| Tanner Stages II-III | 2.1-11.6 ng/mL | 2.6-11.5 ng/mL |
| Tanner Stages IV-V   | 3.4-10.2 ng/mL | 3.4-13.0 ng/mL |

**ADMINISTRATIVE****CPT Codes:**

82397-90

**LOINC Codes:**

21365-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LEPN

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Electrochemiluminescence (ECL)

**Collect:**

Red top, Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Rejection Criteria:**

Markedly icteric or hemolyzed samples

**Unacceptable Conditions:**

Markedly icteric or hemolyzed samples

**Specimen Preparation:**

Refrigerate sample. Order Quest # 90367



**Reference Interval:**

Adult Lean Subjects (18-61years) with BMI range of 18-25:

|         |                  |
|---------|------------------|
| Males   | 1.2 - 9.5 ng/mL  |
| Females | 4.1 - 25.0 ng/mL |

Adult Subjects (19-60 years) with BMI range 25-30:

|         |                   |
|---------|-------------------|
| Males   | 1.6 - 20.9 ng/mL  |
| Females | 13.1 - 40.8 ng/mL |

| Pediatric:           | Male           | Female         |
|----------------------|----------------|----------------|
| Prepubertal          | 1.6-10.8 ng/mL | 1.7-10.6 ng/mL |
| Tanner Stages II-III | 2.1-11.6 ng/mL | 2.6-11.5 ng/mL |
| Tanner Stages IV-V   | 3.4-10.2 ng/mL | 3.4-13.0 ng/mL |

**Synonyms:**

- LEP

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 weeks, frozen at -20C 5 weeks.

**Reported:**

Set up 2x per week. Turnaround 3-10 days

**CPT Codes:**

82397-90

**LOINC Codes:**

21365-2

# Leukemia Cytogenetics

BCYTLL, CYTLL

## ORDERING

### Approval Required:

Yes, contact Cytogenetics at x3-4813 if requested on blood samples.

### Available Stat:

No

### Performing Lab:

Medical Genomics - Cytogenetics

### Methodology:

Giemsa banding and brightfield microscopy

### Reported:

7-21 days

### Synonyms:

- Cytogenetic analysis
- chromosomal analysis
- karyotype
- karyotyping

## COLLECTION

### Sample Type:

Heparinized bone marrow, whole blood or marrow core

### Collect:

Blood & bone marrow aspirate: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics, 415-353-4844. Dark Green top also acceptable

Bone marrow core: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

### Amount to Collect:

Bone marrow: 3 mL

Blood: 3 mL

Bone core: 2 cm

### Preferred Volume:

Bone marrow: 3 mL

Blood: 3 mL

?Bone core: 2 cm

### Minimum Volume:

Bone marrow: 2 mL

Blood: 2 mL

?Bone core: 1 cm

### Remarks:

Bone marrow is the preferred specimen, but heparinized peripheral blood may be submitted if a large number of malignant cells are present.

Collect bone marrow in a syringe, transfer to Dark Green top vacutainer and gently invert the tube several times for good mixing.

If a dry tap is obtained, consult the Laboratory Medicine resident in Hematology regarding the possible submission of a green top tube of peripheral blood. Contact Hematology if the specimen is more than 24 hours old.

Keep sample at room temperature.

### Stability (from collection to initiation):

48 hours

### Unacceptable Conditions:

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## PROCESSING

### Test Code:

BCYTLL: Blood

CYTLL: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Keep sample at room temperature. Do not centrifuge.

**Preferred Volume:**

Bone marrow: 3 mL

Blood: 3 mL

?Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 2 mL

Blood: 2 mL

?Bone core: 1 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Stability (from collection to initiation):**

48 hours

**ADMINISTRATIVE****CPT Codes:**

88237x1, 88264x1, 88280x1

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

33893-9

**COMPLETE VIEW****Approval Required:**

Yes, contact Cytogenetics at x3-4813 if requested on blood samples.

**Available Stat:**

No

**Test Code:**

BCYTLL: Blood

CYTLL: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Giemsa banding and brightfield microscopy

**Remarks:**

Bone marrow is the preferred specimen, but heparinized peripheral blood may be submitted if a large number of malignant cells are present.

Collect bone marrow in a syringe, transfer to Dark Green top vacutainer and gently invert the tube several times for good mixing.

If a dry tap is obtained, consult the Laboratory Medicine resident in Hematology regarding the possible submission of a green top tube of peripheral blood. Contact Hematology if the specimen is more than 24 hours old.

Keep sample at room temperature.

**Collect:**

Blood & bone marrow aspirate: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics, 415-353-4844. Dark Green top also acceptable

Bone marrow core: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

Bone marrow: 3 mL

Blood: 3 mL

Bone core: 2 cm

**Sample Type:**

Heparinized bone marrow, whole blood or marrow core

**Preferred Volume:**

Bone marrow: 3 mL

Blood: 3 mL

?Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 2 mL

Blood: 2 mL

?Bone core: 1 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Keep sample at room temperature. Do not centrifuge.

**Synonyms:**

- Cytogenetic analysis
- chromosomal analysis
- karyotype
- karyotyping

**Stability (from collection to initiation):**

48 hours

**Reported:**

7-21 days

**CPT Codes:**

88237x1, 88264x1, 88280x1

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

33893-9

# Leukemia Minimal Residual Disease Testing (Flow cytometry-Seattle)

LAB5621

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Univ. of Washington

**Methodology:**

Flow cytometry

**Reported:**

2-3 days

**Additional Information:**Samples must be accompanied by a completed [Univ. of Washington Hematopathology lab requisition](#).**Synonyms:**

- MRD
- flow cytometry

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Bone marrow aspirate, peripheral blood

**Collect:**

Dark Green top, EDTA (purple top) is acceptable but less desirable

**Amount to Collect:**

2 mL

**Preferred Volume:**

2 mL

**Minimum Volume:**

1 mL

**Remarks:**

Samples are processed and shipped Monday through Friday only. To ensure that samples make the Friday shipment, they must be received in lab by 12 noon.

Samples must be accompanied by a completed [Univ. of Washington Hematopathology lab requisition](#).

**Stability (from collection to initiation):**

&lt; 3 days

## PROCESSING

**Test Code:**

MRDFC

**Sendout:**

Yes

**Performing Lab:**

Univ. of Washington

**Specimen Preparation:**

Maintain sample at room temperature. Ship via FedEx Monday - Saturday to: Hematopathology Laboratory, SCCA Room G7800, 825 Eastlake Ave. E., Seattle, WA 98109, Ph: (206)288-7060, Fax: (206)288-7127

**Preferred Volume:**

2 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

&lt; 3 days

## RESULT INTERPRETATION

**Additional Information:**

Samples must be accompanied by a completed [Univ. of Washington Hematopathology lab requisition](#).

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MRDFC

**Performing Lab:**

Univ. of Washington

**Sendout:**

Yes

**Methodology:**

Flow cytometry

**Remarks:**

Samples are processed and shipped Monday through Friday only. To ensure that samples make the Friday shipment, they must be received in lab by 12 noon.

Samples must be accompanied by a completed [Univ. of Washington Hematopathology lab requisition](#).

**Collect:**

Dark Green top, EDTA (purple top) is acceptable but less desirable

**Amount to Collect:**

2 mL

**Sample Type:**

Bone marrow aspirate, peripheral blood

**Preferred Volume:**

2 mL

**Minimum Volume:**

1 mL

**Specimen Preparation:**

Maintain sample at room temperature. Ship via FedEx Monday - Saturday to: Hematopathology Laboratory, SCCA Room G7800, 825 Eastlake Ave. E., Seattle, WA 98109, Ph: (206)288-7060, Fax: (206)288-7127

**Synonyms:**

- MRD
- flow cytometry

**Stability (from collection to initiation):**

< 3 days

**Reported:**

2-3 days

**Additional Information:**

Samples must be accompanied by a completed [Univ. of Washington Hematopathology lab requisition](#).

**Supplemental Test Request Form Required:**

Yes

# Leukemia/Lymphoma Panel by Flow Cytometry

LAB3191, LAB319

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Saturday (day shift)

**Methodology:**

Flow cytometry

**Reported:**

4-7 days

**Additional Information:**

This testing is appropriate for the evaluation of suspected hematologic malignancies, including Sezary's syndrome. Groups of monoclonal antibodies selected as appropriate for the diagnoses under consideration, are employed to detect one or more of the following phenotypic subsets:

| Antigen | Cells Detected/Comments                                     |
|---------|-------------------------------------------------------------|
| CD2     | T cells (E rosette sheep RBC receptor)                      |
| CD3     | T cells                                                     |
| CD4     | helper and inducer T cells and monocytes                    |
| CD5     | T cells, NK cells and B cell subsets, most CLL              |
| CD7     | T cells, lost on most sezary cells                          |
| CD8     | suppressor and cytotoxic T cells and NK cells               |
| CD10    | immature lymphoid and germinal center cells, many pre-B ALL |
| CD11c   | monocytes, NK cells and B cell subsets                      |
| CD13    | myeloid lineage cells                                       |
| CD14    | monocytes                                                   |
| CD15    | myeloid and Reed-Sternberg cells and rare T cells           |
| CD16    | NK cells and T cell subsets                                 |
| CD19    | mature B and pre-B cells                                    |
| CD20    | mature B cells, some T cells                                |
| CD22    | mature B cells                                              |
| CD23    | B cells, most CLL                                           |
| CD25    | activated T and B cells                                     |
| CD33    | myeloid lineage cells                                       |
| CD34    | hematopoietic progenitor (stem) cells                       |
| CD38    | pre-B, pre-T, activated T and plasma cells                  |
| CD45    | all leukocytes                                              |
| CD52    | CAMPATH-1, lymphoid malignancies                            |
| CD56    | NK cells and T cell subsets                                 |
| CD61    | megakaryocytes and platelets                                |
| CD117   | c-kit, myeloid lineage                                      |
| Kappa   | kappa light chain-positive B cells                          |
| Lambda  | lambda light chain-positive B cells                         |

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. Only some of the reagents used have been cleared or approved by the U.S. Food and Drug Administration.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- AML
- acute myeloid leukemia
- ALL
- Acute lymphocytic leukemia
- Acute lymphoblastic leukemia
- T-ALL
- B-ALL
- CLL
- Chronic lymphocytic leukemia
- Mantel cell lymphoma
- Immunoblastic lymphoma
- small cell lymphoma
- follicular lymphoma
- large cell lymphoma
- Burkitt's lymphoma
- diffuse lymphoma, small cleaved cell lymphoma
- lymphoblastic lymphoma
- flow cytometry
- Sezary Cells
- Sezary Syndrome
- Mycosis fungoides

**COLLECTION****Sample Type:**

EDTA whole blood, Bone marrow, Unfixed tissue, Tissue aspirates, CSF, Body fluids (with approval)

**Collect:**

Blood or marrow: Lavender top

CSF: CSF tube or sterile collection tube

Body Fluid: 50 mL conical bottom plastic tube with blue screw cap preferred

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

Amount of specimen needed varies call Immunology, x3-1712, for consultation

For body fluids 80-100 mL is generally sufficient but this is dependent on the cell count.

**Remarks:**

Bone marrow aspirates should be held at room temperature. Fine needle aspirates should be refrigerated until they can be assayed (this medium is available in refrigerator at Specimen Receiving in the main laboratory).

Test performed Monday-Friday at 1200, results available at 1700 hours the following day. Saturday at 1200, results available at 1700 hours on Monday.

If results are required for immediate patient treatment, for which the above schedule will not suffice, contact the Laboratory Medicine resident.

**Unacceptable Conditions:**

Reject samples that have been frozen, stored in fixative, transported or stored at improper temperatures.

**PROCESSING****Test Code:**

LEUM: Blood

LEUMBF: Bone marrow and other body fluids

**Test Group:**

CD

**Performing Lab:**

Immunology

**Specimen Preparation:**

Hold bone marrow specimens at room temperature, but refrigerate fine needle aspirates in special holding medium. Do NOT centrifuge. Each specimen should be assigned its own accession number.

If specimens are delivered after 1200 hours on Saturday, anytime Sunday or on a holiday contact the resident on call.

**Preferred Volume:**

Amount of specimen needed varies call Immunology, x3-1712, for consultation

For body fluids 80-100 mL is generally sufficient but this is dependent on the cell count.



**Unacceptable Conditions:**

Reject samples that have been frozen, stored in fixative, transported or stored at improper temperatures.

**RESULT INTERPRETATION****Reference Interval:**

See Additional Information

**Additional Information:**

This testing is appropriate for the evaluation of suspected hematologic malignancies, including Sezary's syndrome. Groups of monoclonal antibodies selected as appropriate for the diagnoses under consideration, are employed to detect one or more of the following phenotypic subsets:

| Antigen | Cells Detected/Comments                                     |
|---------|-------------------------------------------------------------|
| CD2     | T cells (E rosette sheep RBC receptor)                      |
| CD3     | T cells                                                     |
| CD4     | helper and inducer T cells and monocytes                    |
| CD5     | T cells, NK cells and B cell subsets, most CLL              |
| CD7     | T cells, lost on most sezary cells                          |
| CD8     | suppressor and cytotoxic T cells and NK cells               |
| CD10    | immature lymphoid and germinal center cells, many pre-B ALL |
| CD11c   | monocytes, NK cells and B cell subsets                      |
| CD13    | myeloid lineage cells                                       |
| CD14    | monocytes                                                   |
| CD15    | myeloid and Reed-Sternberg cells and rare T cells           |
| CD16    | NK cells and T cell subsets                                 |
| CD19    | mature B and pre-B cells                                    |
| CD20    | mature B cells, some T cells                                |
| CD22    | mature B cells                                              |
| CD23    | B cells, most CLL                                           |
| CD25    | activated T and B cells                                     |
| CD33    | myeloid lineage cells                                       |
| CD34    | hematopoietic progenitor (stem) cells                       |
| CD38    | pre-B, pre-T, activated T and plasma cells                  |
| CD45    | all leukocytes                                              |
| CD52    | CAMPATH-1, lymphoid malignancies                            |
| CD56    | NK cells and T cell subsets                                 |
| CD61    | megakaryocytes and platelets                                |
| CD117   | c-kit, myeloid lineage                                      |
| Kappa   | kappa light chain-positive B cells                          |
| Lambda  | lambda light chain-positive B cells                         |

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. Only some of the reagents used have been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

88184; 88185 x 21

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

54226-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LEUM: Blood  
LEUMBF: Bone marrow and other body fluids

**Test Group:**

CD

**Performing Lab:**

Immunology

**Performed:**

Monday-Saturday (day shift)

**Methodology:**

Flow cytometry

**Remarks:**

Bone marrow aspirates should be held at room temperature. Fine needle aspirates should be refrigerated until they can be assayed (this medium is available in refrigerator at Specimen Receiving in the main laboratory).

Test performed Monday-Friday at 1200, results available at 1700 hours the following day. Saturday at 1200, results available at 1700 hours on Monday.

If results are required for immediate patient treatment, for which the above schedule will not suffice, contact the Laboratory Medicine resident.

**Collect:**

Blood or marrow: Lavender top  
CSF: CSF tube or sterile collection tube  
Body Fluid: 50 mL conical bottom plastic tube with blue screw cap preferred

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood, Bone marrow, Unfixed tissue, Tissue aspirates, CSF, Body fluids (with approval)

**Preferred Volume:**

Amount of specimen needed varies call Immunology, x3-1712, for consultation

For body fluids 80-100 mL is generally sufficient but this is dependent on the cell count.

**Unacceptable Conditions:**

Reject samples that have been frozen, stored in fixative, transported or stored at improper temperatures.

**Specimen Preparation:**

Hold bone marrow specimens at room temperature, but refrigerate fine needle aspirates in special holding medium. Do NOT centrifuge. Each specimen should be assigned its own accession number.

If specimens are delivered after 1200 hours on Saturday, anytime Sunday or on a holiday contact the resident on call.

**Reference Interval:**

See Additional Information

**Synonyms:**

- AML
- acute myeloid leukemia
- ALL
- Acute lymphocytic leukemia
- Acute lymphoblastic leukemia
- T-ALL
- B-ALL
- CLL
- Chronic lymphocytic leukemia
- Mantel cell lymphoma
- Immunoblastic lymphoma
- small cell lymphoma
- follicular lymphoma
- large cell lymphoma
- Burkitt's lymphoma
- diffuse lymphoma, small cleaved cell lymphoma
- lymphoblastic lymphoma
- flow cytometry
- Sezary Cells
- Sezary Syndrome
- Mycosis fungoides

**Reported:**

4-7 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

This testing is appropriate for the evaluation of suspected hematologic malignancies, including Sezary's syndrome. Groups of monoclonal antibodies selected as appropriate for the diagnoses under consideration, are employed to detect one or more of the following phenotypic subsets:

| Antigen | Cells Detected/Comments                                     |
|---------|-------------------------------------------------------------|
| CD2     | T cells (E rosette sheep RBC receptor)                      |
| CD3     | T cells                                                     |
| CD4     | helper and inducer T cells and monocytes                    |
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| CD7     | T cells, lost on most sezary cells                          |
| CD8     | suppressor and cytotoxic T cells and NK cells               |
| CD10    | immature lymphoid and germinal center cells, many pre-B ALL |
| CD11c   | monocytes, NK cells and B cell subsets                      |
| CD13    | myeloid lineage cells                                       |
| CD14    | monocytes                                                   |
| CD15    | myeloid and Reed-Sternberg cells and rare T cells           |
| CD16    | NK cells and T cell subsets                                 |
| CD19    | mature B and pre-B cells                                    |
| CD20    | mature B cells, some T cells                                |
| CD22    | mature B cells                                              |
| CD23    | B cells, most CLL                                           |
| CD25    | activated T and B cells                                     |
| CD33    | myeloid lineage cells                                       |
| CD34    | hematopoietic progenitor (stem) cells                       |
| CD38    | pre-B, pre-T, activated T and plasma cells                  |
| CD45    | all leukocytes                                              |
| CD52    | CAMPATH-1, lymphoid malignancies                            |
| CD56    | NK cells and T cell subsets                                 |
| CD61    | megakaryocytes and platelets                                |
| CD117   | c-kit, myeloid lineage                                      |
| Kappa   | kappa light chain-positive B cells                          |
| Lambda  | lambda light chain-positive B cells                         |

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. Only some of the reagents used have been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

88184; 88185 x 21

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

54226-6

# Levetiracetam Level

LAB477

## ORDERING

**Available Stat:**

No

**Performing Lab:**

NMS via Quest Diagnostics

**Performed:**

Varies

**Methodology:**

High Performance Liquid Chromatography/Tandem Mass Spectrometry

**Reported:**

5 days

**Synonyms:**

- Keppra

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Ambient/Refrigerated: 30 days

Frozen: 10 months

**Storage/Transport Temperature:**

Frozen

## PROCESSING

**Test Code:**

LEV

**Sendout:**

Yes

**Performing Lab:**

NMS via Quest Diagnostics

**Specimen Preparation:**

Aliquot of freeze. Send to China Basin frozen. Order Quest test code 37670.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Ambient/Refrigerated: 30 days

Frozen: 10 months

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

Steady-state trough plasma concentrations following doses of 500 to 3000 mg/day: 1.1 to 33 mcg/mL.

**Critical Values:**

Quest Priority-2: peak > 70 µg/mL or trough > 37 µg/mL

**Interpretive Data:**

This test is not chiral specific. Levetiracetam cannot be distinguished from its inactive isomer etiracetam.

**ADMINISTRATIVE****CPT Codes:**

80177

**LOINC Codes:**

30471-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LEV

**Performing Lab:**

NMS via Quest Diagnostics

**Sendout:**

Yes

**Performed:**

Varies

**Methodology:**

High Performance Liquid Chromatography/Tandem Mass Spectrometry

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Aliquot of freeze. Send to China Basin frozen. Order Quest test code 37670.

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

Steady-state trough plasma concentrations following doses of 500 to 3000 mg/day: 1.1 to 33 mcg/mL.

**Critical Values:**

Quest Priority-2: peak > 70 µg/mL or trough > 37 µg/mL

**Interpretive Data:**

This test is not chiral specific. Levetiracetam cannot be distinguished from its inactive isomer etiracetam.

**Synonyms:**

- Keppra

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Ambient/Refrigerated: 30 days  
Frozen: 10 months

**Reported:**

5 days

**CPT Codes:**

80177

**LOINC Codes:**

30471-7

# Lidocaine Level

LAB685

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Mission Bay Chemistry

**Performed:**

24 hours per day 7 days per week

**Methodology:**

Siemens EMIT homogeneous particle enhanced photometric enzyme immunoassay performed on Abbott Architect c8000

**Reported:**

Mission Bay:STAT: 1 hour Routine: 4 hours

Parnassus and Mount Zion:Within 24 hours

**Synonyms:**

- Xylocaine
- Lignocaine
- Anesthetic
- LIDOC

## COLLECTION

**Sample Type:**

Blood

**Label Abbreviation:**

LIDOC

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature: 5 days

Refrigerated: 1 week

Frozen at -20C: 1 month

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Collected in Gold Top

## PROCESSING

**Test Code:**

LIDOC

**Performing Lab:**

Mission Bay Chemistry

**Specimen Preparation:**

Process immediately and forward specimen to Mission Bay Chemistry. Store refrigerated if necessary.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Collected in Gold Top

**Stability (from collection to initiation):**

Room temperature: 5 days

Refrigerated: 1 week

Frozen at -20C: 1 month

**Storage/Transport Temperature:**  
Refrigerated

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 1.5 - 5.0 mg/L

**Critical Values:**

> 6.0 mg/L

## ADMINISTRATIVE

**CPT Codes:**

80176

**LOINC Codes:**

3714-3

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

LIDOC

**Performing Lab:**

Mission Bay Chemistry

**Performed:**

24 hours per day 7 days per week

**Methodology:**

Siemens EMIT homogeneous particle enhanced photometric enzyme immunoassay performed on Abbott Architect c8000

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Collected in Gold Top

**Specimen Preparation:**

Process immediately and forward specimen to Mission Bay Chemistry. Store refrigerated if necessary.

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 1.5 - 5.0 mg/L

**Critical Values:**

> 6.0 mg/L

**Synonyms:**

- Xylocaine
- Lignocaine
- Anesthetic
- LIDOC

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Room temperature: 5 days  
Refrigerated: 1 week  
Frozen at -20C: 1 month



**Reported:**

Mission Bay:STAT: 1 hour Routine: 4 hours  
Parnassus and Mount Zion:Within 24 hours

**CPT Codes:**

80176

**LOINC Codes:**

3714-3

# Lipase

LAB99

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (see Additional Information)

**Reported:**

4 hours

**Additional Information:**

Lipase can at times be elevated in pancreatitis when amylase is normal, but may also be falsely elevated in a variety of non-pancreatic disorders (e.g., GI disease, renal insufficiency).

The enzymatic color rate assay uses a clear substrate solution of 1,2 diglyceride, which is a natural' substrate. This assay includes colipase and deoxycholate cofactors to improve specificity for lipase of pancreatic origin.

At high therapeutic concentrations, N-acetylcysteine may falsely decrease lipase concentrations by ~50% in this assay.

**Synonyms:**

- LIPA

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

## PROCESSING

**Test Code:**

LIPA

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

## RESULT INTERPRETATION

**Units:**

U/L

**Reference Interval:**

0 to 18 years: 4-39 U/L

>18 years: 8-78 U/L Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <http://caliper.research.sickkids.ca/#/search>**Additional Information:**

Lipase can at times be elevated in pancreatitis when amylase is normal, but may also be falsely elevated in a variety of non-pancreatic disorders (e.g., GI disease, renal insufficiency).

The enzymatic color rate assay uses a clear substrate solution of 1,2 diglyceride, which is a natural' substrate. This assay includes colipase and deoxycholate cofactors to improve specificity for lipase of pancreatic origin.

At high therapeutic concentrations, N-acetylcysteine may falsely decrease lipase concentrations by ~50% in this assay.

**ADMINISTRATIVE****CPT Codes:**

83690

**LOINC Codes:**

3040-3

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LIPA

**Performing Lab:**

Parnassus & Mission Bay Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (see Additional Information)

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

U/L

**Reference Interval:**

0 to 18 years: 4-39 U/L

>18 years: 8-78 U/L Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <http://caliper.research.sickkids.ca/#/search>**Synonyms:**

- LIPA

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

**Reported:**

4 hours

**Additional Information:**

Lipase can at times be elevated in pancreatitis when amylase is normal, but may also be falsely elevated in a variety of non-pancreatic disorders (e.g., GI disease, renal insufficiency).

The enzymatic color rate assay uses a clear substrate solution of 1,2 diglyceride, which is a natural' substrate. This assay includes colipase and deoxycholate cofactors to improve specificity for lipase of pancreatic origin.

At high therapeutic concentrations, N-acetylcysteine may falsely decrease lipase concentrations by ~50% in this assay.

**CPT Codes:**

83690

**LOINC Codes:**

3040-3

# Lipid Panel

LAB102

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Calculated (Friedewald formula)

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.0259.

LDL cholesterol is calculated from the formula: Total cholesterol-(HDL cholest. + Triglycerides/5). THIS ESTIMATE IS NOT RELIABLE IF TRIGLYCERIDES EXCEED 400 mg/dL, at which level the calculation of LDL cholesterol is suppressed and an explanatory comment is appended. To obtain a more reliable estimate of LDL cholesterol in this situation, request sendout testing for direct LDL assay.

The strict requirement of a fasting sample for lipid analysis is no longer considered necessary by many authorities. Changes in CV risk management guidelines, and the results of studies comparing fasting to non-fasting lipid levels, indicate that fasting samples need not be routinely required.

**Synonyms:**

- low density lipoprotein
- LDL cholesterol
- Coronary risk panel
- lipid panel

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1.5 mL serum or plasma

**Minimum Volume:**

1 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

## PROCESSING

**Test Code:**

LDL

**Test Group:**

Cholesterol

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Preferred Volume:**

1.5 mL serum or plasma

**Minimum Volume:**

1 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:****TOTAL CHOLESTEROL:**Adults ( $\geq 20$  years old):

|            |               |
|------------|---------------|
| Desirable  | < 200 mg/dL   |
| Borderline | 200-239 mg/dL |
| High       | > 239 mg/dL   |

Children and Adolescents (&lt; 20 years old):

|            |               |
|------------|---------------|
| Acceptable | < 170 mg/dL   |
| Borderline | 170-199 mg/dL |
| High       | > 199 mg/dL   |

**HDL CHOLESTEROL:**Adults ( $\geq 20$  years old):

|             |            |
|-------------|------------|
| Acceptable  | > 39 mg/dL |
| Higher risk | < 40 mg/dL |
| Lower risk  | > 59 mg/dL |

Children and Adolescents (&lt; 20 years old):

|             |             |
|-------------|-------------|
| Acceptable  | > 45 mg/dL  |
| Higher risk | < 40 mg/dL  |
| Lower risk  | 40-45 mg/dL |

**LDL CHOLESTEROL:**Adults ( $\geq 20$  years old):

|                       |               |
|-----------------------|---------------|
| Optimal               | < 100 mg/dL   |
| Near or above optimal | 100-129 mg/dL |
| Borderline high-risk  | 130-159 mg/dL |
| High-risk             | 160-189 mg/dL |
| Very high-risk        | > 189 mg/dL   |

Children and Adolescents (&lt; 20 years old):

|                 |               |
|-----------------|---------------|
| Acceptable      | < 110 mg/dL   |
| Borderline high | 110-129 mg/dL |
| High            | > 129 mg/dL   |

**TOTAL CHOLESTEROL:HDL CHOLESTEROL RATIO:**

|                     |            |
|---------------------|------------|
| Female, higher risk | $\geq 5.6$ |
| Male, higher risk   | $\geq 6.0$ |

**NON-HDL CHOLESTEROL:**Adults ( $\geq 20$  years old):

|                       |               |
|-----------------------|---------------|
| Optimal               | < 130 mg/dL   |
| Near or above optimal | < 160 mg/dL   |
| Borderline high-risk  | 160-189 mg/dL |
| High-risk             | > 189 mg/dL   |
| Very high-risk        | > 219 mg/dL   |

Children and Adolescents (&lt; 20 years old):

|                      |                 |
|----------------------|-----------------|
| Acceptable           | < 120 mg/dL     |
| Borderline high      | 120 - 144 mg/dL |
| Borderline high-risk | > 144 mg/dL     |

**TRIGLYCERIDES:**

Adults ( $\geq 20$  years old):

|                                   |             |
|-----------------------------------|-------------|
| Desirable (if fasting sample)     | < 150 mg/dL |
| Desirable (if not fasting sample) | < 200 mg/dL |

If non-fasting sample is 200 mg/dL or more, testing on fasting sample is recommended

Children and Adolescents (&lt; 20 years old):

|                  |                 |              |
|------------------|-----------------|--------------|
| 0 to 9 years     | Acceptable      | <75 mg/dL    |
|                  | Borderline high | 75-99 mg/dL  |
|                  | High            | >99 mg/dL    |
| 10 to < 20 years | Acceptable      | <90 mg/dL    |
|                  | Borderline high | 90-129 mg/dL |
|                  | High            | >129 mg/dL   |

Risk classifications based on combination of NCEP-ATPIII guidelines and American College of Cardiology/American Heart Association Guidelines, 2013

Risk classifications for pediatrics based on The NHLBI Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Pediatrics 2011; 128: S213.

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.0259.

LDL cholesterol is calculated from the formula: Total cholesterol-(HDL cholest. + Triglycerides/5). THIS ESTIMATE IS NOT RELIABLE IF TRIGLYCERIDES EXCEED 400 mg/dL, at which level the calculation of LDL cholesterol is suppressed and an explanatory comment is appended. To obtain a more reliable estimate of LDL cholesterol in this situation, request sendout testing for direct LDL assay.

The strict requirement of a fasting sample for lipid analysis is no longer considered necessary by many authorities. Changes in CV risk management guidelines, and the results of studies comparing fasting to non-fasting lipid levels, indicate that fasting samples need not be routinely required.

**ADMINISTRATIVE****CPT Codes:**

80061

**LOINC Codes:**

13457-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LDL

**Test Group:**

Cholesterol

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Calculated (Friedewald formula)

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

3 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

1.5 mL serum or plasma

**Minimum Volume:**

1 mL serum or plasma

**Units:**

mg/dL

**Reference Interval:****TOTAL CHOLESTEROL:**Adults ( $\geq 20$  years old):

|            |               |
|------------|---------------|
| Desirable  | < 200 mg/dL   |
| Borderline | 200-239 mg/dL |
| High       | > 239 mg/dL   |

Children and Adolescents (&lt; 20 years old):

|            |               |
|------------|---------------|
| Acceptable | < 170 mg/dL   |
| Borderline | 170-199 mg/dL |
| High       | > 199 mg/dL   |

**HDL CHOLESTEROL:**Adults ( $\geq 20$  years old):

|             |            |
|-------------|------------|
| Acceptable  | > 39 mg/dL |
| Higher risk | < 40 mg/dL |
| Lower risk  | > 59 mg/dL |

Children and Adolescents (&lt; 20 years old):

|             |             |
|-------------|-------------|
| Acceptable  | > 45 mg/dL  |
| Higher risk | < 40 mg/dL  |
| Lower risk  | 40-45 mg/dL |

**LDL CHOLESTEROL:**Adults ( $\geq 20$  years old):

|                       |               |
|-----------------------|---------------|
| Optimal               | < 100 mg/dL   |
| Near or above optimal | 100-129 mg/dL |
| Borderline high-risk  | 130-159 mg/dL |
| High-risk             | 160-189 mg/dL |
| Very high-risk        | > 189 mg/dL   |

Children and Adolescents (&lt; 20 years old):

|                 |               |
|-----------------|---------------|
| Acceptable      | < 110 mg/dL   |
| Borderline high | 110-129 mg/dL |
| High            | > 129 mg/dL   |

**TOTAL CHOLESTEROL:HDL CHOLESTEROL RATIO:**

|                     |            |
|---------------------|------------|
| Female, higher risk | $\geq 5.6$ |
| Male, higher risk   | $\geq 6.0$ |

**NON-HDL CHOLESTEROL:**Adults ( $\geq 20$  years old):

|                       |               |
|-----------------------|---------------|
| Optimal               | < 130 mg/dL   |
| Near or above optimal | < 160 mg/dL   |
| Borderline high-risk  | 160-189 mg/dL |
| High-risk             | > 189 mg/dL   |
| Very high-risk        | > 219 mg/dL   |

Children and Adolescents (&lt; 20 years old):

|                      |                 |
|----------------------|-----------------|
| Acceptable           | < 120 mg/dL     |
| Borderline high      | 120 - 144 mg/dL |
| Borderline high-risk | > 144 mg/dL     |

**TRIGLYCERIDES:**



Adults ( $\geq 20$  years old):

|                                   |             |
|-----------------------------------|-------------|
| Desirable (if fasting sample)     | < 150 mg/dL |
| Desirable (if not fasting sample) | < 200 mg/dL |

If non-fasting sample is 200 mg/dL or more, testing on fasting sample is recommended

Children and Adolescents (< 20 years old):

|                  |                 |              |
|------------------|-----------------|--------------|
| 0 to 9 years     | Acceptable      | <75 mg/dL    |
|                  | Borderline high | 75-99 mg/dL  |
|                  | High            | >99 mg/dL    |
| 10 to < 20 years | Acceptable      | <90 mg/dL    |
|                  | Borderline high | 90-129 mg/dL |
|                  | High            | >129 mg/dL   |

Risk classifications based on combination of NCEP-ATPIII guidelines and American College of Cardiology/American Heart Association Guidelines, 2013

Risk classifications for pediatrics based on The NHLBI Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Pediatrics 2011; 128: S213.

#### Synonyms:

- low density lipoprotein
- LDL cholesterol
- Coronary risk panel
- lipid panel

#### Stability (from collection to initiation):

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

#### Additional Information:

To convert mg/dL to mmol/L (SI units) multiply by 0.0259.

LDL cholesterol is calculated from the formula: Total cholesterol-(HDL cholest. + Triglycerides/5). THIS ESTIMATE IS NOT RELIABLE IF TRIGLYCERIDES EXCEED 400 mg/dL, at which level the calculation of LDL cholesterol is suppressed and an explanatory comment is appended. To obtain a more reliable estimate of LDL cholesterol in this situation, request sendout testing for direct LDL assay.

The strict requirement of a fasting sample for lipid analysis is no longer considered necessary by many authorities. Changes in CV risk management guidelines, and the results of studies comparing fasting to non-fasting lipid levels, indicate that fasting samples need not be routinely required.

#### CPT Codes:

80061

#### LOINC Codes:

13457-7

# Lipoprotein (a)

LPAC

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Turbidimetric/Immunoturbidimetric

**Reported:**

2-5 days

**Synonyms:**

- Lp(a)

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred.

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature: 2 days, refrigerated: 2 weeks, and frozen at -20C: 3 months.

## PROCESSING

**Test Code:**

LPAC

**Performing Lab:**

Immunology

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature: 2 days, refrigerated: 2 weeks, and frozen at -20C: 3 months.

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

< 31 mg/dL

**Interpretive Data:**

Note:

Reference range has not been verified by UCSF Clinical Laboratories for patients &lt;18 years old.

Reference Interval adopted from the following references:

1. Abbott Alinity c Lp(a) Reagent Kit package insert REF 01R14, Created June 2018.
2. Thomas L. Immunochemical techniques. In: Thomas L, editor. Clinical Laboratory Diagnostics: Use and Assessment of Clinical Laboratory Results, 1st ed. Frankfurt/Main, Germany: TH-Books Verlagsgesellschaft; 1998:1427-1441.
3. Kostner GM, Avogaro P, Cazzolato G, et. al. Lipoprotein Lp(a) and the risk for myocardial infarction. Atherosclerosis 1981;38(1-2):51-61.

**ADMINISTRATIVE****CPT Codes:**

83695

**LOINC Codes:**

49748-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LPAC

**Performing Lab:**

Immunology

**Performed:**

Monday, Wednesday, Friday (day shift)

**Methodology:**

Turbidimetric/Immunoturbidimetric

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred.

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Units:**

mg/dL

**Reference Interval:**

&lt; 31 mg/dL

**Interpretive Data:**

Note:

Reference range has not been verified by UCSF Clinical Laboratories for patients &lt;18 years old.

Reference Interval adopted from the following references:

1. Abbott Alinity c Lp(a) Reagent Kit package insert REF 01R14, Created June 2018.
2. Thomas L. Immunochemical techniques. In: Thomas L, editor. Clinical Laboratory Diagnostics: Use and Assessment of Clinical Laboratory Results, 1st ed. Frankfurt/Main, Germany: TH-Books Verlagsgesellschaft; 1998:1427-1441.
3. Kostner GM, Avogaro P, Cazzolato G, et. al. Lipoprotein Lp(a) and the risk for myocardial infarction. Atherosclerosis 1981;38(1-2):51-61.

**Synonyms:**

- Lp(a)

**Stability (from collection to initiation):**

Room temperature: 2 days, refrigerated: 2 weeks, and frozen at -20C: 3 months.

**Reported:**

2-5 days

**CPT Codes:**  
83695

**LOINC Codes:**  
49748-7

# Lipoprotein Fractionation, Ion Mobility

LAB6222

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Ion Mobility

**Reported:**

2-3 days

**Additional Information:**

This test includes the following results:

LDL Particle Number; LDL Small; LDL Medium; HDL Large; LDL Pattern; LDL Peak Size

There is a correlation between increased risk of premature heart disease with decreasing size of LDL particles. Ion mobility offers the only direct measurement of lipoprotein particle size and concentration for each lipoprotein from HDL3 to large VLDL.

## COLLECTION

**Patient Preparation:**

Fasting preferred. Non-fasting acceptable.

**Sample Type:**

Serum

**Label Abbreviation:**

LFIM

**Collect:**

Gold or red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

Room temperature: 24 hours

Refrigerated: 7 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

## PROCESSING

**Test Code:**

LFIM

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze. Send to China Basin Frozen. Order Quest test code 91604.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

Room temperature: 24 hours

Refrigerated: 7 days

Frozen: 30 days

**Storage/Transport Temperature:**  
Frozen

## RESULT INTERPRETATION

**Additional Information:**

This test includes the following results:

LDL Particle Number; LDL Small; LDL Medium; HDL Large; LDL Pattern; LDL Peak Size

There is a correlation between increased risk of premature heart disease with decreasing size of LDL particles. Ion mobility offers the only direct measurement of lipoprotein particle size and concentration for each lipoprotein from HDL3 to large VLDL.

## ADMINISTRATIVE

**CPT Codes:**  
83704

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
LFIM

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Ion Mobility

**Patient Preparation:**  
Fasting preferred. Non-fasting acceptable.

**Collect:**  
Gold or red top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.25 mL serum

**Specimen Preparation:**  
Aliquot and freeze. Send to China Basin Frozen. Order Quest test code 91604.

**Storage/Transport Temperature:**  
Frozen

**Stability (from collection to initiation):**  
Room temperature: 24 hours  
Refrigerated: 7 days  
Frozen: 30 days

**Reported:**  
2-3 days

**Additional Information:**  
This test includes the following results:

LDL Particle Number; LDL Small; LDL Medium; HDL Large; LDL Pattern; LDL Peak Size

There is a correlation between increased risk of premature heart disease with decreasing size of LDL particles. Ion mobility offers the only direct measurement of lipoprotein particle size and concentration for each lipoprotein from HDL3 to large VLDL.

**CPT Codes:**  
83704

# Lipoprotein Metabolism Profile

LMPP

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Performed:**

No

**Methodology:**

Ultracentrifugation/Electrophoresis/Automated Enzymatic/Colorimetric Analysis

**Reported:**

4 - 7 days

**Additional Information:**

Lipoprotein metabolism profile analysis adds practical information about the etiology of cholesterol and/or triglyceride elevation. In some patients, increased serum lipids reflects elevated levels of intermediate-density lipoprotein (IDL), very-low-density lipoprotein (VLDL), lipoprotein a (Lp[a]), or even the abnormal lipoprotein complex-LpX. These elevations can be indicative of a genetic deficiency in lipid metabolism or transport, nephrotic syndrome, endocrine dysfunction or even cholestasis. Identification of the lipoprotein associated with lipid elevation is achieved using the gold-standard methods, which include ultracentrifugation, selective precipitation, electrophoresis, and direct measurement of cholesterol and triglycerides in isolated lipoprotein fractions. Proper characterization of a patient's dyslipidemic phenotype aids clinical decisions and guides appropriate therapy.

Classifying the hyperlipoproteinemias into phenotypes places disorders that affect plasma lipid and lipoprotein concentrations into convenient groups for evaluation and treatment. A clear distinction must be made between primary (inherited) and secondary (liver disease, alcoholism, metabolic diseases) causes of dyslipoproteinemia. Lipoprotein profiling will identify the presence of Lp(a) and LpX and distinguish between the following dyslipidemias:

Exogenous hyperlipemia (Type I)

Familial Hypercholesterolemia (Type IIa)

Familial Combined Hyperlipidemia (Type IIb)

Familial dysbetalipoproteinemia (Type III)

Endogenous hyperlipemia (Type IV)

Mixed hyperlipemia (Type V)

**Synonyms:**

- lipid panel
- Apo B
- Apolipoprotein B
- Lp(a)
- LpX
- Lipoprotein (a)
- Lipoprotein X

## COLLECTION

**Patient Preparation:**

1. Fasting-overnight (12-14 hours)
2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.

**Sample Type:**

Serum

**Collect:**

Red-top or gold-top

**Amount to Collect:**

10 mL blood

**Preferred Volume:**

5 mL serum

**Minimum Volume:**

2 mL serum

**Stability (from collection to initiation):**

Refrigerated: 7 days

Frozen: 60 days

**Rejection Criteria:**

Gross Hemolysis/Icterus

**PROCESSING****Test Code:**

LMPP

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Aliquot and refrigerate. Send to CB refrigerated. Order Mayo test code LMPP.

**Preferred Volume:**

5 mL serum

**Minimum Volume:**

2 mL serum

**Rejection Criteria:**

Gross Hemolysis/Icterus

**Stability (from collection to initiation):**

Refrigerated: 7 days

Frozen: 60 days

**RESULT INTERPRETATION****Additional Information:**

Lipoprotein metabolism profile analysis adds practical information about the etiology of cholesterol and/or triglyceride elevation. In some patients, increased serum lipids reflects elevated levels of intermediate-density lipoprotein (IDL), very-low-density lipoprotein (VLDL), lipoprotein a (Lp[a]), or even the abnormal lipoprotein complex-LpX. These elevations can be indicative of a genetic deficiency in lipid metabolism or transport, nephrotic syndrome, endocrine dysfunction or even cholestasis. Identification of the lipoprotein associated with lipid elevation is achieved using the gold-standard methods, which include ultracentrifugation, selective precipitation, electrophoresis, and direct measurement of cholesterol and triglycerides in isolated lipoprotein fractions. Proper characterization of a patient's dyslipidemic phenotype aids clinical decisions and guides appropriate therapy.

Classifying the hyperlipoproteinemias into phenotypes places disorders that affect plasma lipid and lipoprotein concentrations into convenient groups for evaluation and treatment. A clear distinction must be made between primary (inherited) and secondary (liver disease, alcoholism, metabolic diseases) causes of dyslipoproteinemia. Lipoprotein profiling will identify the presence of Lp(a) and LpX and distinguish between the following dyslipidemias:

Exogenous hyperlipemia (Type I)

Familial Hypercholesterolemia (Type IIa)

Familial Combined Hyperlipidemia (Type IIb)

Familial dysbetalipoproteinemia (Type III)

Endogenous hyperlipemia (Type IV)

Mixed hyperlipemia (Type V)

**ADMINISTRATIVE****CPT Codes:**

82465-90, 84478-90, 82172-90, 83718-90, 83700-90



**LOINC Codes:**

| Result ID | Test Result Name           | Result LOINC Value |
|-----------|----------------------------|--------------------|
| TCS       | Cholesterol, Total, CDC, S | 2093-3             |
| HDLS      | HDL Cholesterol, CDC, S    | 2085-9             |
| TRIGC     | Triglycerides, CDC, S      | 2571-8             |
| APLBS     | Apolipoprotein B, S        | 1884-6             |
| 2839      | LDL Cholesterol            | 2089-1             |
| 2840      | LDL Triglycerides          | 3046-0             |
| 2844      | VLDL cholesterol           | 2091-7             |
| 2847      | VLDL triglycerides         | 3047-8             |
| 2842      | Beta VLDL Cholesterol      | 2091-7             |
| 2843      | Beta VLDL triglycerides    | 3045-2             |
| 2855      | Chylomicron cholesterol    | 34467-1            |
| 2856      | Chylomicron triglycerides  | 35363-1            |
| 2849      | Lp(a) Cholesterol          | 10835-7            |
| 23924     | LpX                        | 42178-4            |
| 23937     | Interpretation             | 59462-2            |

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LMPP

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Performed:**

No

**Methodology:**

Ultracentrifugation/Electrophoresis/Automated Enzymatic/Colorimetric Analysis

**Patient Preparation:**

1. Fasting-overnight (12-14 hours)
2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.

**Collect:**

Red-top or gold-top

**Amount to Collect:**

10 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

5 mL serum

**Minimum Volume:**

2 mL serum

**Rejection Criteria:**

Gross Hemolysis/Icterus

**Specimen Preparation:**

Aliquot and refrigerate. Send to CB refrigerated. Order Mayo test code LMPP.

**Synonyms:**

- lipid panel
- Apo B
- Apolipoprotein B
- Lp(a)
- LpX
- Lipoprotein (a)
- Lipoprotein X

**Stability (from collection to initiation):**

Refrigerated: 7 days

Frozen: 60 days

**Reported:**

4 - 7 days

**Additional Information:**

Lipoprotein metabolism profile analysis adds practical information about the etiology of cholesterol and/or triglyceride elevation. In some patients, increased serum lipids reflects elevated levels of intermediate-density lipoprotein (IDL), very-low-density lipoprotein (VLDL), lipoprotein a (Lp[a]), or even the abnormal lipoprotein complex-LpX. These elevations can be indicative of a genetic deficiency in lipid metabolism or transport, nephrotic syndrome, endocrine dysfunction or even cholestasis. Identification of the lipoprotein associated with lipid elevation is achieved using the gold-standard methods, which include ultracentrifugation, selective precipitation, electrophoresis, and direct measurement of cholesterol and triglycerides in isolated lipoprotein fractions. Proper characterization of a patient's dyslipidemic phenotype aids clinical decisions and guides appropriate therapy.

Classifying the hyperlipoproteinemias into phenotypes places disorders that affect plasma lipid and lipoprotein concentrations into convenient groups for evaluation and treatment. A clear distinction must be made between primary (inherited) and secondary (liver disease, alcoholism, metabolic diseases) causes of dyslipoproteinemia. Lipoprotein profiling will identify the presence of Lp(a) and LpX and distinguish between the following dyslipidemias:

Exogenous hyperlipemia (Type I)

Familial Hypercholesterolemia (Type IIa)

Familial Combined Hyperlipidemia (Type IIb)

Familial dysbetalipoproteinemia (Type III)

Endogenous hyperlipemia (Type IV)

Mixed hyperlipemia (Type V)

**CPT Codes:**

82465-90, 84478-90, 82172-90, 83718-90, 83700-90

**LOINC Codes:**

| Result ID | Test Result Name           | Result LOINC Value |
|-----------|----------------------------|--------------------|
| TCS       | Cholesterol, Total, CDC, S | 2093-3             |
| HDLS      | HDL Cholesterol, CDC, S    | 2085-9             |
| TRIGC     | Triglycerides, CDC, S      | 2571-8             |
| APLBS     | Apolipoprotein B, S        | 1884-6             |
| 2839      | LDL Cholesterol            | 2089-1             |
| 2840      | LDL Triglycerides          | 3046-0             |
| 2844      | VLDL cholesterol           | 2091-7             |
| 2847      | VLDL triglycerides         | 3047-8             |
| 2842      | Beta VLDL Cholesterol      | 2091-7             |
| 2843      | Beta VLDL triglycerides    | 3045-2             |
| 2855      | Chylomicron cholesterol    | 34467-1            |
| 2856      | Chylomicron triglycerides  | 35363-1            |
| 2849      | Lp(a) Cholesterol          | 10835-7            |
| 23924     | LpX                        | 42178-4            |
| 23937     | Interpretation             | 59462-2            |

# Lipoprotein-Associated Phospholipase A2, Activity

LAB6171

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

3-8 days

**Additional Information:**

The Lp-PLA2 Activity assay may be useful for individuals at intermediate or high risk for developing coronary heart disease.

Additional Information: Lp-PLA2 Activity levels should be interpreted in conjunction with clinical findings and other diagnostic tests. This test does not replace blood cholesterol tests or other traditional risk factors identified for coronary heart disease or ischemic stroke.

**Synonyms:**

- Lipoprotein associated phospholipase A2
- DECONT

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

LPP2A

**Collect:**

Gold-top or Red-top tube

**Amount to Collect:**

2 mL whole blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

1. Collect and label sample according to standard protocols.
2. Gently invert tube 5 times immediately after draw. Do not shake.
3. Allow blood to clot 30 minutes.
4. Centrifuge at 1300 rcf for 10 minutes

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 21 days

Frozen: 21 days

## PROCESSING

**Test Code:**

LPP2A

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze sample. Transport to CB frozen. Order Quest test code 94117

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 21 days

Frozen: 21 days

**RESULT INTERPRETATION****Units:**

nmol/min/mL

**Reference Interval:**

&lt;75

**Additional Information:**

The Lp-PLA2 Activity assay may be useful for individuals at intermediate or high risk for developing coronary heart disease.

Additional Information: Lp-PLA2 Activity levels should be interpreted in conjunction with clinical findings and other diagnostic tests. This test does not replace blood cholesterol tests or other traditional risk factors identified for coronary heart disease or ischemic stroke.

**ADMINISTRATIVE****CPT Codes:**

83698-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LPP2A

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Remarks:**

1. Collect and label sample according to standard protocols.
2. Gently invert tube 5 times immediately after draw. Do not shake.
3. Allow blood to clot 30 minutes.
4. Centrifuge at 1300 rcf for 10 minutes

**Collect:**

Gold-top or Red-top tube

**Amount to Collect:**

2 mL whole blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Aliquot and freeze sample. Transport to CB frozen. Order Quest test code 94117

**Units:**

nmol/min/mL

**Reference Interval:**

&lt;75

**Synonyms:**

- Lipoprotein associated phospholipase A2
- DECANT

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 21 days

Frozen: 21 days

**Reported:**

3-8 days

**Additional Information:**

The Lp-PLA2 Activity assay may be useful for individuals at intermediate or high risk for developing coronary heart disease.

Additional Information: Lp-PLA2 Activity levels should be interpreted in conjunction with clinical findings and other diagnostic tests. This test does not replace blood cholesterol tests or other traditional risk factors identified for coronary heart disease or ischemic stroke.

**CPT Codes:**

83698-90

# Lithium Level

LAB29

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, &amp; Saint Francis Chemistry

**Performed:**

Stat: Test available 24 hours per day 7 days per week.

Routine: day shift only, seven days per week

**Methodology:**

ISE

**Reported:**

STAT 1 hour, Routine same or next day

**Additional Information:**

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**Synonyms:**

- LI

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Preferred: Gold top

Acceptable: Red top or dark green top

LIGHT GREEN TOP IS NOT ACCEPTABLE.

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Remarks:**

Time to steady state: 5 days

Collect 30 minutes before next dose or at least 8-12 hours post dose.

Indicate time of draw on requisition.

## PROCESSING

**Test Code:**

LI

**Performing Lab:**

Parnassus, Mission Bay, &amp; Saint Francis Chemistry

**Specimen Preparation:**

Refrigerated 14 days, frozen at -20 C 2 months

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

## RESULT INTERPRETATION

**Units:**

mmol/L

**Reference Interval:**

Therapeutic: 0.5-1.5 mmol/L

**Critical Values:**

&gt; 2.0 mmol/L

**Additional Information:**

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**ADMINISTRATIVE****CPT Codes:**

80178

**LOINC Codes:**

14334-7

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

LI

**Performing Lab:**

Parnassus, Mission Bay, &amp; Saint Francis Chemistry

**Performed:**

Stat: Test available 24 hours per day 7 days per week.

Routine: day shift only, seven days per week

**Methodology:**

ISE

**Remarks:**

Time to steady state: 5 days

Collect 30 minutes before next dose or at least 8-12 hours post dose.

Indicate time of draw on requisition.

**Collect:**

Preferred: Gold top

Acceptable: Red top or dark green top

LIGHT GREEN TOP IS NOT ACCEPTABLE.

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Refrigerated 14 days, frozen at -20 C 2 months

**Units:**

mmol/L

**Reference Interval:**

Therapeutic: 0.5-1.5 mmol/L

**Critical Values:**

&gt; 2.0 mmol/L

**Synonyms:**

- LI

**Reported:**

STAT 1 hour, Routine same or next day

**Additional Information:**

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**CPT Codes:**

80178

**LOINC Codes:**

14334-7

# Liver Fibrosis, FibroTest-ActiTest Panel

LAB6009

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Nephelometry &amp; Spectrophotometry

**Reported:**

3-5 days

**Additional Information:**

FibroTest and ActiTest permit the non-invasive evaluation of Hepatitis C (or B) individuals for the presence of liver fibrosis and liver inflammation, respectively. The FibroTest and ActiTest scores are calculated based on patient age, gender and concentrations of serum of  $\gamma$ -glutamyl transferase (GGT), total bilirubin (TB),  $\alpha$ -2 macroglobulin, haptoglobin, apolipoprotein A1 and alanine aminotransferase (ActiTest). Fibrotest and ActiTest Scores, on a scale of 0.0 to 1.0, are assigned a Metavir scale indicating the level of fibrosis or inflammation present.

The FibroTest uses the same methodology and algorithm as the FibroSure test previously sent to LabCorp.

In a comparison study, 80 samples, previously sent to LabCorp for analysis in their FibroSure assay, were used to calculate the scores through both the Quest Diagnostics server and via a secure interface on the BioPredictive server in France. The same demographic and six analyte data reported by LabCorp was entered into the calculators to determine the FibroTest and ActiTest scores. The scores were compared to those reported by LabCorp to determine agreement and accurate performance.

In addition, for FibroTest an equation was available on-line (<http://hepcbc.ca/fibrotest-fibrosure-in-usa/> accessed 5/30/2014) and this equation (see below) was also used to calculate a FibroTest score. No equation was available for ActiTest .

A total of 80 patient results were recalculated through the BioPredictive portal (<http://tests.sandbox.biopredictive.com/>). The data was also used to calculate the FibroTest score using the FibroTest equation obtained from <http://hepcbc.ca/fibrotest-fibrosure-in-usa/> .

The Data demonstrated that of the 80 samples referred to Labcorp, a fibrosis score could be generated for 76 samples. FibroSure (FibroTest ) agreed with the BioPredictive server, Quest Diagnostics server and the published equation in 75, 74 and 76 samples, respectively. (Note, for 4 of the 80 samples results, the fibrosis score could not be generated because analytes fell outside acceptable parameters for the algorithm.) In the samples that showed a difference, the scores were within 0.01 of the Labcorp score and in only one case (0.72 vs. 0.73) did this difference cause a categorical change in the Metavir score, namely F3 to F3-F4. Of the 73 samples with a Labcorp Necroinflammatory Activity (ActiTest ) Score (of the 80 TSO samples 5 were not calculated and 2 were not ordered), 72 and 73 , respectively, agreed with the scores calculated by BioPredictive and Quest Diagnostics. The one sample that differed in the BioPredictive calculation was lower by 0.01, but did not change the Metavir activity score.

Between BioPredictive and Quest Diagnostics there was a 97% (77/80) and 99% (79/80) agreement between the FibroTest and ActiTest scores, respectively. Differences were all 0.01 and in only one patient did this result in a different Metavir score, F3 (0.72) vs F3-F4 (0.73), respectively. The slight difference in scores is most likely a reflection of rounding that occurs in the conversion of units for the total bilirubin analyte from mg/dL to  $\mu$ mol/L in the algorithm.

Source: Dr. Stanley Naides, Quest, Inc.

**Synonyms:**

- HCV Fibrosure
- Cirrhosis
- Hepatitis C
- HCV
- Hepatic fibrosis

## COLLECTION

**Patient Preparation:**

Overnight fasting is preferred

**Sample Type:**

Serum

**Label Abbreviation:**

HCVFT



**Collect:**

Gold top or Red top

**Amount to Collect:**

7 mL blood

**Preferred Volume:**

3.5 mL serum

**Minimum Volume:**

2 mL serum

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 5 days, frozen at -20C 5 days, frozen at -70C 28 days

**Unacceptable Conditions:**

Patient &lt; 2 years old, gross hemolysis or lipemia, QNS for one or more analysis

**Rejection Criteria:**

Patient &lt; 2 years old, gross hemolysis or lipemia, QNS for one or more analysis

**PROCESSING****Test Code:**

HCVFT

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze serum, ship frozen to China basin. Order Quest test code 92688.

**Preferred Volume:**

3.5 mL serum

**Minimum Volume:**

2 mL serum

**Unacceptable Conditions:**

Patient &lt; 2 years old, gross hemolysis or lipemia, QNS for one or more analysis

**Rejection Criteria:**

Patient &lt; 2 years old, gross hemolysis or lipemia, QNS for one or more analysis

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 5 days, frozen at -20C 5 days, frozen at -70C 28 days

**RESULT INTERPRETATION****Units:**

See normal ranges

**Reference Interval:**

Alpha-2-Macroglobulin

|             |                 |
|-------------|-----------------|
| Age         | Normal          |
| < 18 years  | Not established |
| >= 18 years | 106-279 mg/dL   |

Haptoglobin

|             |                 |
|-------------|-----------------|
| Age         | Normal range    |
| < 18 years  | Not established |
| >= 18 years | 94-176 mg/dL    |

Apolipoprotein A1

|                    |                 |
|--------------------|-----------------|
| Sex/age            | Normal range    |
| < 18 years         | Not established |
| Male >= 18 years   | 94-176 mg/dL    |
| Female >= 18 years | 101-198 mg/dL   |

|                    |               |
|--------------------|---------------|
| Female <= 10 years | 101-150 mg/dL |
|--------------------|---------------|

## Total Bilirubin

| Age         | Normal range  |
|-------------|---------------|
| 2-9 years   | 0.2-0.8 mg/dL |
| 10-19 years | 0.2-1.1 mg/dL |
| >= 20 years | 0.2-1.2 mg/dL |

## Gamma Glutamyl Transpeptidase (GGT)

| Sex                | Age      | Normal range |
|--------------------|----------|--------------|
| Male 2-12 years    | 3-22 U/L |              |
| Male 13-15 years   | 8-32 U/L |              |
| Male 16-19 years   | 9-31 U/L |              |
| Male 20-29 years   | 3-70 U/L |              |
| Male 30-39 years   | 3-90 U/L |              |
| Male 40-54 years   | 3-95 U/L |              |
| Male 55-59 years   | 3-85 U/L |              |
| Male >= 60 years   | 3-65 U/L |              |
| Female 2-12 years  | 3-22 U/L |              |
| Female 13-15 years | 7-18 U/L |              |
| Female 16-19 years | 6-26 U/L |              |
| Female 20-29 years | 3-40 U/L |              |
| Female 30-39 years | 3-50 U/L |              |
| Female 40-49 years | 3-55 U/L |              |
| Female 50-59 years | 3-70 U/L |              |
| Female >= 60 years | 3-65 U/L |              |

## Alanine Aminotransferase (ALT)

| Age         | Male     | Female   |
|-------------|----------|----------|
| 2-3 years   | 5-30 U/L | 5-30 U/L |
| 4-12 years  | 8-30 U/L | 8-24 U/L |
| 13-15 years | 7-32 U/L | 6-19 U/L |
| 16-19 years | 8-46 U/L | 5-32 U/L |
| >= 20 years | 9-46 U/L | 6-29 U/L |

**Additional Information:**

FibroTest and ActiTest permit the non-invasive evaluation of Hepatitis C (or B) individuals for the presence of liver fibrosis and liver inflammation, respectively. The FibroTest and ActiTest scores are calculated based on patient age, gender and concentrations of serum of  $\gamma$ -glutamyl transferase (GGT), total bilirubin (TB),  $\alpha$ -2 macroglobulin, haptoglobin, apolipoprotein A1 and alanine aminotransferase (ActiTest). Fibrotest and ActiTest Scores, on a scale of 0.0 to 1.0, are assigned a Metavir scale indicating the level of fibrosis or inflammation present.

The FibroTest uses the same methodology and algorithm as the FibroSure test previously sent to LabCorp.

In a comparison study, 80 samples, previously sent to LabCorp for analysis in their FibroSure assay, were used to calculate the scores through both the Quest Diagnostics server and via a secure interface on the BioPredictive server in France. The same demographic and six analyte data reported by LabCorp was entered into the calculators to determine the FibroTest and ActiTest scores. The scores were compared to those reported by LabCorp to determine agreement and accurate performance.

In addition, for FibroTest an equation was available on-line (<http://hepcbc.ca/fibrotest-fibrosure-in-usa/> accessed 5/30/2014) and this equation (see below) was also used to calculate a FibroTest score. No equation was available for ActiTest .

A total of 80 patient results were recalculated through the BioPredictive portal (<http://tests.sandbox.biopredictive.com/>). The data was also used to calculate the FibroTest score using the FibroTest equation obtained from <http://hepcbc.ca/fibrotest-fibrosure-in-usa/> .

The Data demonstrated that of the 80 samples referred to Labcorp, a fibrosis score could be generated for 76 samples. FibroSure (FibroTest ) agreed with the BioPredictive server, Quest Diagnostics server and the published equation in 75, 74 and 76 samples, respectively. (Note, for 4 of the 80 samples results, the fibrosis score could not be generated because analytes fell outside acceptable parameters for the algorithm.) In the samples that showed a difference, the scores were within 0.01 of the Labcorp score and in only one case (0.72 vs. 0.73) did this difference cause a categorical change in the Metavir score, namely F3 to F3-F4. Of the 73 samples with a Labcorp Necroinflammatory Activity (ActiTest ) Score (of the 80 TSO samples 5 were not calculated and 2 were not ordered), 72 and 73 , respectively, agreed with the scores calculated by BioPredictive and Quest Diagnostics. The one sample that differed in the BioPredictive calculation was lower by 0.01, but did not change the Metavir activity score.

Between BioPredictive and Quest Diagnostics there was a 97% (77/80) and 99% (79/80) agreement between the FibroTest and ActiTest scores, respectively. Differences were all 0.01 and in only one patient did this result in a different Metavir score, F3 (0.72) vs F3-F4 (0.73), respectively. The slight difference in scores is most likely a reflection of rounding that occurs in the conversion of units for the total bilirubin analyte from mg/dL to  $\mu$ mol/L in the algorithm.

Source: Dr. Stanley Naides, Quest, Inc.

**ADMINISTRATIVE**

**CPT Codes:**  
81599-90

**COMPLETE VIEW**

**Available Stat:**  
No

**Test Code:**  
HCVFT

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Nephelometry & Spectrophotometry

**Patient Preparation:**  
Overnight fasting is preferred

**Collect:**  
Gold top or Red top

**Amount to Collect:**  
7 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
3.5 mL serum

**Minimum Volume:**  
2 mL serum

**Rejection Criteria:**

Patient &lt; 2 years old, gross hemolysis or lipemia, QNS for one or more analysis

**Unacceptable Conditions:**

Patient &lt; 2 years old, gross hemolysis or lipemia, QNS for one or more analysis

**Specimen Preparation:**

Aliquot and freeze serum, ship frozen to China basin. Order Quest test code 92688.

**Units:**

See normal ranges

**Reference Interval:**

Alpha-2-Macroglobulin

| Age         | Normal          |
|-------------|-----------------|
| < 18 years  | Not established |
| >= 18 years | 106-279 mg/dL   |

Haptoglobin

| Age         | Normal range    |
|-------------|-----------------|
| < 18 years  | Not established |
| >= 18 years | 94-176 mg/dL    |

Apolipoprotein A1

| Sex/age            | Normal range    |
|--------------------|-----------------|
| < 18 years         | Not established |
| Male >= 18 years   | 94-176 mg/dL    |
| Female >= 18 years | 101-198 mg/dL   |

Total Bilirubin

| Age         | Normal range  |
|-------------|---------------|
| 2-9 years   | 0.2-0.8 mg/dL |
| 10-19 years | 0.2-1.1 mg/dL |
| >= 20 years | 0.2-1.2 mg/dL |

Gamma Glutamyl Transpeptidase (GGT)

| Sex                | Age      | Normal range |
|--------------------|----------|--------------|
| Male 2-12 years    | 3-22 U/L |              |
| Male 13-15 years   | 8-32 U/L |              |
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| Male 20-29 years   | 3-70 U/L |              |
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| Male 40-54 years   | 3-95 U/L |              |
| Male 55-59 years   | 3-85 U/L |              |
| Male >= 60 years   | 3-65 U/L |              |
| Female 2-12 years  | 3-22 U/L |              |
| Female 13-15 years | 7-18 U/L |              |
| Female 16-19 years | 6-26 U/L |              |
| Female 20-29 years | 3-40 U/L |              |
| Female 30-39 years | 3-50 U/L |              |
| Female 40-49 years | 3-55 U/L |              |

|                    |          |
|--------------------|----------|
| Female 50-59 years | 3-70 U/L |
| Female >= 60 years | 3-65 U/L |

## Alanine Aminotransferase (ALT)

| Age         | Male     | Female   |
|-------------|----------|----------|
| 2-3 years   | 5-30 U/L | 5-30 U/L |
| 4-12 years  | 8-30 U/L | 8-24 U/L |
| 13-15 years | 7-32 U/L | 6-19 U/L |
| 16-19 years | 8-46 U/L | 5-32 U/L |
| >= 20 years | 9-46 U/L | 6-29 U/L |

**Synonyms:**

- HCV Fibrosure
- Cirrhosis
- Hepatitis C
- HCV
- Hepatic fibrosis

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 5 days, frozen at -20C 5 days, frozen at -70C 28 days

**Reported:**

3-5 days

**Additional Information:**

FibroTest and ActiTest permit the non-invasive evaluation of Hepatitis C (or B) individuals for the presence of liver fibrosis and liver inflammation, respectively. The FibroTest and ActiTest scores are calculated based on patient age, gender and concentrations of serum of  $\gamma$ -glutamyl transferase (GGT), total bilirubin (TB),  $\alpha$ -2 macroglobulin, haptoglobin, apolipoprotein A1 and alanine aminotransferase (ActiTest). Fibrotest and ActiTest Scores, on a scale of 0.0 to 1.0, are assigned a Metavir scale indicating the level of fibrosis or inflammation present.

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In addition, for FibroTest an equation was available on-line (<http://hepcbc.ca/fibrotest-fibrosure-in-usa/> accessed 5/30/2014) and this equation (see below) was also used to calculate a FibroTest score. No equation was available for ActiTest .

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Between BioPredictive and Quest Diagnostics there was a 97% (77/80) and 99% (79/80) agreement between the FibroTest and ActiTest scores, respectively. Differences were all 0.01 and in only one patient did this result in a different Metavir score, F3 (0.72) vs F3-F4 (0.73), respectively. The slight difference in scores is most likely a reflection of rounding that occurs in the conversion of units for the total bilirubin analyte from mg/dL to  $\mu$ mol/L in the algorithm.

Source: Dr. Stanley Naides, Quest, Inc.

**CPT Codes:**

81599-90

# Liver Kidney Microsome Ab

LAB9099

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Tuesday (day shift)

**Methodology:**

Enzyme-Linked Immunosorbent Assay (ELISA)

**Reported:**

2-8 days

**Additional Information:**

Presence of LKM-1 antibodies can be used in conjunction with clinical findings and other laboratory tests to aid in the diagnosis of autoimmune liver diseases such as autoimmune hepatitis (AIH-2).

**Synonyms:**

- LKM-1 Antibody
- Autoimmune hepatitis
- AIH-2

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

2-8°C serum up to 2 days; -20°C or colder if longer than 2 days

**Storage/Transport Temperature:**

-20°C

**Unacceptable Conditions:**

Microbial contamination, heat-treated, or specimens containing visible particulate should not be used. Grossly hemolysed, icteric or lipemic serum should be avoided.

## PROCESSING

**Test Code:**

LKMAB

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze sample at -20°C

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Microbial contamination, heat-treated, or specimens containing visible particulate should not be used. Grossly hemolysed, icteric or lipemic serum should be avoided.

**Stability (from collection to initiation):**

2-8°C serum up to 2 days; -20°C or colder if longer than 2 days

**Storage/Transport Temperature:**

-20°C

**RESULT INTERPRETATION****Units:**

Units

**Reference Interval:**

&lt; 20.1

Units

**Additional Information:**

Presence of LKM-1 antibodies can be used in conjunction with clinical findings and other laboratory tests to aid in the diagnosis of autoimmune liver diseases such as autoimmune hepatitis (AIH-2).

**ADMINISTRATIVE****CPT Codes:**

86376

**LDT or Modified FDA:**

47318-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LKMAB

**Performing Lab:**

Immunology

**Performed:**

Tuesday (day shift)

**Methodology:**

Enzyme-Linked Immunosorbent Assay (ELISA)

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Microbial contamination, heat-treated, or specimens containing visible particulate should not be used. Grossly hemolysed, icteric or lipemic serum should be avoided.

**Specimen Preparation:**

Freeze sample at -20C

**Units:**

Units

**Reference Interval:**

&lt; 20.1

Units

**Synonyms:**

- LKM-1 Antibody
- Autoimmune hepatitis
- AIH-2

**Storage/Transport Temperature:**

-20C

**Stability (from collection to initiation):**

2-8C serum up to 2 days; -20C or colder if longer than 2 days

**Reported:**

2-8 days

**Additional Information:**

Presence of LKM-1 antibodies can be used in conjunction with clinical findings and other laboratory tests to aid in the diagnosis of autoimmune liver diseases such as autoimmune hepatitis (AIH-2).

**CPT Codes:**

86376

**LDT or Modified FDA:**

47318-1



# LRF Test

## ORDERING

**Available Stat:**

No

**Synonyms:**

- LH
- FSH

## COLLECTION

**Remarks:**

After collecting blood for baseline (0 time) FSH and LH levels, Luteinizing Releasing Factor is administered intravenously and additional samples are collected at intervals (e.g., 10, 20, 30, 60 and 90 min post-infusion) to determine the maximal (peak) value. For additional information regarding collection of samples and test performance see under LH and FSH.

## COMPLETE VIEW

**Available Stat:**

No

**Remarks:**

After collecting blood for baseline (0 time) FSH and LH levels, Luteinizing Releasing Factor is administered intravenously and additional samples are collected at intervals (e.g., 10, 20, 30, 60 and 90 min post-infusion) to determine the maximal (peak) value. For additional information regarding collection of samples and test performance see under LH and FSH.

**Synonyms:**

- LH
- FSH

# Lupus Anticoagulant by HEXA

LAB478

## ORDERING

**Ordering Recommendations:**

Should be ordered concurrently with RVVT.

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

Tuesday, day shift

**Methodology:**

Hexagonal Phospholipid Neutralization Test

**Additional Information:**

Summary of Interpretive Information for test results:

A negative test result in this assay does not exclude the possibility of a lupus anticoagulant. Current guidelines suggest testing for lupus anticoagulant with two clot based tests (J Thromb Haemost 2009; 7: 1737-40); in addition to this lupus anticoagulant by HEXA, the RVVT-based assay is recommended for detecting lupus anticoagulants. Lupus anticoagulant testing should be considered positive if one of the two tests gives a positive result.

Testing for lupus anticoagulant in the presence of anticoagulant therapy (including warfarin, direct thrombin inhibitors & direct factor 10a inhibitors, and supratherapeutic heparin) is not recommended due to possible interference with test results. The presence of factor deficiencies or a factor specific inhibitor may also interfere with this assay. Clinical correlation is advised.

Test results must be interpreted in their clinical context if a diagnosis of antiphospholipid syndrome is being considered. J Thromb Haemost 2006; 4: 295-306 provides consensus guidelines for diagnosis of antiphospholipid syndrome.

For detection of lupus anticoagulants, which by definition prolong a clotting time, are inhibitors, and are phospholipid dependent. Persistent presence (> 3 months) of antiphospholipid antibodies has been associated with recurrent thrombosis syndromes. A review of testing performed on UCSF patients indicates that, of all patients diagnosed with Lupus Anticoagulants, approximately 50% are detected in both Hexagonal Phospholipid Neutralization and Russell's Viper Venom tests, 25% in only the Hexagonal Phospholipid Neutralization Test, and 25% in only the Russell's Viper Venom Test.

Thrombin inhibitors (e.g. hirudin, argatroban, etc.) present in the sample to be tested may interfere in the test and lead to falsely positive results

Rivaroxaban, apixaban, and similar agents can cause false positive results in assays used to identify LA. Evaluation for a lupus anticoagulant, therefore, cannot be accurately performed in the presence of rivaroxaban.

To monitor unfractionated heparin therapy in the presence of a lupus anticoagulant, Heparin Levels may be needed.

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Reflex Testing:**

When lupus anticoagulant testing is requested, it is appropriate to perform BOTH the RVVT and Lupus Anticoagulant by HEXA tests. For this reason, both will be performed whenever either is ordered. In the uncommon circumstance that a provider wishes to perform only one of these tests, the hematology laboratory should be contacted at 353-1747 to request that only the single test be performed.

**Synonyms:**

- LA
- antiphospholipid AB
- Anti-cardiolipin
- HEXA
- RVVT
- Russel's viper venom
- Hexagonal phospholipid neutralization

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Bring specimen immediately to lab after collection.

For patients with Hct's  $\geq 55\%$  please contact Hematology (x3-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**NOTE:** Thrombin inhibitors (e.g. hirudin, argatroban) present in the sample to be tested may interfere in the test and lead to falsely positive results, for patients receiving such therapy please contact the Hematology lab (x3-1747) **BEFORE** collecting samples for testing.

**Unacceptable Conditions:**

Hemolysis, sample collected in glass tube. Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**PROCESSING****Test Code:**

HEXA

**Test Group:**

Anti-phospholipid

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Platelet poor plasma required and must be frozen within 4 hours of collection. **Note:** If Lupus Anticoagulant ordered without further specification order both HEXA and RVVTM

**Preferred Volume:**

1 mL plasma

**Unacceptable Conditions:**

Hemolysis, sample collected in glass tube. Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Summary of Interpretive Information for test results:

A negative test result in this assay does not exclude the possibility of a lupus anticoagulant. Current guidelines suggest testing for lupus anticoagulant with two clot based tests (J Thromb Haemost 2009; 7: 1737-40); in addition to this lupus anticoagulant by HEXA, the RVVT-based assay is recommended for detecting lupus anticoagulants. Lupus anticoagulant testing should be considered positive if one of the two tests gives a positive result.

Testing for lupus anticoagulant in the presence of anticoagulant therapy (including warfarin, direct thrombin inhibitors & direct factor 10a inhibitors, and supratherapeutic heparin) is not recommended due to possible interference with test results. The presence of factor deficiencies or a factor specific inhibitor may also interfere with this assay. Clinical correlation is advised.

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For detection of lupus anticoagulants, which by definition prolong a clotting time, are inhibitors, and are phospholipid dependent. Persistent presence (> 3 months) of antiphospholipid antibodies has been associated with recurrent thrombosis syndromes. A review of testing performed on UCSF patients indicates that, of all patients diagnosed with Lupus Anticoagulants, approximately 50% are detected in both Hexagonal Phospholipid Neutralization and Russell's Viper Venom tests, 25% in only the Hexagonal Phospholipid Neutralization Test, and 25% in only the Russell's Viper Venom Test.

Thrombin inhibitors (e.g. hirudin, argatroban, etc.) present in the sample to be tested may interfere in the test and lead to falsely positive results

Rivaroxaban, apixaban, and similar agents can cause false positive results in assays used to identify LA. Evaluation for a lupus anticoagulant, therefore, cannot be accurately performed in the presence of rivaroxaban.

To monitor unfractionated heparin therapy in the presence of a lupus anticoagulant, Heparin Levels may be needed.

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**ADMINISTRATIVE****CPT Codes:**

85597

**LOINC Codes:**

33930-9

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Should be ordered concurrently with RVVT.

**Test Code:**

HEXA

**Test Group:**

Anti-phospholipid

**Performing Lab:**

Parnassus Hematology

**Performed:**

Tuesday, day shift

**Methodology:**

Hexagonal Phospholipid Neutralization Test

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap. Bring specimen immediately to lab after collection.

For patients with Hct's  $\geq 55\%$  please contact Hematology (x3-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**NOTE:** Thrombin inhibitors (e.g. hirudin, argatroban) present in the sample to be tested may interfere in the test and lead to falsely positive results, for patients receiving such therapy please contact the Hematology lab (x3-1747) **BEFORE** collecting samples for testing.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Unacceptable Conditions:**

Hemolysis, sample collected in glass tube. Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Platelet poor plasma required and must be frozen within 4 hours of collection. **Note:** If Lupus Anticoagulant ordered without further specification order both HEXA and RVVTM

**Reference Interval:**

Negative

**Synonyms:**

- LA
- antiphospholipid AB
- Anti-cardiolipin
- HEXA
- RVVT
- Russel's viper venom
- Hexagonal phospholipid neutralization

**Reflex Testing:**

When lupus anticoagulant testing is requested, it is appropriate to perform BOTH the RVVT and Lupus Anticoagulant by HEXA tests. For this reason, both will be performed whenever either is ordered. In the uncommon circumstance that a provider wishes to perform only one of these tests, the hematology laboratory should be contacted at 353-1747 to request that only the single test be performed.

**Additional Information:**

Summary of Interpretive Information for test results:

A negative test result in this assay does not exclude the possibility of a lupus anticoagulant. Current guidelines suggest testing for lupus anticoagulant with two clot based tests (J Thromb Haemost 2009; 7: 1737-40); in addition to this lupus anticoagulant by HEXA, the RVVT-based assay is recommended for detecting lupus anticoagulants. Lupus anticoagulant testing should be considered positive if one of the two tests gives a positive result.

Testing for lupus anticoagulant in the presence of anticoagulant therapy (including warfarin, direct thrombin inhibitors & direct factor 10a inhibitors, and supratherapeutic heparin) is not recommended due to possible interference with test results. The presence of factor deficiencies or a factor specific inhibitor may also interfere with this assay. Clinical correlation is advised.

Test results must be interpreted in their clinical context if a diagnosis of antiphospholipid syndrome is being considered. J Thromb Haemost 2006; 4: 295-306 provides consensus guidelines for diagnosis of antiphospholipid syndrome.

For detection of lupus anticoagulants, which by definition prolong a clotting time, are inhibitors, and are phospholipid dependent. Persistent presence (> 3 months) of antiphospholipid antibodies has been associated with recurrent thrombosis syndromes. A review of testing performed on UCSF patients indicates that, of all patients diagnosed with Lupus Anticoagulants, approximately 50% are detected in both Hexagonal Phospholipid Neutralization and Russell's Viper Venom tests, 25% in only the Hexagonal Phospholipid Neutralization Test, and 25% in only the Russell's Viper Venom Test.

Thrombin inhibitors (e.g. hirudin, argatroban, etc.) present in the sample to be tested may interfere in the test and lead to falsely positive results

Rivaroxaban, apixaban, and similar agents can cause false positive results in assays used to identify LA. Evaluation for a lupus anticoagulant, therefore, cannot be accurately performed in the presence of rivaroxaban.

To monitor unfractionated heparin therapy in the presence of a lupus anticoagulant, Heparin Levels may be needed.

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**CPT Codes:**

85597

**LOINC Codes:**

33930-9

# Lupus Anticoagulant Information

## LUPUS

### ORDERING

**Available Stat:**

No

**Additional Information:**

If "Lupus Anticoagulant" is ordered without further specification, a RVVTM and HEXA will be done.

The Russell's Viper Venom Test and the Hexagonal Phospholipid Neutralization test are 2 tests available to diagnose lupus anticoagulants, which by definition prolong a clotting time, are inhibitors, and are phospholipid dependent.

Lupus anticoagulants along with anti-cardiolipin antibodies and anti-beta-2-glycoprotein antibodies are the three major categories of anti-phospholipid antibodies. If a patient is being evaluated for anti-phospholipid antibody syndrome, the hematology laboratory service at Moffitt-Long recommends that the Anti-phospholipid Antibody Panel (APLA) be performed (as clinically indicated). This panel includes Russell Viper Venom Test (RVVTM), Hexagonal Phospholipid Neutralization Test (HEXA), and Anti-cardiolipin Antibody Tests (ACLG and ACLM), and Anti-beta-2-glycoprotein Antibody Tests (B2GPG and B2GPM).

To monitor unfractionated heparin therapy in the presence of a lupus anticoagulant, Heparin Levels may be needed.

**Synonyms:**

- LA
- antiphospholipid AB
- Anti-cardiolipin, HEXA
- RVVT
- Russell's viper venom
- Hexagonal phospholipids neutralization

### PROCESSING

**Test Code:**

LUPUS

**Test Group:**

Anti-phospholipid

**Specimen Preparation:**

If "Lupus Anticoagulant" is ordered without further specification, order test package LUPUS which contains RVVTM & HEXA.

### RESULT INTERPRETATION

**Additional Information:**

If "Lupus Anticoagulant" is ordered without further specification, a RVVTM and HEXA will be done.

The Russell's Viper Venom Test and the Hexagonal Phospholipid Neutralization test are 2 tests available to diagnose lupus anticoagulants, which by definition prolong a clotting time, are inhibitors, and are phospholipid dependent.

Lupus anticoagulants along with anti-cardiolipin antibodies and anti-beta-2-glycoprotein antibodies are the three major categories of anti-phospholipid antibodies. If a patient is being evaluated for anti-phospholipid antibody syndrome, the hematology laboratory service at Moffitt-Long recommends that the Anti-phospholipid Antibody Panel (APLA) be performed (as clinically indicated). This panel includes Russell Viper Venom Test (RVVTM), Hexagonal Phospholipid Neutralization Test (HEXA), and Anti-cardiolipin Antibody Tests (ACLG and ACLM), and Anti-beta-2-glycoprotein Antibody Tests (B2GPG and B2GPM).

To monitor unfractionated heparin therapy in the presence of a lupus anticoagulant, Heparin Levels may be needed.

### ADMINISTRATIVE

**CPT Codes:**

85597, 85613

### COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

LUPUS

**Test Group:**

Anti-phospholipid

**Specimen Preparation:**

If "Lupus Anticoagulant" is ordered without further specification, order test package LUPUS which contains RVVTM & HEXA.

**Synonyms:**

- LA
- antiphospholipid AB
- Anti-cardiolipin, HEXA
- RVVT
- Russell's viper venom
- Hexagonal phospholipids neutralization

**Additional Information:**

If "Lupus Anticoagulant" is ordered without further specification, a RVVTM and HEXA will be done.

The Russell's Viper Venom Test and the Hexagonal Phospholipid Neutralization test are 2 tests available to diagnose lupus anticoagulants, which by definition prolong a clotting time, are inhibitors, and are phospholipid dependent.

Lupus anticoagulants along with anti-cardiolipin antibodies and anti-beta-2-glycoprotein antibodies are the three major categories of anti-phospholipid antibodies. If a patient is being evaluated for anti-phospholipid antibody syndrome, the hematology laboratory service at Moffitt-Long recommends that the Anti-phospholipid Antibody Panel (APLA) be performed (as clinically indicated). This panel includes Russell Viper Venom Test (RVVTM), Hexagonal Phospholipid Neutralization Test (HEXA), and Anti-cardiolipin Antibody Tests (ACLG and ACLM), and Anti-beta-2-glycoprotein Antibody Tests (B2GPG and B2GPM).

To monitor unfractionated heparin therapy in the presence of a lupus anticoagulant, Heparin Levels may be needed.

**CPT Codes:**

85597, 85613



# Luteinizing Hormone

LAB87

## ORDERING

**Ordering Recommendations:**

This assay is suitable for use in adult and pediatric patients to assess general endocrine function.

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Thursday, Sunday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

1-5 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 11/27/17. The Abbott Architect method reads approximately 19% lower than the Centaur method. Please note that the reference ranges have changed.

The Abbott assay standardization is traceable to the World Health Organization (WHO) LH 2nd International Standard, (80/552).

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- LH
- gonadotropin tests
- Leuteinizing hormone

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold or Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-10°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells, or serum separator gel.

Avoid multiple freeze-thaw cycles.

## PROCESSING

**Test Code:**

LH

**Test Group:**

LH

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Aliquot and freeze serum at -20C.

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-10°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells, or serum separator gel.

Avoid multiple freeze-thaw cycles.

**RESULT INTERPRETATION****Units:**

IU/L

**Reference Interval:**

Pediatric (&lt; 18 years old):

| Age                 | IU/L (Male and Female) |                     |
|---------------------|------------------------|---------------------|
| < 12 months         | 0.02 - 7.0             |                     |
| 12 months - 8 years | 0.02 - 0.3             |                     |
| Age                 | Male (IU/L)            | Female (IU/L)       |
| Early puberty       | 0.2 - 5.0              | 0.02 - 12.0         |
| Late puberty        | 0.4 - 7.0              | 0.4 - 11.7          |
| Tanner Stage        | Age (years)            | Male range (IU/L)   |
| 1                   | < 9.8                  | 0.02 - 0.3          |
| 2                   | 9.8 - 14.5             | 0.2 - 4.9           |
| 3                   | 10.7 - 15.4            | 0.2 - 5.0           |
| 4-5                 | 11.8 - 17.3            | 0.4 - 7.0           |
| Tanner Stage        | Age (years)            | Female range (IU/L) |
| 1                   | < 9.2                  | 0.02 - 0.18         |
| 2                   | 9.2 - 13.7             | 0.02 - 4.7          |
| 3                   | 10.0 - 14.4            | 0.1 - 12.0          |
| 4-5                 | 10.7 - 18.6            | 0.4 - 11.7          |

Pediatric references intervals adopted from Esoterix Laboratory Services and verified by running 31 female and 16 male pediatric samples on both the Esoterix assay and the in-house Abbott Architect LH assay.

Adult males ( $\geq 18$  years): 0.6 - 12.1 IU/L

Adult females ( $\geq 18$  years):

|                  |                 |
|------------------|-----------------|
| Follicular Phase | 1.8 - 11.8 IU/L |
| Mid-cycle Peak   | 7.6 - 89.1 IU/L |
| Luteal Phase     | 0.6 - 14.0 IU/L |
| Post-menopausal  | 5.2 - 62.0 IU/L |

Reference intervals adopted from Abbott (vendor) based on in-house verification study of 23 male ( $>18$  years old) normal volunteers in the UCSF Laboratory and 20 split female sample comparisons with ARUP.

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 11/27/17. The Abbott Architect method reads approximately 19% lower than the Centaur method. Please note that the reference ranges have changed.

The Abbott assay standardization is traceable to the World Health Organization (WHO) LH 2nd International Standard, (80/552).

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

83002

**LOINC Codes:**

10501-5

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

This assay is suitable for use in adult and pediatric patients to assess general endocrine function.

**Test Code:**

LH

**Test Group:**

LH

**Performing Lab:**

China Basin Chemistry

**Performed:**

Thursday, Sunday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Collect:**

Gold or Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Specimen Preparation:**

Aliquot and freeze serum at -20C.

**Units:**

IU/L

**Reference Interval:**

Pediatric (&lt; 18 years old):

| Age                 | IU/L (Male and Female) |                     |
|---------------------|------------------------|---------------------|
| < 12 months         | 0.02 - 7.0             |                     |
| 12 months - 8 years | 0.02 - 0.3             |                     |
| Age                 | Male (IU/L)            | Female (IU/L)       |
| Early puberty       | 0.2 - 5.0              | 0.02 - 12.0         |
| Late puberty        | 0.4 - 7.0              | 0.4 - 11.7          |
| Tanner Stage        | Age (years)            | Male range (IU/L)   |
| 1                   | < 9.8                  | 0.02 - 0.3          |
| 2                   | 9.8 - 14.5             | 0.2 - 4.9           |
| 3                   | 10.7 - 15.4            | 0.2 - 5.0           |
| 4-5                 | 11.8 - 17.3            | 0.4 - 7.0           |
| Tanner Stage        | Age (years)            | Female range (IU/L) |
| 1                   | < 9.2                  | 0.02 - 0.18         |
| 2                   | 9.2 - 13.7             | 0.02 - 4.7          |
| 3                   | 10.0 - 14.4            | 0.1 - 12.0          |
| 4-5                 | 10.7 - 18.6            | 0.4 - 11.7          |

Pediatric references intervals adopted from Esoterix Laboratory Services and verified by running 31 female and 16 male pediatric samples on both the Esoterix assay and the in-house Abbott Architect LH assay.

Adult males ( $\geq 18$  years): 0.6 - 12.1 IU/L

Adult females ( $\geq 18$  years):

|                  |                 |
|------------------|-----------------|
| Follicular Phase | 1.8 - 11.8 IU/L |
| Mid-cycle Peak   | 7.6 - 89.1 IU/L |
| Luteal Phase     | 0.6 - 14.0 IU/L |
| Post-menopausal  | 5.2 - 62.0 IU/L |

Reference intervals adopted from Abbott (vendor) based on in-house verification study of 23 male ( $>18$  years old) normal volunteers in the UCSF Laboratory and 20 split female sample comparisons with ARUP.

**Synonyms:**

- LH
- gonadotropin tests
- Leuteinizing hormone

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-10°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells, or serum separator gel.

Avoid multiple freeze-thaw cycles.

**Reported:**

1-5 days

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 11/27/17. The Abbott Architect method reads approximately 19% lower than the Centaur method. Please note that the reference ranges have changed.

The Abbott assay standardization is traceable to the World Health Organization (WHO) LH 2nd International Standard, (80/552).

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

83002

**LOINC Codes:**  
10501-5

# Lyme Disease Ab Confirmation (WB)

LAB3423

## ORDERING

**Ordering Recommendations:**

This test is for confirmation of positive antibody tests (LYMET). It should not be used as the first line diagnostic.

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Western blot

**Reported:**

Test run Monday-Friday. Turnaround time: 2-4 days.

**Additional Information:**

Western blot testing is automatically performed on samples that are positive on EIA for confirmation.

IgG Western Blot strips which have 5 (or more) of the 10 significant bands are considered positive for specific antibody to *B. burgdorferi*. IgM Western blot strips which have 2 (or more) of the 3 significant bands are considered positive for specific antibody to *B. burgdorferi*. The bands will be reported under a "See Separate Report". Caution must be used in supporting a diagnosis of *B. burgdorferi* infection when sera are Western blot IgM positive and Western blot IgG negative after the initial 4 week period from onset. Because the likelihood of a false-positive test result is high for these individuals, a positive IgM test alone is not recommended for use in determining active disease in persons with illness of longer than one month duration.

**Synonyms:**

- Relapsing fever
- Borreliosis
- Borrelia burgdorferi Ab
- Borrelia burgdorferi antibody

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

LYMEWB

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

## PROCESSING

**Test Code:**

LYMEWB

**Test Group:**

Borrelia burgdorferi

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate sample.

LYMEWB should only be ordered by Immunology staff as a reflex test for patients with a positive LYMET result.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**  
1 mL serum

## RESULT INTERPRETATION

**Reference Interval:**  
Negative

**Additional Information:**

Western blot testing is automatically performed on samples that are positive on EIA for confirmation.

IgG Western Blot strips which have 5 (or more) of the 10 significant bands are considered positive for specific antibody to *B. burgdorferi*. IgM Western blot strips which have 2 (or more) of the 3 significant bands are considered positive for specific antibody to *B. burgdorferi*. The bands will be reported under a "See Separate Report". Caution must be used in supporting a diagnosis of *B. burgdorferi* infection when sera are Western blot IgM positive and Western blot IgG negative after the initial 4 week period from onset. Because the likelihood of a false-positive test result is high for these individuals, a positive IgM test alone is not recommended for use in determining active disease in persons with illness of longer than one month duration.

## ADMINISTRATIVE

**CPT Codes:**  
86617-90 x 2

**LOINC Codes:**  
9587-7

## COMPLETE VIEW

**Available Stat:**  
No

**Ordering Recommendations:**

This test is for confirmation of positive antibody tests (LYMET). It should not be used as the first line diagnostic.

**Test Code:**  
LYMEWB

**Test Group:**  
Borrelia burgdorferi

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Western blot

**Collect:**  
Gold top

**Amount to Collect:**  
4 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
2 mL serum

**Minimum Volume:**  
1 mL serum

**Specimen Preparation:**  
Refrigerate sample.

LYMEWB should only be ordered by Immunology staff as a reflex test for patients with a positive LYMET result.

**Reference Interval:**  
Negative

**Synonyms:**

- Relapsing fever
- Borreliosis
- Borrelia burgdorferi Ab
- Borrelia burgdorferi antibody

**Reported:**

Test run Monday-Friday. Turnaround time: 2-4 days.

**Additional Information:**

Western blot testing is automatically performed on samples that are positive on EIA for confirmation.

IgG Western Blot strips which have 5 (or more) of the 10 significant bands are considered positive for specific antibody to *B. burgdorferi*. IgM Western blot strips which have 2 (or more) of the 3 significant bands are considered positive for specific antibody to *B. burgdorferi*. The bands will be reported under a "See Separate Report". Caution must be used in supporting a diagnosis of *B. burgdorferi* infection when sera are Western blot IgM positive and Western blot IgG negative after the initial 4 week period from onset. Because the likelihood of a false-positive test result is high for these individuals, a positive IgM test alone is not recommended for use in determining active disease in persons with illness of longer than one month duration.

**CPT Codes:**

86617-90 x 2

**LOINC Codes:**

9587-7



# Lyme Disease Antibody, CSF

LAB5498

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoblot

**Reported:**

5-7 days

**Additional Information:**

No interpretive criteria for *Borrelia burgdorferi* Western blot have been established for CSF or other fluids. The presence of *B. burgdorferi* reactive antibodies in fluids may represent either compartmental antibody production or transudation of plasma antibody. The Western blot test will confirm the presence of *B. burgdorferi* specific antibodies detected by serologic screening methods (ELISA, IFA).

**Synonyms:**

- Borreliosis
- *Borrelia burgdorferi* Ab
- *Borrelia burgdorferi* Antibody

## COLLECTION

**Sample Type:**

CSF

**Label Abbreviation:**

LYMC

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

2 mL CSF

**Preferred Volume:**

2 mL CSF

**Minimum Volume:**

0.5 mL CSF

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month

## PROCESSING

**Test Code:**

LYMC

**Test Group:***Borrelia burgdorferi***Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze sample and ship to CB frozen.

**Preferred Volume:**

2 mL CSF

**Minimum Volume:**

0.5 mL CSF

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month

## RESULT INTERPRETATION

**Reference Interval:**

No bands detected

**Additional Information:**

No interpretive criteria for *Borrelia burgdorferi* Western blot have been established for CSF or other fluids. The presence of *B. burgdorferi* reactive antibodies in fluids may represent either compartmental antibody production or transudation of plasma antibody. The Western blot test will confirm the presence of *B. burgdorferi* specific antibodies detected by serologic screening methods (ELISA, IFA).

**ADMINISTRATIVE****CPT Codes:**

86617-90 x2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LYMC

**Test Group:**

*Borrelia burgdorferi*

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Immunoblot

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

2 mL CSF

**Sample Type:**

CSF

**Preferred Volume:**

2 mL CSF

**Minimum Volume:**

0.5 mL CSF

**Specimen Preparation:**

Freeze sample and ship to CB frozen.

**Reference Interval:**

No bands detected

**Synonyms:**

- Borreliosis
- *Borrelia burgdorferi* Ab
- *Borrelia burgdorferi* Antibody

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month

**Reported:**

5-7 days

**Additional Information:**

No interpretive criteria for *Borrelia burgdorferi* Western blot have been established for CSF or other fluids. The presence of *B. burgdorferi* reactive antibodies in fluids may represent either compartmental antibody production or transudation of plasma antibody. The Western blot test will confirm the presence of *B. burgdorferi* specific antibodies detected by serologic screening methods (ELISA, IFA).

**CPT Codes:**

86617-90 x2

# Lyme Disease Antibody, Total, Reflex Confirm

LAB5481

## ORDERING

### Ordering Recommendations:

Laboratory diagnosis of suspected Lyme disease is best performed through serology testing. PCR very rarely detects organisms, even in clinical Lyme disease, and is typically not indicated. Positive bloodstream antibodies do not necessarily indicate active Lyme disease, but do indicate previous exposure. Positive antibody testing is automatically confirmed with Western Blot.

Most patients with CNS Lyme disease have high levels of bloodstream antibodies; therefore testing of CSF for Lyme antibodies is typically only indicated for patients with positive serology. PCR for Lyme organisms in CSF has very low sensitivity for CNS disease.

### Available Stat:

No

### Performing Lab:

Immunology

### Performed:

Monday-Friday (day shift)

### Methodology:

Chemiluminescent immunoassay

### Reported:

1-4 days.

### Additional Information:

A negative result on this test should be followed up in two to four weeks if Lyme disease is still suspected. A negative result does not rule out infection with *Borrelia Burgdorferi*.

Due to recommendations by the FDA, all positive or equivocal *Borrelia Burgdorferi* antibody EIA (screening) tests will be followed by the relevant western blot.

The screening test for *B. Burgdorferi* has a low negative predictive value result when used to detect early infection and a low positive predictive value when exposure history, symptoms, and clinical findings are not consistent with Lyme disease.

Positive or equivocal results should not be interpreted as true positives until a second-step testing of the specimen is done using method that is more specific for antibodies to *B. Burgdorferi* (e.g. western blot). The patient will be billed an additional charge if the Lyme Disease by Western Blot is performed.

### Reflex Testing:

Western Blot confirmation is automatically performed on all EIA positive tests.

### Synonyms:

- Borreliosis
- *Borrelia burgdorferi* Ab
- *Borrelia burgdorferi* Antibody

## COLLECTION

### Sample Type:

Serum

### Collect:

Gold top

### Amount to Collect:

3 mL blood

### Preferred Volume:

1.5 mL serum

### Minimum Volume:

0.5 mL serum

## PROCESSING

### Test Code:

LYMET

### Test Group:

*Borrelia burgdorferi*

### Performing Lab:

Immunology

**Specimen Preparation:**

Freeze serum at -20C

**Preferred Volume:**

1.5 mL serum

**Minimum Volume:**

0.5 mL serum

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

A negative result on this test should be followed up in two to four weeks if Lyme disease is still suspected. A negative result does not rule out infection with *Borrelia Burgdorferi*.

Due to recommendations by the FDA, all positive or equivocal *Borrelia Burgdorferi* antibody EIA (screening) tests will be followed by the relevant western blot.

The screening test for *B. Burgdorferi* has a low negative predictive value result when used to detect early infection and a low positive predictive value when exposure history, symptoms, and clinical findings are not consistent with Lyme disease.

Positive or equivocal results should not be interpreted as true positives until a second-step testing of the specimen is done using method that is more specific for antibodies to *B. Burgdorferi* (e.g. western blot). The patient will be billed an additional charge if the Lyme Disease by Western Blot is performed.

**ADMINISTRATIVE****CPT Codes:**

86618

**LOINC Codes:**

22131-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Laboratory diagnosis of suspected Lyme disease is best performed through serology testing. PCR very rarely detects organisms, even in clinical Lyme disease, and is typically not indicated. Positive bloodstream antibodies do not necessarily indicate active Lyme disease, but do indicate previous exposure. Positive antibody testing is automatically confirmed with Western Blot.

Most patients with CNS Lyme disease have high levels of bloodstream antibodies; therefore testing of CSF for Lyme antibodies is typically only indicated for patients with positive serology. PCR for Lyme organisms in CSF has very low sensitivity for CNS disease.

**Test Code:**

LYMET

**Test Group:***Borrelia burgdorferi***Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent immunoassay

**Collect:**

Gold top

**Amount to Collect:**

3 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1.5 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Freeze serum at -20C

**Reference Interval:**

Negative

**Synonyms:**

- Borreliosis
- Borrelia burgdorferi Ab
- Borrelia burgdorferi Antibody

**Reported:**

1-4 days.

**Reflex Testing:**

Western Blot confirmation is automatically performed on all EIA positive tests.

**Additional Information:**

A negative result on this test should be followed up in two to four weeks if Lyme disease is still suspected. A negative result does not rule out infection with Borrelia Burgdorferi.

Due to recommendations by the FDA, all positive or equivocal Borrelia Burgdorferi antibody EIA (screening) tests will be followed by the relevant western blot.

The screening test for B. Burgdorferi has a low negative predictive value result when used to detect early infection and a low positive predictive value when exposure history, symptoms, and clinical findings are not consistent with Lyme disease.

Positive or equivocal results should not be interpreted as true positives until a second-step testing of the specimen is done using method that is more specific for antibodies to B. Burgdorferi (e.g. western blot). The patient will be billed an additional charge if the Lyme Disease by Western Blot is performed.

**CPT Codes:**

86618

**LOINC Codes:**

22131-7

# Lymphocyte Antigen Stimulation

LAB3591

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Flow cytometry

**Reported:**

10-12 days.

**Additional Information:**

Abnormal test results to antigen stimulation are indicative of impaired T-cell function, if T-cell counts are normal or only modestly decreased. If there is profound T-cell lymphopenia, it must be kept in mind that there could be a "dilution" effect with underrepresentation of T cells within the peripheral blood mononuclear cells (PBMC) population that could result in lower T-cell proliferative responses. However, this is not a significant concern in the flow cytometry assay, since acquisition of additional cellular events during analysis can compensate for artificial reduction in proliferation due to lower T-cell counts. In the case of antigen-specific T-cell responses to tetanus toxoid (TT), there can be absent responses due to natural waning of cellular immunity, if the interval between vaccinations has exceeded the recommended period, especially in adults. In such circumstances, it would be appropriate to measure TT-specific T-cell responses 4 to 6 weeks after a booster vaccination.

There is no absolute correlation between T-cell proliferation in vitro and a clinically significant immunodeficiency, whether primary or secondary, since T-cell proliferation in response to activation is necessary, but not sufficient, for an effective immune response. Therefore, the proliferative response to antigens can be regarded as a more sensitive, but less specific, test for the diagnosis of infection susceptibility.

It should also be kept in mind that there is no single laboratory test that can identify or define impaired cellular immunity, with the exception of an opportunistic infection.

Controls in this laboratory and most clinical laboratories are healthy adults. Since this test is used for screening and evaluating cellular immune dysfunction in infants and children, it is reasonable to question the comparability of proliferative responses between healthy infants, children, and adults. It is reasonable to expect robust T-cell-specific responses to TT in children without cellular immune compromise, as a result of repeated childhood vaccinations. The response to *Candida albicans* can be more variable depending on the extent of exposure and age of exposure. A comment will be provided in the report documenting the comparison of pediatric results with an adult reference range and correlation with clinical context for appropriate interpretation.

It should be noted that without obtaining formal pediatric reference values, it remains a possibility that the response in infants and children can be underestimated. However, the practical challenges of generating a pediatric range for this assay necessitate comparison of pediatric data with adult reference values or controls.

**Synonyms:**

- Lymphocyte stimulation
- lymphocyte antigen proliferation
- lymphocyte proliferation, SCIDS
- Severe combined immunodeficiency syndrome
- *C. albicans*
- *Candida albicans*
- tetanus toxoid
- LYMPHOCYTE PHYTOHEMAGGLUTININ
- LYMPHOCYTE BLASTOGENESIS ANTIGEN
- IMMUNE COMPETENCE
- BLASTOGENESIS ANTIGENS
- LYMPHOCYTE TRANSFORMATION
- LPAG

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Label Abbreviation:**

LPAG

**Collect:**

Dark Green top

**Preferred Volume:**

Blood Volume Recommendations Based on Absolute Lymphocyte Count (ALC):

Antigen only:

| ALC x 10(9)/L | Blood volume for minimum Candida albicans (CA) and tetanus toxoid (TT) Only | Blood volume for full assay |
|---------------|-----------------------------------------------------------------------------|-----------------------------|
| <0.5          | >18.5 mL                                                                    | >40 mL                      |
| 0.5-1.0       | 18.5 mL                                                                     | 40 mL                       |
| 1.1-1.5       | 8.5 mL                                                                      | 20 mL                       |
| 1.6-2.0       | 6.0 mL                                                                      | 12 mL                       |
| 2.1-3.0       | 4.5 mL                                                                      | 10 mL                       |
| 3.1-4.0       | 3.0 mL                                                                      | 6 mL                        |
| 4.1-5.0       | 2.5 mL                                                                      | 5 mL                        |
| >5.0          | 2.0 mL                                                                      | 4 mL                        |

**Minimum Volume:**

&gt;= 18 year olds: 6 mL blood

Children: 3 mL blood

**Remarks:****Collect blood Monday through Thursday only.**

Specimen must be received for sendout at China Basin by 3:30 pm on day of collection.

Specimens must arrive at Mayo laboratories within 24 hours of collection, therefore samples must be drawn and delivered to UCSF laboratory by 12:00 noon to meet processing deadline.

For Brown & Toland patients Authorization from B&T is **required before** samples are collected.**Unacceptable Conditions:**

Samples collected outside of stated time frames

**PROCESSING****Test Code:**

LPAG

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Specimen must be maintained at room temperature. Do not refrigerate or freeze.

Specimen must be received for sendout at China Basin by 3:30 pm on day of collection.

Please notify China Basin Sendout to expedite processing of whole blood specimens (Dark Green tubes) at 3-1349 or 3-4840 upon receipt.

Mayo order LPAGF

**Preferred Volume:**

Blood Volume Recommendations Based on Absolute Lymphocyte Count (ALC):

Antigen only:

| ALC x 10(9)/L | Blood volume for minimum Candida albicans (CA) and tetanus toxoid (TT) Only | Blood volume for full assay |
|---------------|-----------------------------------------------------------------------------|-----------------------------|
| <0.5          | >18.5 mL                                                                    | >40 mL                      |
| 0.5-1.0       | 18.5 mL                                                                     | 40 mL                       |
| 1.1-1.5       | 8.5 mL                                                                      | 20 mL                       |
| 1.6-2.0       | 6.0 mL                                                                      | 12 mL                       |
| 2.1-3.0       | 4.5 mL                                                                      | 10 mL                       |
| 3.1-4.0       | 3.0 mL                                                                      | 6 mL                        |
| 4.1-5.0       | 2.5 mL                                                                      | 5 mL                        |
| >5.0          | 2.0 mL                                                                      | 4 mL                        |

**Minimum Volume:**

>= 18 year olds: 6 mL blood  
Children: 3 mL blood

**Unacceptable Conditions:**

Samples collected outside of stated time frames

**RESULT INTERPRETATION****Reference Interval:**

|                                                     |          |
|-----------------------------------------------------|----------|
| Viability of lymphocytes at day 0                   | >= 75.0% |
| Maximum proliferation of Candida albicans as % CD45 | >= 5.7%  |
| Maximum proliferation of Candida albicans as % CD3  | >= 3.0%  |
| Maximum proliferation of tetanus toxoid as % CD45   | >= 5.2%  |
| Maximum proliferation of tetanus toxoid as % CD3    | >= 3.3%  |

**Additional Information:**

Abnormal test results to antigen stimulation are indicative of impaired T-cell function, if T-cell counts are normal or only modestly decreased. If there is profound T-cell lymphopenia, it must be kept in mind that there could be a "dilution" effect with underrepresentation of T cells within the peripheral blood mononuclear cells (PBMC) population that could result in lower T-cell proliferative responses. However, this is not a significant concern in the flow cytometry assay, since acquisition of additional cellular events during analysis can compensate for artificial reduction in proliferation due to lower T-cell counts. In the case of antigen-specific T-cell responses to tetanus toxoid (TT), there can be absent responses due to natural waning of cellular immunity, if the interval between vaccinations has exceeded the recommended period, especially in adults. In such circumstances, it would be appropriate to measure TT-specific T-cell responses 4 to 6 weeks after a booster vaccination.

There is no absolute correlation between T-cell proliferation in vitro and a clinically significant immunodeficiency, whether primary or secondary, since T-cell proliferation in response to activation is necessary, but not sufficient, for an effective immune response. Therefore, the proliferative response to antigens can be regarded as a more sensitive, but less specific, test for the diagnosis of infection susceptibility.

It should also be kept in mind that there is no single laboratory test that can identify or define impaired cellular immunity, with the exception of an opportunistic infection.

Controls in this laboratory and most clinical laboratories are healthy adults. Since this test is used for screening and evaluating cellular immune dysfunction in infants and children, it is reasonable to question the comparability of proliferative responses between healthy infants, children, and adults. It is reasonable to expect robust T-cell-specific responses to TT in children without cellular immune compromise, as a result of repeated childhood vaccinations. The response to Candida albicans can be more variable depending on the extent of exposure and age of exposure. A comment will be provided in the report documenting the comparison of pediatric results with an adult reference range and correlation with clinical context for appropriate interpretation.

It should be noted that without obtaining formal pediatric reference values, it remains a possibility that the response in infants and children can be underestimated. However, the practical challenges of generating a pediatric range for this assay necessitate comparison of pediatric data with adult reference values or controls.

**ADMINISTRATIVE****CPT Codes:**

86353-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LPAG

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Flow cytometry



**Remarks:**

**Collect blood Monday through Thursday only.**

Specimen must be received for sendout at China Basin by 3:30 pm on day of collection.

Specimens must arrive at Mayo laboratories within 24 hours of collection, therefore samples must be drawn and delivered to UCSF laboratory by 12:00 noon to meet processing deadline.

For Brown & Toland patients Authorization from B&T is **required before** samples are collected.

**Collect:**

Dark Green top

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

Blood Volume Recommendations Based on Absolute Lymphocyte Count (ALC):

Antigen only:

| ALC x<br>10(9)/L | Blood volume for minimum Candida albicans (CA) and tetanus toxoid (TT)<br>Only | Blood volume for full<br>assay |
|------------------|--------------------------------------------------------------------------------|--------------------------------|
| <0.5             | >18.5 mL                                                                       | >40 mL                         |
| 0.5-1.0          | 18.5 mL                                                                        | 40 mL                          |
| 1.1-1.5          | 8.5 mL                                                                         | 20 mL                          |
| 1.6-2.0          | 6.0 mL                                                                         | 12 mL                          |
| 2.1-3.0          | 4.5 mL                                                                         | 10 mL                          |
| 3.1-4.0          | 3.0 mL                                                                         | 6 mL                           |
| 4.1-5.0          | 2.5 mL                                                                         | 5 mL                           |
| >5.0             | 2.0 mL                                                                         | 4 mL                           |

**Minimum Volume:**

>= 18 year olds: 6 mL blood

Children: 3 mL blood

**Unacceptable Conditions:**

Samples collected outside of stated time frames

**Specimen Preparation:**

Specimen must be maintained at room temperature. Do not refrigerate or freeze.

Specimen must be received for sendout at China Basin by 3:30 pm on day of collection.

Please notify China Basin Sendout to expedite processing of whole blood specimens (Dark Green tubes) at 3-1349 or 3-4840 upon receipt.

Mayo order LPAGF

**Reference Interval:**

|                                                     |          |
|-----------------------------------------------------|----------|
| Viability of lymphocytes at day 0                   | >= 75.0% |
| Maximum proliferation of Candida albicans as % CD45 | >= 5.7%  |
| Maximum proliferation of Candida albicans as % CD3  | >= 3.0%  |
| Maximum proliferation of tetanus toxoid as % CD45   | >= 5.2%  |
| Maximum proliferation of tetanus toxoid as % CD3    | >= 3.3%  |

**Synonyms:**

- Lymphocyte stimulation
- lymphocyte antigen proliferation
- lymphocyte proliferation, SCIDS
- Severe combined immunodeficiency syndrome
- C. albicans
- Candida albicans
- tetanus toxoid
- LYMPHOCYTE PHYTOHEMAGGLUTININ
- LYMPHOCYTE BLASTOGENESIS ANTIGEN
- IMMUNE COMPETENCE
- BLASTOGENESIS ANTIGENS
- LYMPHOCYTE TRANSFORMATION
- LPAG

**Reported:**

10-12 days.

**Additional Information:**

Abnormal test results to antigen stimulation are indicative of impaired T-cell function, if T-cell counts are normal or only modestly decreased. If there is profound T-cell lymphopenia, it must be kept in mind that there could be a "dilution" effect with underrepresentation of T cells within the peripheral blood mononuclear cells (PBMC) population that could result in lower T-cell proliferative responses. However, this is not a significant concern in the flow cytometry assay, since acquisition of additional cellular events during analysis can compensate for artificial reduction in proliferation due to lower T-cell counts. In the case of antigen-specific T-cell responses to tetanus toxoid (TT), there can be absent responses due to natural waning of cellular immunity, if the interval between vaccinations has exceeded the recommended period, especially in adults. In such circumstances, it would be appropriate to measure TT-specific T-cell responses 4 to 6 weeks after a booster vaccination.

There is no absolute correlation between T-cell proliferation in vitro and a clinically significant immunodeficiency, whether primary or secondary, since T-cell proliferation in response to activation is necessary, but not sufficient, for an effective immune response. Therefore, the proliferative response to antigens can be regarded as a more sensitive, but less specific, test for the diagnosis of infection susceptibility.

It should also be kept in mind that there is no single laboratory test that can identify or define impaired cellular immunity, with the exception of an opportunistic infection.

Controls in this laboratory and most clinical laboratories are healthy adults. Since this test is used for screening and evaluating cellular immune dysfunction in infants and children, it is reasonable to question the comparability of proliferative responses between healthy infants, children, and adults. It is reasonable to expect robust T-cell-specific responses to TT in children without cellular immune compromise, as a result of repeated childhood vaccinations. The response to *Candida albicans* can be more variable depending on the extent of exposure and age of exposure. A comment will be provided in the report documenting the comparison of pediatric results with an adult reference range and correlation with clinical context for appropriate interpretation.

It should be noted that without obtaining formal pediatric reference values, it remains a possibility that the response in infants and children can be underestimated. However, the practical challenges of generating a pediatric range for this assay necessitate comparison of pediatric data with adult reference values or controls.

**CPT Codes:**

86353-90

# Lymphocyte Mitogen Stimulation

LAB5330

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Flow cytometry

**Reported:**

10-12 days.

**Additional Information:**

Abnormal test results to mitogen stimulation are indicative of impaired T-cell function if T-cell counts are normal or only modestly decreased. If there is profound T-cell lymphopenia, it must be kept in mind that there could be a "dilution" effect with under-representation of T cells within the peripheral blood mononuclear cells (PBMCs) population that could result in lower T-cell proliferative responses. However, this is not a significant concern in the flow cytometry assay, since acquisition of additional cellular events during analysis can compensate for artificial reduction in proliferation due to lower T-cell counts.

There is no absolute correlation between T-cell proliferation in vitro and a clinically significant immunodeficiency, whether primary or secondary, since T-cell proliferation in response to activation is necessary, but not sufficient, for an effective immune response. Therefore, the proliferative response to mitogens can be regarded as a more specific but less sensitive test for the diagnosis of infection susceptibility.

It should also be kept in mind that there is no single laboratory test that can identify or define impaired cellular immunity, with the exception of an opportunistic infection.

Controls in this laboratory and most clinical laboratories are healthy adults. Since this test is used for screening and evaluating cellular immune dysfunction in infants and children, it is reasonable to question the comparability of proliferative responses between healthy infants, children, and adults. One study has reported that the highest mitogen responses are seen in newborn infants with subsequent decline to 6 months of age, and a continuing decline through adolescence to half the neonatal response.<sup>(6)</sup> In our evaluation of 43 pediatric specimens (of all ages) with adult normal controls, only 21% and 14% were below the tenth percentile of the adult reference range for pokeweed (PWM) and phytohemagglutinin (PHA), respectively. A comment will be provided in the report documenting the comparison of pediatric results with an adult reference range and correlation with clinical context for appropriate interpretation.

It should be noted that without obtaining formal pediatric reference values it remains a possibility that the response in infants and children can be underestimated. However, the practical challenges of generating a pediatric range for this assay necessitate comparison of pediatric data with adult reference values or controls.

Lymphocyte proliferation responses to mitogens and antigens are significantly affected by time elapsed since blood collection. Results have been shown to be variable for specimens assessed >24 and <48 hours postblood collection, therefore, lymphocyte proliferation results must be interpreted with due caution and results should be correlated with clinical context.

**Synonyms:**

- Lymphocyte proliferation
- pokeweed mitogen
- PWM
- phytohemagglutinin
- PHA
- Lymphocyte stimulation
- lymphocyte proliferation
- SCIDS
- Severe combined immunodeficiency syndrome
- LYMPHOCYTE TRANSFORMATION
- IN VITRO T-CELL FUNCTION
- IMMUNE COMPETENCE
- BLASTOGENESIS MITOGENS
- (PHA) PHYTOHEMAGGLUTININ

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Label Abbreviation:**

LPMG

**Collect:**

Dark Green top

**Preferred Volume:**

Blood Volume Recommendations Based on Absolute Lymphocytes Count (ALC):

Mitogen only:

| ALC x 10(9)/L | Blood volume for minimum phytohemagglutinin (PHA) only | Blood volume for PHA and pokeweed mitogen (PWM) | Blood volume for full assay |
|---------------|--------------------------------------------------------|-------------------------------------------------|-----------------------------|
| <0.5          | >6.5 mL                                                | >8.5 mL                                         | >22 mL                      |
| 0.5-1.0       | 6.5 mL                                                 | 8.5 mL                                          | 22 mL                       |
| 1.1-1.5       | 3.0 mL                                                 | 5.0 mL                                          | 10 mL                       |
| 1.6-2.0       | 2.0 mL                                                 | 2.5 mL                                          | 7 mL                        |
| 2.1-3.0       | 1.5 mL                                                 | 2.0 mL                                          | 6 mL                        |
| 3.1-4.0       | 1.0 mL                                                 | 1.5 mL                                          | 4 mL                        |
| 4.1-5.0       | 0.8 mL                                                 | 1.0 mL                                          | 3 mL                        |
| >5.0          | 0.5 mL                                                 | 0.8 mL                                          | 2 mL                        |

**Minimum Volume:**

&gt;= 18 year olds: 6 mL blood

Children: 3 mL blood

**Remarks:****Collect blood Monday through Thursday only.**

Specimen must be received for sendout at China Basin by 3:30 pm on day of collection.

Specimens must arrive at Mayo laboratories within 24 hours of collection, therefore samples must be drawn and delivered to UCSF laboratory by 12:00 noon to meet processing deadline.

For Brown & Toland patients Authorization from B&T is **required before** samples are collected.**Unacceptable Conditions:**

Samples collected outside of stated time frames

**PROCESSING****Test Code:**

LPMG

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Specimen must be maintained at room temperature. Do not refrigerate or freeze.

Specimen must be received for sendout at China Basin by 3:30 pm on day of collection.

Please notify China Basin Sendout to expedite processing of whole blood specimens (Dark Green tubes) at 3-1349 or 3-4840 upon receipt.

Mayo order LPMGF

**Preferred Volume:**

Blood Volume Recommendations Based on Absolute Lymphocytes Count (ALC):

Mitogen only:

| ALC x 10(9)/L | Blood volume for minimum phytohemagglutinin (PHA) only | Blood volume for PHA and pokeweed mitogen (PWM) | Blood volume for full assay |
|---------------|--------------------------------------------------------|-------------------------------------------------|-----------------------------|
| <0.5          | >6.5 mL                                                | >8.5 mL                                         | >22 mL                      |
| 0.5-1.0       | 6.5 mL                                                 | 8.5 mL                                          | 22 mL                       |
| 1.1-1.5       | 3.0 mL                                                 | 5.0 mL                                          | 10 mL                       |
| 1.6-2.0       | 2.0 mL                                                 | 2.5 mL                                          | 7 mL                        |
| 2.1-3.0       | 1.5 mL                                                 | 2.0 mL                                          | 6 mL                        |
| 3.1-4.0       | 1.0 mL                                                 | 1.5 mL                                          | 4 mL                        |
| 4.1-5.0       | 0.8 mL                                                 | 1.0 mL                                          | 3 mL                        |
| >5.0          | 0.5 mL                                                 | 0.8 mL                                          | 2 mL                        |

**Minimum Volume:**

>= 18 year olds: 6 mL blood  
Children: 3 mL blood

**Unacceptable Conditions:**

Samples collected outside of stated time frames

**RESULT INTERPRETATION****Reference Interval:**

|                                                       |          |
|-------------------------------------------------------|----------|
| Viability of lymphocytes at day 0                     | >= 75.0% |
| Maximum proliferation of phytohemagglutinin as % CD45 | >= 49.9% |
| Maximum proliferation of phytohemagglutinin as % CD3  | >= 58.5% |
| Maximum proliferation of pokeweed mitogen as % CD45   | >= 4.5%  |
| Maximum proliferation of pokeweed mitogen as % CD3    | >= 3.5%  |
| Maximum proliferation of pokeweed mitogen as % CD19   | >= 3.9%  |

**Additional Information:**

Abnormal test results to mitogen stimulation are indicative of impaired T-cell function if T-cell counts are normal or only modestly decreased. If there is profound T-cell lymphopenia, it must be kept in mind that there could be a "dilution" effect with under-representation of T cells within the peripheral blood mononuclear cells (PBMCs) population that could result in lower T-cell proliferative responses. However, this is not a significant concern in the flow cytometry assay, since acquisition of additional cellular events during analysis can compensate for artificial reduction in proliferation due to lower T-cell counts.

There is no absolute correlation between T-cell proliferation in vitro and a clinically significant immunodeficiency, whether primary or secondary, since T-cell proliferation in response to activation is necessary, but not sufficient, for an effective immune response. Therefore, the proliferative response to mitogens can be regarded as a more specific but less sensitive test for the diagnosis of infection susceptibility.

It should also be kept in mind that there is no single laboratory test that can identify or define impaired cellular immunity, with the exception of an opportunistic infection.

Controls in this laboratory and most clinical laboratories are healthy adults. Since this test is used for screening and evaluating cellular immune dysfunction in infants and children, it is reasonable to question the comparability of proliferative responses between healthy infants, children, and adults. One study has reported that the highest mitogen responses are seen in newborn infants with subsequent decline to 6 months of age, and a continuing decline through adolescence to half the neonatal response.<sup>(6)</sup> In our evaluation of 43 pediatric specimens (of all ages) with adult normal controls, only 21% and 14% were below the tenth percentile of the adult reference range for pokeweed (PWM) and phytohemagglutinin (PHA), respectively. A comment will be provided in the report documenting the comparison of pediatric results with an adult reference range and correlation with clinical context for appropriate interpretation.

It should be noted that without obtaining formal pediatric reference values it remains a possibility that the response in infants and children can be underestimated. However, the practical challenges of generating a pediatric range for this assay necessitate comparison of pediatric data with adult reference values or controls.

Lymphocyte proliferation responses to mitogens and antigens are significantly affected by time elapsed since blood collection. Results have been shown to be variable for specimens assessed >24 and <48 hours postblood collection, therefore, lymphocyte proliferation results must be interpreted with due caution and results should be correlated with clinical context.

**ADMINISTRATIVE****CPT Codes:**

86353-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LPMG

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Flow cytometry

**Remarks:**

**Collect blood Monday through Thursday only.**

Specimen must be received for sendout at China Basin by 3:30 pm on day of collection.

Specimens must arrive at Mayo laboratories within 24 hours of collection, therefore samples must be drawn and delivered to UCSF laboratory by 12:00 noon to meet processing deadline.

For Brown & Toland patients Authorization from B&T is **required before** samples are collected.

**Collect:**

Dark Green top

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

Blood Volume Recommendations Based on Absolute Lymphocytes Count (ALC):

Mitogen only:

| ALC x 10(9)/L | Blood volume for minimum phytohemagglutinin (PHA) only | Blood volume for PHA and pokeweed mitogen (PWM) | Blood volume for full assay |
|---------------|--------------------------------------------------------|-------------------------------------------------|-----------------------------|
| <0.5          | >6.5 mL                                                | >8.5 mL                                         | >22 mL                      |
| 0.5-1.0       | 6.5 mL                                                 | 8.5 mL                                          | 22 mL                       |
| 1.1-1.5       | 3.0 mL                                                 | 5.0 mL                                          | 10 mL                       |
| 1.6-2.0       | 2.0 mL                                                 | 2.5 mL                                          | 7 mL                        |
| 2.1-3.0       | 1.5 mL                                                 | 2.0 mL                                          | 6 mL                        |
| 3.1-4.0       | 1.0 mL                                                 | 1.5 mL                                          | 4 mL                        |
| 4.1-5.0       | 0.8 mL                                                 | 1.0 mL                                          | 3 mL                        |
| >5.0          | 0.5 mL                                                 | 0.8 mL                                          | 2 mL                        |

**Minimum Volume:**

>= 18 year olds: 6 mL blood

Children: 3 mL blood

**Unacceptable Conditions:**

Samples collected outside of stated time frames

**Specimen Preparation:**

Specimen must be maintained at room temperature. Do not refrigerate or freeze.

Specimen must be received for sendout at China Basin by 3:30 pm on day of collection.

Please notify China Basin Sendout to expedite processing of whole blood specimens (Dark Green tubes) at 3-1349 or 3-4840 upon receipt.

Mayo order LPMGF

**Reference Interval:**

|                                                       |          |
|-------------------------------------------------------|----------|
| Viability of lymphocytes at day 0                     | >= 75.0% |
| Maximum proliferation of phytohemagglutinin as % CD45 | >= 49.9% |
| Maximum proliferation of phytohemagglutinin as % CD3  | >= 58.5% |
| Maximum proliferation of pokeweed mitogen as % CD45   | >= 4.5%  |
| Maximum proliferation of pokeweed mitogen as % CD3    | >= 3.5%  |
| Maximum proliferation of pokeweed mitogen as % CD19   | >= 3.9%  |

**Synonyms:**

- Lymphocyte proliferation
- pokeweed mitogen
- PWM
- phytohemagglutinin
- PHA
- Lymphocyte stimulation
- lymphocyte proliferation
- SCIDS
- Severe combined immunodeficiency syndrome
- LYMPHOCYTE TRANSFORMATION
- IN VITRO T-CELL FUNCTION
- IMMUNE COMPETENCE
- BLASTOGENESIS MITOGENS
- (PHA) PHYTOHEMAGGLUTININ

**Reported:**

10-12 days.

**Additional Information:**

Abnormal test results to mitogen stimulation are indicative of impaired T-cell function if T-cell counts are normal or only modestly decreased. If there is profound T-cell lymphopenia, it must be kept in mind that there could be a "dilution" effect with under-representation of T cells within the peripheral blood mononuclear cells (PBMCs) population that could result in lower T-cell proliferative responses. However, this is not a significant concern in the flow cytometry assay, since acquisition of additional cellular events during analysis can compensate for artificial reduction in proliferation due to lower T-cell counts.

There is no absolute correlation between T-cell proliferation in vitro and a clinically significant immunodeficiency, whether primary or secondary, since T-cell proliferation in response to activation is necessary, but not sufficient, for an effective immune response. Therefore, the proliferative response to mitogens can be regarded as a more specific but less sensitive test for the diagnosis of infection susceptibility.

It should also be kept in mind that there is no single laboratory test that can identify or define impaired cellular immunity, with the exception of an opportunistic infection.

Controls in this laboratory and most clinical laboratories are healthy adults. Since this test is used for screening and evaluating cellular immune dysfunction in infants and children, it is reasonable to question the comparability of proliferative responses between healthy infants, children, and adults. One study has reported that the highest mitogen responses are seen in newborn infants with subsequent decline to 6 months of age, and a continuing decline through adolescence to half the neonatal response.<sup>(6)</sup> In our evaluation of 43 pediatric specimens (of all ages) with adult normal controls, only 21% and 14% were below the tenth percentile of the adult reference range for pokeweed (PWM) and phytohemagglutinin (PHA), respectively. A comment will be provided in the report documenting the comparison of pediatric results with an adult reference range and correlation with clinical context for appropriate interpretation.

It should be noted that without obtaining formal pediatric reference values it remains a possibility that the response in infants and children can be underestimated. However, the practical challenges of generating a pediatric range for this assay necessitate comparison of pediatric data with adult reference values or controls.

Lymphocyte proliferation responses to mitogens and antigens are significantly affected by time elapsed since blood collection. Results have been shown to be variable for specimens assessed >24 and <48 hours postblood collection, therefore, lymphocyte proliferation results must be interpreted with due caution and results should be correlated with clinical context.

**CPT Codes:**

86353-90

# Lymphocyte subsets, T/B/NK-cell quantitation for Peripheral Blood by Flow Cytometry

LAB1000039

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday - Saturday (day shift)

**Methodology:**

Flow Cytometry

**Reported:**

2-3 days

**Additional Information:**

Absolute counts are enumerated from an internal bead standard. CBC data is not required. CD4 results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**Synonyms:**

- CD3
- CD4
- CD8
- CD19
- CD16+56
- T cells
- B cells
- NK cells
- CD4/CD8 ratio
- H/S ratio
- helper/suppressor ratio
- cytotoxic T cells
- suppressor T cells
- absolute T cell count
- T cell markers
- T subsets
- B cell markers
- T&B cells
- T & B cells
- T and B cells
- T4/T8 ratio
- flow cytometry
- TBNK

## COLLECTION

**Sample Type:**

EDTA whole blood

**Label Abbreviation:**

TBNK

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Storage/Transport Temperature:**

Room Temperature

**Unacceptable Conditions:**

Refrigerated sample received. Sample > 48 hours old when received. Reject hemolyzed samples.

## PROCESSING



**Test Code:**

TBNK

**Test Group:**

CD

**Performing Lab:**

Immunology

**Specimen Preparation:**

DO NOT refrigerate, store at room temperature and ship to China Basin.

**Preferred Volume:**

3 mL blood

**Unacceptable Conditions:**

Refrigerated sample received. Sample &gt; 48 hours old when received. Reject hemolyzed samples.

**Storage/Transport Temperature:**

Room Temperature

**RESULT INTERPRETATION****Units:**% and x10<sup>6</sup> cells/L**Reference Interval:**

| Subset                               | Percentage | Absolute              |
|--------------------------------------|------------|-----------------------|
| CD3 (T) Cells                        | 57-83%     | 827-2547 x106 cells/L |
| CD4 (helper-inducer) T Cells         | 32-63%     | 488-1711 x106 cells/L |
| CD8 (cytotoxic-suppressor) T Cells   | 9-39%      | 154-1097 x106 cells/L |
| CD19 (B) Cells                       | 5-23%      | 60-551 x106 cells/L   |
| CD16+CD56+ Natural Killer (NK) cells | 5-30%      | 102-617 x106 cells/L  |

CD4 / CD8 (Helper/Suppressor) ratio: 0.7-3.9

Note: Reference values are for &gt;= 18 year olds. For pediatric ranges please see:

Kotlyo, PA, et al. 1993. Reference ranges for Lymphocyte Subsets in Pediatric Patients. Am. J. Clin. Pathol 100:111-115

Lin, S-C., et al. 1998. Age-Related Changes in Blood Lymphocytes of Chinese Children. Ped. Allergy Immunol. 9:215-220

Melaranci, C., et al. 1992. T. Cell Subpopulations in Pediatric Healthy Children: age-normal values. J. Clin. Lab. Immunol. 30:143-149

Tosato, F., et al. 2015. Lymphocytes Subset Reference Values in Childhood. Cytometry Part A. 87A:81-85.

**Additional Information:**

Absolute counts are enumerated from an internal bead standard. CBC data is not required. CD4 results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**ADMINISTRATIVE****LOINC Codes:**

80721-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TBNK

**Test Group:**

CD

**Performing Lab:**

Immunology

**Performed:**

Monday - Saturday (day shift)

**Methodology:**

Flow Cytometry

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Unacceptable Conditions:**

Refrigerated sample received. Sample &gt; 48 hours old when received. Reject hemolyzed samples.

**Specimen Preparation:**

DO NOT refrigerate, store at room temperature and ship to China Basin.

**Units:**% and  $\times 10^6$  cells/L**Reference Interval:**

| Subset                               | Percentage | Absolute                       |
|--------------------------------------|------------|--------------------------------|
| CD3 (T) Cells                        | 57-83%     | 827-2547 $\times 10^6$ cells/L |
| CD4 (helper-inducer) T Cells         | 32-63%     | 488-1711 $\times 10^6$ cells/L |
| CD8 (cytotoxic-suppressor) T Cells   | 9-39%      | 154-1097 $\times 10^6$ cells/L |
| CD19 (B) Cells                       | 5-23%      | 60-551 $\times 10^6$ cells/L   |
| CD16+CD56+ Natural Killer (NK) cells | 5-30%      | 102-617 $\times 10^6$ cells/L  |

CD4 / CD8 (Helper/Suppressor) ratio: 0.7-3.9

Note: Reference values are for  $\geq 18$  year olds. For pediatric ranges please see:

Kotlyo, PA, et al. 1993. Reference ranges for Lymphocyte Subsets in Pediatric Patients. Am. J. Clin. Pathol 100:111-115

Lin, S-C., et al. 1998. Age-Related Changes in Blood Lymphocytes of Chinese Children. Ped. Allergy Immunol. 9:215-220

Melaranci, C., et al. 1992. T. Cell Subpopulations in Pediatric Healthy Children: age-normal values. J. Clin. Lab. Immunol. 30:143-149

Tosato, F., et al. 2015. Lymphocytes Subset Reference Values in Childhood. Cytometry Part A. 87A:81-85.

**Synonyms:**

- CD3
- CD4
- CD8
- CD19
- CD16+56
- T cells
- B cells
- NK cells
- CD4/CD8 ratio
- H/S ratio
- helper/suppressor ratio
- cytotoxic T cells
- suppressor T cells
- absolute T cell count
- T cell markers
- T subsets
- B cell markers
- T&B cells
- T & B cells
- T and B cells
- T4/T8 ratio
- flow cytometry
- TBNK

**Storage/Transport Temperature:**

Room Temperature

**Reported:**

2-3 days

**Additional Information:**

Absolute counts are enumerated from an internal bead standard. CBC data is not required. CD4 results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**LOINC Codes:**

80721-4

# Lymphogranuloma venereum Antibody Panel

LGV

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Micro-indirect fluorescence

**Reported:**

5-7 days

**Additional Information:**

Lymphogranuloma venereum (LGV) is a clinical syndrome caused by infection with serovars L1, L2, or L3 of *C. trachomatis*. Due to the highly crossreactive nature of the *C. trachomatis* (L2) antigen used in this panel, antibodies induced by infection with *C. trachomatis* (D-K) or other chlamydial species often show strong L2 reactivity. Thus, detection of L2-reactive antibodies does not necessarily indicate infection with LGV serovars of *C. trachomatis*. Results for the whole Chlamydia antibody panel should be considered in conjunction with clinical findings to establish the diagnosis.

**Includes:**

*C. pneumoniae* IgA, *C. psittaci* IgA, *C. trachomatis* (L2) IgA, *C. trachomatis* (D-K) IgA, *C. pneumoniae* IgG, *C. trachomatis* (L2) IgG, *C. psittaci* IgG, *C. trachomatis* (D-K) IgG, *C. trachomatis* (D-K) IgM, *C. pneumoniae* IgM, *C. psittaci* IgM, *C. trachomatis* (L2) IgM

**Synonyms:**

- LGV

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month

## PROCESSING

**Test Code:**

LGV

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Spin and freeze aliquot at -20C. Ship to CB.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month

## RESULT INTERPRETATION

**Units:**

Titer

**Reference Interval:**

IgG: &lt;1:64

IgA: &lt;1:16

IgM: &lt;1:10

**Additional Information:**

Lymphogranuloma venereum (LGV) is a clinical syndrome caused by infection with serovars L1, L2, or L3 of *C. trachomatis*. Due to the highly crossreactive nature of the *C. trachomatis* (L2) antigen used in this panel, antibodies induced by infection with *C. trachomatis* (D-K) or other chlamydial species often show strong L2 reactivity. Thus, detection of L2-reactive antibodies does not necessarily indicate infection with LGV serovars of *C. trachomatis*. Results for the whole Chlamydia antibody panel should be considered in conjunction with clinical findings to establish the diagnosis.

Includes:

*C. pneumoniae* IgA, *C. psittaci* IgA, *C. trachomatis* (L2) IgA, *C. trachomatis* (D-K) IgA, *C. pneumoniae* IgG, *C. trachomatis* (L2) IgG, *C. psittaci* IgG, *C. trachomatis* (D-K) IgG, *C. trachomatis* (D-K) IgM, *C. pneumoniae* IgM, *C. psittaci* IgM, *C. trachomatis* (L2) IgM

**ADMINISTRATIVE****CPT Codes:**

86632-90 x4, 86631-90 x8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LGV

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Micro-indirect fluorescence

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Spin and freeze aliquot at -20C. Ship to CB.

**Units:**

Titer

**Reference Interval:**

IgG: &lt;1:64

IgA: &lt;1:16

IgM: &lt;1:10

**Synonyms:**

- LGV

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month

**Reported:**

5-7 days

**Additional Information:**

Lymphogranuloma venereum (LGV) is a clinical syndrome caused by infection with serovars L1, L2, or L3 of *C. trachomatis*. Due to the highly crossreactive nature of the *C. trachomatis* (L2) antigen used in this panel, antibodies induced by infection with *C. trachomatis* (D-K) or other chlamydial species often show strong L2 reactivity. Thus, detection of L2-reactive antibodies does not necessarily indicate infection with LGV serovars of *C. trachomatis*. Results for the whole Chlamydia antibody panel should be considered in conjunction with clinical findings to establish the diagnosis.

**Includes:**

*C. pneumoniae* IgA, *C. psittaci* IgA, *C. trachomatis* (L2) IgA, *C. trachomatis* (D-K) IgA, *C. pneumoniae* IgG, *C. trachomatis* (L2) IgG, *C. psittaci* IgG, *C. trachomatis* (D-K) IgG, *C. trachomatis* (D-K) IgM, *C. pneumoniae* IgM, *C. psittaci* IgM, *C. trachomatis* (L2) IgM

**CPT Codes:**

86632-90 x4, 86631-90 x8

# Lysosomal Acid Lipase Activity, Dried Blood Spot

LAB6129

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Tue

**Methodology:**

Quantitative Fluorometry

**Reported:**

3-10 days

**Synonyms:**

- CESD
- Cholesterol Ester Storage Disease
- LAL deficiency
- LIPA deficiency
- Lysosomal acid lipase deficiency
- Wolman Disease
- LALA

## COLLECTION

**Label Abbreviation:**

LALA

**Collect:**

Dried Blood Spot (DBS): Whatman 903 Protein Saver Card (filter paper).

Whole blood: Yellow (ACD solution A). Also Acceptable: Lavender (K2EDTA), lavender (K3EDTA) or green (sodium heparin).

**Remarks:**

Additional information is required: Clinical indication for testing.

**Stability (from collection to initiation):**

DBS: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 month

Whole Blood: Ambient: 3 days; Refrigerated: 3days; Frozen: Unacceptable

**Storage/Transport Temperature:**

DBS: Room temperature. Also acceptable: Refrigerated.

Whole Blood: Refrigerated. Also acceptable: Room temperature.

**Unacceptable Conditions:**

DBS: Samples transported before blood is dried. Blood not soaked through to the back of the filter paper card. Heavily saturated, clotted, or double-spotted samples. Samples with evidence of milking or squeezing the puncture site or of contamination by alcohol or other liquids.

## PROCESSING

**Test Code:**

LALA

**ARUP Test Code:**

2012266

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

DBS: Whole blood collected on filter paper by direct puncture and dried.

Whole blood collected by venipuncture in yellow (ACD solution A) or lavender (K2EDTA), lavender (K3EDTA) or green (sodium heparin) and then spotted on filter paper and dried.

Allow blood to completely air dry before transporting for a minimum of 4 hours to overnight. Two circles of whole blood. (Min: 1 circle)

Whole Blood: Transport 1 mL whole blood. (Min: 0.5 mL)

**Unacceptable Conditions:**

DBS: Samples transported before blood is dried. Blood not soaked through to the back of the filter paper card. Heavily saturated, clotted, or double-spotted samples. Samples with evidence of milking or squeezing the puncture site or of contamination by alcohol or other liquids.

**Stability (from collection to initiation):**

DBS: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 month  
Whole Blood: Ambient: 3 days; Refrigerated: 3days; Frozen: Unacceptable

**Storage/Transport Temperature:**

DBS: Room temperature. Also acceptable: Refrigerated.  
Whole Blood: Refrigerated. Also acceptable: Room temperature.

**RESULT INTERPRETATION****Reference Interval:**

0.50 - 2.30 nmol hydrolyzed/hr/DBS punch

**Interpretive Data:**

Refer to report.

**ADMINISTRATIVE****CPT Codes:**

82657

**LOINC:**

- 48767-8
- 73958-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LALA

**ARUP Test Code:**

2012266

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Tue

**Methodology:**

Quantitative Fluorometry

**Remarks:**

Additional information is required: Clinical indication for testing.

**Collect:**

Dried Blood Spot (DBS): Whatman 903 Protein Saver Card (filter paper).  
Whole blood: Yellow (ACD solution A). Also Acceptable: Lavender (K2EDTA), lavender (K3EDTA) or green (sodium heparin).

**Unacceptable Conditions:**

DBS: Samples transported before blood is dried. Blood not soaked through to the back of the filter paper card. Heavily saturated, clotted, or double-spotted samples. Samples with evidence of milking or squeezing the puncture site or of contamination by alcohol or other liquids.

**Specimen Preparation:**

DBS: Whole blood collected on filter paper by direct puncture and dried.  
Whole blood collected by venipuncture in yellow (ACD solution A) or lavender (K2EDTA), lavender (K3EDTA) or green (sodium heparin) and then spotted on filter paper and dried.  
Allow blood to completely air dry before transporting for a minimum of 4 hours to overnight. Two circles of whole blood. (Min: 1 circle)  
Whole Blood: Transport 1 mL whole blood. (Min: 0.5 mL)

**Reference Interval:**

0.50 - 2.30 nmol hydrolyzed/hr/DBS punch

**Interpretive Data:**

Refer to report.



**Synonyms:**

- CESD
- Cholesterol Ester Storage Disease
- LAL deficiency
- LIPA deficiency
- Lysosomal acid lipase deficiency
- Wolman Disease
- LALA

**Storage/Transport Temperature:**

DBS: Room temperature. Also acceptable: Refrigerated.

Whole Blood: Refrigerated. Also acceptable: Room temperature.

**Stability (from collection to initiation):**

DBS: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 month

Whole Blood: Ambient: 3 days; Refrigerated: 3days; Frozen: Unacceptable

**Reported:**

3-10 days

**CPT Codes:**

82657

**LOINC:**

- 48767-8
- 73958-1

# Lysosomal Disease Screen

LYDX

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Jefferson Medical College

**Reported:**

Test performed Thursday. Turnaround time: 10 days.

**Additional Information:**

A detailed clinical history must accompany the test request or be sent by fax: (215)955-7560. Click [here](#) to obtain the history form.

In addition to this diagnostic screen, carrier identification and prenatal testing for many disorders is also available.

**Reflex Testing:**

Additional assays for confirmatory testing may be run and charged separately.

**Synonyms:**

- Alpha-iduronidase
- Multiple sulfatase deficiency
- Sulfatase deficiency,multiple
- Mucopolipidosis Screen

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Collect:**

Dark Green top

**Amount to Collect:**

10 mL blood

**Preferred Volume:**

10 mL blood

**Minimum Volume:**

3 mL blood

**Remarks:**

Keep sample at room temperature.

A detailed clinical history must accompany the test request or be sent by fax: (215)955-7560. Click [here](#) to obtain the history form.

Sample must arrive at Jefferson Medical College within 24 hours of collection, therefore collect Monday-Thursday noon only.

**Unacceptable Conditions:**

Samples collected outside of stated time frames

## PROCESSING

**Test Code:**

LYDX

**Sendout:**

Yes

**Performing Lab:**

Jefferson Medical College

**Specimen Preparation:**

Keep at room temperature-do NOT centrifuge or refrigerate.

Ship with clinical history by Federal Express, Monday-Thursday only, to: Dr. David A. Wenger, Jefferson Medical College, Jefferson Alumni Hall, Rm. 346, 1020 Locust St., Philadelphia, PA 19107 ph: (215) 955-4923, fax (215) 955-9554, e-mail: david.wenger@mail.tju.edu

**Preferred Volume:**

10 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Samples collected outside of stated time frames

**RESULT INTERPRETATION****Additional Information:**

A detailed clinical history must accompany the test request or be sent by fax: (215)955-7560. Click [here](#) to obtain the history form.

In addition to this diagnostic screen, carrier identification and prenatal testing for many disorders is also available.

**ADMINISTRATIVE****CPT Codes:**

82657-90

**LOINC Codes:**

48311-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LYDX

**Performing Lab:**

Jefferson Medical College

**Sendout:**

Yes

**Remarks:**

Keep sample at room temperature.

A detailed clinical history must accompany the test request or be sent by fax: (215)955-7560. Click [here](#) to obtain the history form.

Sample must arrive at Jefferson Medical College within 24 hours of collection, therefore collect Monday-Thursday noon only.

**Collect:**

Dark Green top

**Amount to Collect:**

10 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

10 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Samples collected outside of stated time frames

**Specimen Preparation:**

Keep at room temperature-do NOT centrifuge or refrigerate.

Ship with clinical history by Federal Express, Monday-Thursday only, to: Dr. David A. Wenger, Jefferson Medical College, Jefferson Alumni Hall, Rm. 346, 1020 Locust St., Philadelphia, PA 19107 ph: (215) 955-4923, fax (215) 955-9554, e-mail: david.wenger@mail.tju.edu

**Synonyms:**

- Alpha-iduronidase
- Multiple sulfatase deficiency
- Sulfatase deficiency,multiple
- Mucopolipidosis Screen

**Reported:**

Test performed Thursday. Turnaround time: 10 days.

**Reflex Testing:**

Additional assays for confirmatory testing may be run and charged separately.

**Additional Information:**

A detailed clinical history must accompany the test request or be sent by fax: (215)955-7560. Click [here](#) to obtain the history form.

In addition to this diagnostic screen, carrier identification and prenatal testing for many disorders is also available.

**CPT Codes:**

82657-90

**LOINC Codes:**

48311-5

**Supplemental Test Request Form Required:**

Yes

# Lysozyme, Serum

LAB1133

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Turbidimetric

**Reported:**

Test performed Monday-Wednesday-Friday. Turnaround time: 2-3 days.

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

LYSO

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 15 days, frozen at -20C 18 days.

## PROCESSING

**Test Code:**

LYSO

**Test Group:**

Lysozyme

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze at -20C. Order Quest # 25890P.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 15 days, frozen at -20C 18 days.

## RESULT INTERPRETATION

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

5.0 - 11.0 µg/mL

## ADMINISTRATIVE

**CPT Codes:**

85549-90

**LOINC Codes:**  
2589-0

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
LYSO

**Test Group:**  
Lysozyme

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Turbidimetric

**Collect:**  
Gold top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

**Specimen Preparation:**  
Freeze at -20C. Order Quest # 25890P.

**Units:**  
µg/mL (mcg/mL)

**Reference Interval:**  
5.0 - 11.0 µg/mL

**Stability (from collection to initiation):**  
Room temperature 1 day, refrigerated 15 days, frozen at -20C 18 days.

**Reported:**  
Test performed Monday-Wednesday-Friday. Turnaround time: 2-3 days.

**CPT Codes:**  
85549-90

**LOINC Codes:**  
2589-0

# Macroprolactin

LAB5650

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay &amp; PEG precipitation

**Reported:**

7-10 days

**Additional Information:**

For some patients the level of Prolactin measured by immunoassay may be inaccurate with respect to the level of monomeric, biologically active Prolactin. The Macroprolactin by PEG Precipitation test can help to identify if a patient sample has elevated Prolactin due to mostly inactive protein-bound Prolactin (Macroprolactin).

**Synonyms:**

- prolactin monomeric
- monomeric prolactin

## COLLECTION

**Patient Preparation:**

Fasting recommended but not required

**Sample Type:**

Serum

**Label Abbreviation:**

MACPRO

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.4 mL serum

**Stability (from collection to initiation):**

Room temperature or refrigerated 1 week, frozen 6 months

**Unacceptable Conditions:**

Plasma samples, hemolyzed samples

**Rejection Criteria:**

Plasma samples, hemolyzed samples

## PROCESSING

**Test Code:**

MACPRO

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze serum. Transport to CB frozen. Order Quest code 16122

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.4 mL serum

**Unacceptable Conditions:**

Plasma samples, hemolyzed samples

**Rejection Criteria:**

Plasma samples, hemolyzed samples

**Stability (from collection to initiation):**

Room temperature or refrigerated 1 week, frozen 6 months

**RESULT INTERPRETATION****Units:**

ng/mL

**Additional Information:**

For some patients the level of Prolactin measured by immunoassay may be inaccurate with respect to the level of monomeric, biologically active Prolactin. The Macroprolactin by PEG Precipitation test can help to identify if a patient sample has elevated Prolactin due to mostly inactive protein-bound Prolactin (Macroprolactin).

**ADMINISTRATIVE****CPT Codes:**

84146-90 x2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MACPRO

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Immunoassay &amp; PEG precipitation

**Patient Preparation:**

Fasting recommended but not required

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.4 mL serum

**Rejection Criteria:**

Plasma samples, hemolyzed samples

**Unacceptable Conditions:**

Plasma samples, hemolyzed samples

**Specimen Preparation:**

Aliquot and freeze serum. Transport to CB frozen. Order Quest code 16122

**Units:**

ng/mL

**Synonyms:**

- prolactin monomeric
- monomeric prolactin

**Stability (from collection to initiation):**

Room temperature or refrigerated 1 week, frozen 6 months

**Reported:**

7-10 days

**Additional Information:**

For some patients the level of Prolactin measured by immunoassay may be inaccurate with respect to the level of monomeric, biologically active Prolactin. The Macroprolactin by PEG Precipitation test can help to identify if a patient sample has elevated Prolactin due to mostly inactive protein-bound Prolactin (Macroprolactin).

**CPT Codes:**

84146-90 x2



# Magnesium, Serum/Plasma

LAB103

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)  
Peninsula Outpatient Center (Mon-Fri 0800-1630)  
Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry:  
Enzymatic using isocitrate dehydrogenase on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Xylidyl blue spectrophotometric method on Roche cobas c311

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by x 0.411.

Severe hemolysis may artifactually increase the result.

**Synonyms:**

- Mg

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, St Mary, St Francis Berkeley Outpatient Center, and Peninsula Outpatient Center:  
Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

## PROCESSING

**Test Code:**

MG

**Test Group:**

Magnesium

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, St Mary, St Francis Berkeley Outpatient Center, and Peninsula Outpatient Center:  
Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; Saint Marys Chemistry:

Age : (Pediatrics) mg/dL

Newborn 2 to &lt;5 days 1.5 - 2.2

5 days to &lt;6 years 1.7 - 2.3

6 years to &lt;12 years 1.7 - 2.1

12 years to 18 years 1.7 - 2.2

Pediatric reference ranges provided by manufacturer of the assay (Abbott) and obtained from Wu AHB. Tietz Clinical Guide to Laboratory Tests, 4th ed. Philadelphia, PA: WB Saunders; 2006: 706-708.

Adult:

&gt;18 years 1.6 - 2.6

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | mg/dL   |
|-------------|---------|
| >= 19 years | 1.6-2.6 |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche MG2 package insert by running 20 male and 20 female lab volunteers.

**Critical Values:**

&lt;1.0 mg/dL or &gt;4.5 mg/dL

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by x 0.411.

Severe hemolysis may artifactually increase the result.

**ADMINISTRATIVE****CPT Codes:**

83735

**LOINC Codes:**

19123-9

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

MG

**Test Group:**

Magnesium

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

Berkeley Outpatient Center

Peninsula Outpatient Center

Saint Francis Chemistry

Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry:  
 Enzymatic using isocitrate dehydrogenase on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center:  
 Xylidyl blue spectrophotometric method on Roche cobas c311

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

mg/dL

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry:

Age : (Pediatrics) mg/dL

Newborn 2 to <5 days 1.5 - 2.2

5 days to <6 years 1.7 - 2.3

6 years to <12 years 1.7 - 2.1

12 years to 18 years 1.7 - 2.2

Pediatric reference ranges provided by manufacturer of the assay (Abbott) and obtained from Wu AHB. Tietz Clinical Guide to Laboratory Tests, 4th ed. Philadelphia, PA: WB Saunders; 2006: 706-708.

Adult:

>18 years 1.6 - 2.6

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | mg/dL   |
|-------------|---------|
| >= 19 years | 1.6-2.6 |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche MG2 package insert by running 20 male and 20 female lab volunteers.

**Critical Values:**

<1.0 mg/dL or >4.5 mg/dL

**Synonyms:**

- Mg

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, St Mary, St Francis Berkeley Outpatient Center, and Peninsula Outpatient Center:  
 Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by x 0.411.

Severe hemolysis may artifactually increase the result.

**CPT Codes:**

83735

**LOINC Codes:**

19123-9

# Magnesium, Urine, 24 Hour

LAB406

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Enzymatic using isocitrate dehydrogenase

**Reported:**

Test run 2x daily. Results available at 1400 &amp; 2000

**Additional Information:**

Output varies with the diet.

To convert mg/d to mmol/d (SI units) or to mmol/L multiply by x 0.411.

**Synonyms:**

- Mg

## COLLECTION

**Sample Type:**

24 hour urine collection

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Remarks:**

Keep container refrigerated during collection. Indicate hours of collection on requisition.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 3 days, frozen at -20C 1 year

Acidify to pH &lt; 2 prior to storage

## PROCESSING

**Test Code:**

MGU

**Test Group:**

Magnesium

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Specimen Preparation:**

Sample can be collected in a preservative free container. Following collection in a preservative free container, mix well, measure 24-hour urine volume, aliquot 2 mL and add 1 drop of 6N HCl to acidify.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 3 days, frozen at -20C 1 year

Acidify to pH &lt; 2 prior to storage

## RESULT INTERPRETATION

**Units:**

mg/D

**Reference Interval:**

73-122 mg/D

See Additional information.

**Additional Information:**

Output varies with the diet.

To convert mg/d to mmol/d (SI units) or to mmol/L multiply by x 0.411.

**ADMINISTRATIVE****CPT Codes:**

83735

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MGU

**Test Group:**

Magnesium

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Enzymatic using isocitrate dehydrogenase

**Remarks:**

Keep container refrigerated during collection. Indicate hours of collection on requisition.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL, 10g Boric Acid

**Amount to Collect:**

Entire 24 hour urine output.

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Specimen Preparation:**

Sample can be collected in a preservative free container. Following collection in a preservative free container, mix well, measure 24-hour urine volume, aliquot 2 mL and add 1 drop of 6N HCl to acidify.

**Units:**

mg/D

**Reference Interval:**

73-122 mg/D

See Additional information.

**Synonyms:**

- Mg

**Stability (from collection to initiation):**Room temperature 3 days, refrigerated 3 days, frozen at -20C 1 year  
Acidify to pH < 2 prior to storage**Reported:**

Test run 2x daily. Results available at 1400 &amp; 2000

**Additional Information:**

Output varies with the diet.

To convert mg/d to mmol/d (SI units) or to mmol/L multiply by x 0.411.

**CPT Codes:**

83735

# Magnesium, Urine, Random

LAB405

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzymatic using isocitrate dehydrogenase

**Reported:**

Routine 4 hours

**Additional Information:**

Output varies with the diet.

To convert mg/dL to mmol/L, multiply by 0.411

**Synonyms:**

- Mg

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Remarks:**

Refrigerate sample after collection if transport to laboratory is delayed

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 3 days, frozen at -20C 1 year

## PROCESSING

**Test Code:**

MGUR

**Test Group:**

Magnesium

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Specimen Preparation:**

Urine specimens should be mixed well and acidified by adding 1 drop of 6N HCl to a 2 mL aliquot of urine to prevent precipitation of magnesium complexes.

If aliquot is &lt; 2 mL, add 1 drop of 3N HCl.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 3 days, frozen at -20C 1 year

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

See additional information

**Additional Information:**

Output varies with the diet.

To convert mg/dL to mmol/L, multiply by 0.411

**ADMINISTRATIVE****CPT Codes:**

83735

**LOINC Codes:**

19124-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MGUR

**Test Group:**

Magnesium

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzymatic using isocitrate dehydrogenase

**Remarks:**

Refrigerate sample after collection if transport to laboratory is delayed

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Specimen Preparation:**

Urine specimens should be mixed well and acidified by adding 1 drop of 6N HCl to a 2 mL aliquot of urine to prevent precipitation of magnesium complexes.

If aliquot is &lt; 2 mL, add 1 drop of 3N HCl.

**Units:**

mg/dL

**Reference Interval:**

See additional information

**Synonyms:**

- Mg

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 3 days, frozen at -20C 1 year

**Reported:**

Routine 4 hours

**Additional Information:**

Output varies with the diet.

To convert mg/dL to mmol/L, multiply by 0.411

**CPT Codes:**

83735



**LOINC Codes:**  
19124-7

# Malaria Smear

LAB883

## ORDERING

**Available Stat:**

Yes, thin smear only

**Performing Lab:**

Microbiology, Parnassus &amp; Mission Bay Hematology

**Performed:****Stat:** Daily, all shifts**Routine:** Daily until 9:00 PM**Methodology:**

Thick and thin Giemsa- or Wright's stained smears

**Reported:**

A preliminary report, based on the reading of one thin smear, is available within 2 hours for stats and 4-12 hours for routine samples. Thick smears are read Monday-Friday 0800-1500 hours only. Final report is sent after thick smears are read.

**Additional Information:**

Will detect Babesia species. Other blood parasites may also be detected.

Delay in preparation of blood smears can decrease the sensitivity of the test.

Stats are read and a preliminary result is reported by Hematology. Stat examination of thick smears is NOT available.

For possible Babesiosis, see also entry under Babesia microti Antibodies.

**Synonyms:**

- babesia
- plasmodium sp
- P. vivax
- P. falciparum
- P. malariae
- P. ovale

## COLLECTION

**Sample Type:**

EDTA whole blood (Heparinized acceptable)

**Collect:**

Lavender top (Dark green top acceptable)

**Amount to Collect:**

3 mL blood

**Remarks:**

Deliver to lab within 1 hour of collection. If possible, samples from Moffitt-Long inpatients and ED should be walked directly to the STAT window in Clinical Lab Specimen Processing (5th floor Moffitt) by an attendant.

Order stat only if results required for immediate care decisions (e.g. patient extremely ill, potentially requiring admission or suspected of having cerebral malaria).

Note exact time of blood draw on sample and provide history of travel, residence, prophylaxis and/or therapy received before the specimen was obtained. Indicate if other parasites (e.g. Babesia) are suspected.

The optimal time to collect a specimen is midway between chills (before a fever spike is anticipated). If the first specimen is negative for malarial parasites, submit specimens q12-24h for 72 hours.

## PROCESSING

**Test Code:**

P403M

**Test Group:**

malaria

**Performing Lab:**

Microbiology, Parnassus &amp; Mission Bay Hematology

**Specimen Preparation:**

Microbiology (0700-2330) or Hematology (2330-0700) lab staff will make 4 thin and 4 thick smears to send to China Basin. Smears should be made within 1 hour of specimen collection. Enter code COMPRO in SREQ if >1 hour. Thin smears should be fixed with methanol (write "fixed" on slide). Do not fix thick smears. If test is ordered STAT, 2 additional thin smears should be made and delivered to Hematology to stain and read.

If thick smears are not dry when courier arrives, send thin smears to China Basin with note "Thick smears to follow."

Mt. Zion specimens should be sent to China Basin as soon as possible. Microbiology staff at China Basin will make smears.

Specimens should be refrigerated upon receipt at China Basin, once smears have been made.

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Critical Values:**

Positive smear

**Additional Information:**

Will detect Babesia species. Other blood parasites may also be detected.

Delay in preparation of blood smears can decrease the sensitivity of the test.

Stats are read and a preliminary result is reported by Hematology. Stat examination of thick smears is NOT available.

For possible Babesiosis, see also entry under Babesia microti Antibodies.

**ADMINISTRATIVE****CPT Codes:**

87207

**LOINC Codes:**

32700-7

**COMPLETE VIEW****Available Stat:**

Yes, thin smear only

**Test Code:**

P403M

**Test Group:**

malaria

**Performing Lab:**

Microbiology, Parnassus & Mission Bay Hematology

**Performed:**

**Stat:** Daily, all shifts

**Routine:** Daily until 9:00 PM

**Methodology:**

Thick and thin Giemsa- or Wright's stained smears

**Remarks:**

Deliver to lab within 1 hour of collection. If possible, samples from Moffitt-Long inpatients and ED should be walked directly to the STAT window in Clinical Lab Specimen Processing (5th floor Moffitt) by an attendant.

Order stat only if results required for immediate care decisions (e.g. patient extremely ill, potentially requiring admission or suspected of having cerebral malaria).

Note exact time of blood draw on sample and provide history of travel, residence, prophylaxis and/or therapy received before the specimen was obtained. Indicate if other parasites (e.g. Babesia) are suspected.

The optimal time to collect a specimen is midway between chills (before a fever spike is anticipated). If the first specimen is negative for malarial parasites, submit specimens q12-24h for 72 hours.

**Collect:**

Lavender top (Dark green top acceptable)

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood (Heparinized acceptable)

**Specimen Preparation:**

Microbiology (0700-2330) or Hematology (2330-0700) lab staff will make 4 thin and 4 thick smears to send to China Basin. Smears should be made within 1 hour of specimen collection. Enter code COMPRO in SREQ if >1 hour. Thin smears should be fixed with methanol (write "fixed" on slide). Do not fix thick smears. If test is ordered STAT, 2 additional thin smears should be made and delivered to Hematology to stain and read.

If thick smears are not dry when courier arrives, send thin smears to China Basin with note "Thick smears to follow."

Mt. Zion specimens should be sent to China Basin as soon as possible. Microbiology staff at China Basin will make smears.

Specimens should be refrigerated upon receipt at China Basin, once smears have been made.

**Reference Interval:**

Negative

**Critical Values:**

Positive smear

**Synonyms:**

- babesia
- plasmodium sp
- P. vivax
- P. falciparum
- P. malariae
- P. ovale

**Reported:**

A preliminary report, based on the reading of one thin smear, is available within 2 hours for stats and 4-12 hours for routine samples. Thick smears are read Monday-Friday 0800-1500 hours only. Final report is sent after thick smears are read.

**Additional Information:**

Will detect Babesia species. Other blood parasites may also be detected.

Delay in preparation of blood smears can decrease the sensitivity of the test.

Stats are read and a preliminary result is reported by Hematology. Stat examination of thick smears is NOT available.

For possible Babesiosis, see also entry under Babesia microti Antibodies.

**CPT Codes:**

87207

**LOINC Codes:**

32700-7

**MALT1 18q21 FISH**

BMALT1, MALT1

**ORDERING****Available Stat:**

No

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Performed:**

Monday - Friday 0900-1700

**Methodology:**

FISH

**Reported:**

1-2 weeks

**Synonyms:**

- 18q21break apart FISH, MALT1 FISH

**COLLECTION****Sample Type:**

Heparinized whole blood or bone marrow, Bone marrow core biopsy

**Collect:**

Dark green top

**Amount to Collect:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

?Bone marrow biopsy: 1 cm

**Remarks:**

Mix sample well with anticoagulant. keep at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**PROCESSING****Test Code:**

BMALT1: Blood

MALT1: Bone marrow

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples.

Transport to China Basin Cytogenetics asap.

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Stability (from collection to initiation):**

Room temperature 2 days

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BMALT1: Blood

MALT1: Bone marrow

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Performed:**

Monday - Friday 0900-1700

**Methodology:**

FISH

**Remarks:**

Mix sample well with anticoagulant. keep at room temperature

**Collect:**

Dark green top

**Amount to Collect:**

Blood: 2 mL

Bone marrow: 2 mL

Bone marrow biopsy: 2 cm

**Sample Type:**

Heparinized whole blood or bone marrow, Bone marrow core biopsy

**Preferred Volume:**

Blood: 2 mL

Bone marrow: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples.

Transport to China Basin Cytogenetics asap.

**Synonyms:**

- 18q21break apart FISH, MALT1 FISH

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

# Manganese, Blood

LAB1050

## ORDERING

**Ordering Recommendations:**

Manganese performed on whole blood is the preferred method to monitor for toxicity.

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Test performed Monday-Friday.

**Methodology:**

ICP/MS

**Reported:**

2-5 days.

**Additional Information:**

Manganese is an essential trace metal. Over 95% of manganese in blood is protein bound and therefore whole blood levels are higher than those derived from serum.

Toxicity that can result from excessive exposure can cause serious organ damage. Symptoms include Parkinsonian-like tremor and gait disturbances. manganese is excreted in bile therefore patients with hepatic dysfunction/cholestasis and receiving manganese in TPN may be at increased risk for toxicity.

To convert µg/L to nmol/L (SI units) multiply by 18.2.

## COLLECTION

**Patient Preparation:**

Patient should refrain from taking manganese supplements at least 3 days before collection of sample.

**Sample Type:**

EDTA whole blood

**Label Abbreviation:**

MN

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

2 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:**

To avoid contamination, use powderless gloves during phlebotomy.

Transport specimen at on ice.

Mix well, inverting gently 5x.

## PROCESSING

**Test Code:**

MN

**Test Group:**

Manganese

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Refrigerate. Do NOT centrifuge. Do NOT transfer to another container. Order Quest # 4406

**Preferred Volume:**

2 mL blood

**Minimum Volume:**

1 mL blood

**RESULT INTERPRETATION****Units:**

µg/L (mcg/L)

**Reference Interval:**

7-19 µg/L

**Additional Information:**

Manganese is an essential trace metal. Over 95% of manganese in blood is protein bound and therefore whole blood levels are higher than those derived from serum.

Toxicity that can result from excessive exposure can cause serious organ damage. Symptoms include Parkinsonian-like tremor and gait disturbances. Manganese is excreted in bile therefore patients with hepatic dysfunction/cholestasis and receiving manganese in TPN may be at increased risk for toxicity.

To convert µg/L to nmol/L (SI units) multiply by 18.2.

**ADMINISTRATIVE****CPT Codes:**

83785-90

**LOINC Codes:**

5681-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Manganese performed on whole blood is the preferred method to monitor for toxicity.

**Test Code:**

MN

**Test Group:**

Manganese

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Test performed Monday-Friday.

**Methodology:**

ICP/MS

**Patient Preparation:**

Patient should refrain from taking manganese supplements at least 3 days before collection of sample.

**Remarks:**

To avoid contamination, use powderless gloves during phlebotomy.

Transport specimen at on ice.

Mix well, inverting gently 5x.

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

2 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

2 mL blood

**Minimum Volume:**

1 mL blood



**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Refrigerate. Do NOT centrifuge. Do NOT transfer to another container. Order Quest # 4406

**Units:**

µg/L (mcg/L)

**Reference Interval:**

7-19 µg/L

**Reported:**

2-5 days.

**Additional Information:**

Manganese is an essential trace metal. Over 95% of manganese in blood is protein bound and therefore whole blood levels are higher than those derived from serum.

Toxicity that can result from excessive exposure can cause serious organ damage. Symptoms include Parkinsonian-like tremor and gait disturbances. manganese is excreted in bile therefore patients with hepatic dysfunction/cholestasis and receiving manganese in TPN may be at increased risk for toxicity.

To convert µg/L to nmol/L (SI units) multiply by 18.2.

**CPT Codes:**

83785-90

**LOINC Codes:**

5681-2

# Manganese, urine

LAB180

## ORDERING

**Ordering Recommendations:**

Urine levels do not correlate well with toxic symptoms. Whole blood levels are the preferred test for assessing for manganese toxicity.

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

ICP/MS

**Reported:**

Test performed Tuesday, Thursday, Saturday. Turnaround time: 2-5 days.

**Additional Information:**

To convert µg/L to nmol/L (SI units) multiply by 18.2

## COLLECTION

**Sample Type:**

24 hour urine collection or random urine

**Collect:**

Acid Wash Container Required

**Amount to Collect:**

Entire 24 hour urine output or random urine (See preferred volume)

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Manganese

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Refrigerate. For 24 hour urine order Quest # 42044N.  
For random urine order Quest # 84863N

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

## RESULT INTERPRETATION

**Units:**

µg/L (mcg/L)

**Reference Interval:**

Male: 0.5-3.0 µg/L

Female: 0.5-1.8 µg/L

**Additional Information:**

To convert µg/L to nmol/L (SI units) multiply by 18.2

## ADMINISTRATIVE

**CPT Codes:**  
83785-90

## COMPLETE VIEW

**Available Stat:**  
No

**Ordering Recommendations:**

Urine levels do not correlate well with toxic symptoms. Whole blood levels are the preferred test for assessing for manganese toxicity.

**Test Code:**  
MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**  
Manganese

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
ICP/MS

**Collect:**  
Acid Wash Container Required

**Amount to Collect:**  
Entire 24 hour urine output or random urine (See preferred volume)

**Sample Type:**  
24 hour urine collection or random urine

**Preferred Volume:**  
10 mL urine

**Minimum Volume:**  
5 mL urine

**Specimen Preparation:**  
Follow the detailed processing instructions for Trace Metal Analysis. Refrigerate. For 24 hour urine order Quest # 42044N.  
For random urine order Quest # 84863N

**Units:**  
µg/L (mcg/L)

**Reference Interval:**  
Male: 0.5-3.0 µg/L  
Female: 0.5-1.8 µg/L

**Reported:**  
Test performed Tuesday, Thursday, Saturday. Turnaround time: 2-5 days.

**Additional Information:**  
To convert µg/L to nmol/L (SI units) multiply by 18.2

**CPT Codes:**  
83785-90

# Mannose Binding Lectin

MBL

## ORDERING

**Ordering Recommendations:**

Initial screening for suspected deficiency in the lectin complement pathway.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Tue

**Methodology:**

Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Reported:**

1-8 days

**Synonyms:**

- Mannan Binding Lectin
- Mannose-Binding Lectin, S
- Lectin Pathway Functional Assay
- Mannose-Binding Lectin, S MBL

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Serum separator tube or plain red.

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 days (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Frozen. Also acceptable: Refrigerated if maintained at temperature for less than 7 days.

**Unacceptable Conditions:**

Nonserum, contaminated, or heat-inactivated specimens.

## PROCESSING

**Test Code:**

MBL

**ARUP Test Code:**

0051692

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min 0.2 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Nonserum, contaminated, or heat-inactivated specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 days (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Frozen. Also acceptable: Refrigerated if maintained at temperature for less than 7 days.

**RESULT INTERPRETATION****Reference Interval:**

Greater than or equal to 76 ng/mL

**Interpretive Data:**

Mannose-binding protein is a component of the innate or natural immune system which binds to mannose residues on a variety of different microorganisms. When bound, this lectin will trigger the complement pathway resulting in opsonization. Mannose-binding protein is also an acute phase reactant produced by the liver. Patients who have abnormal levels of mannose-binding protein may have recurrent significant infections in the absence of abnormalities in the four major arms of the immune system. Abnormal mannose-binding protein concentrations have been found in patients with infectious disorders such as tuberculosis and hepatitis B and in autoimmune disorders, including recurrent spontaneous abortion and systemic lupus erythematosus.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

83520

**LOINC:**

- 30152-3

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Initial screening for suspected deficiency in the lectin complement pathway.

**Test Code:**

MBL

**ARUP Test Code:**

0051692

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Tue

**Methodology:**

Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Collect:**

Serum separator tube or plain red.

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Nonserum, contaminated, or heat-inactivated specimens.

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min 0.2 mL)

**Reference Interval:**

Greater than or equal to 76 ng/mL

**Interpretive Data:**

Mannose-binding protein is a component of the innate or natural immune system which binds to mannose residues on a variety of different microorganisms. When bound, this lectin will trigger the complement pathway resulting in opsonization. Mannose-binding protein is also an acute phase reactant produced by the liver. Patients who have abnormal levels of mannose-binding protein may have recurrent significant infections in the absence of abnormalities in the four major arms of the immune system. Abnormal mannose-binding protein concentrations have been found in patients with infectious disorders such as tuberculosis and hepatitis B and in autoimmune disorders, including recurrent spontaneous abortion and systemic lupus erythematosus.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Mannan Binding Lectin
- Mannose-Binding Lectin, S
- Lectin Pathway Functional Assay
- Mannose-Binding Lectin, S MBL

**Storage/Transport Temperature:**

Frozen. Also acceptable: Refrigerated if maintained at temperature for less than 7 days.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 days (avoid repeated freeze/thaw cycles)

**Reported:**

1-8 days

**CPT Codes:**

83520

**LOINC:**

- 30152-3

**MaTa Antibody**  
LAB5499

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Quest

**Methodology:**  
Western blot

**Reported:**  
10-12 days

**Synonyms:**

- Ma Ab
- Ma antibody
- Ta Ab
- Ta antibody
- Ma2 Antibody

**COLLECTION**

**Sample Type:**  
Serum or CSF

**Label Abbreviation:**  
MATAB

**Collect:**  
Red top, Gold top, CSF tube or sterile collection tube

**Amount to Collect:**  
Blood: 4 mL  
CSF: 2mL

**Preferred Volume:**  
Serum or CSF: 2 mL

**Minimum Volume:**  
Serum or CSF: 1 mL

**Stability (from collection to initiation):**  
Room temperature 3 days, refrigerated 2 weeks, frozen indefinite

**PROCESSING**

**Test Code:**  
MATAB

**Sendout:**  
Yes

**Performing Lab:**  
Quest

**Specimen Preparation:**  
Aliquot and freeze sample. Ship to CB frozen.

**Preferred Volume:**  
Serum or CSF: 2 mL

**Minimum Volume:**  
Serum or CSF: 1 mL

**Stability (from collection to initiation):**  
Room temperature 3 days, refrigerated 2 weeks, frozen indefinite

**RESULT INTERPRETATION**

**Reference Interval:**  
Negative

**ADMINISTRATIVE**

**CPT Codes:**  
84182-90

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
MATAB

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Western blot

**Collect:**  
Red top, Gold top, CSF tube or sterile collection tube

**Amount to Collect:**  
Blood: 4 mL  
CSF: 2mL

**Sample Type:**  
Serum or CSF

**Preferred Volume:**  
Serum or CSF: 2 mL

**Minimum Volume:**  
Serum or CSF: 1 mL

**Specimen Preparation:**  
Aliquot and freeze sample. Ship to CB frozen.

**Reference Interval:**  
Negative

**Synonyms:**

- Ma Ab
- Ma antibody
- Ta Ab
- Ta antibody
- Ma2 Antibody

**Stability (from collection to initiation):**  
Room temperature 3 days, refrigerated 2 weeks, frozen indefinite

**Reported:**  
10-12 days

**CPT Codes:**  
84182-90



# Maternal Cell Contamination

LAB3295

## ORDERING

**Ordering Recommendations:**

Test can be ordered in APeX

**Available Stat:**

No

**Performing Lab:**

Genomic Services - Molecular Diagnostics Lab

**Performed:**

Run 1x per week or as needed, day shift only

**Methodology:**

PCR and capillary electrophoresis

**Reported:**

10-14 days

**Additional Information:**

Contamination of prenatal amniotic fluid or chorionic villi samples with maternal cells or tissue may lead to misinterpretation of prenatal diagnostic tests, particularly in determination of true fetal heterozygosity. Maternal contamination of prenatal samples is assessed by genotyping maternal and fetal DNA at 15 different autosomal short-tandem repeats loci with heterozygosity rates ranging from 70-93%. This assay can detect maternal DNA contamination at approximately 10% of fetal DNA.

This test was developed, and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. FDA.

## COLLECTION

**Sample Type:**

EDTA whole blood from mother of fetus. Should only be ordered in conjunction with prenatal genetic testing on either amniotic fluid or chorionic villi.

**Collect:**

Lavender top (EDTA)

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1.5 mL blood

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Unacceptable Conditions:**

Heparinized whole blood received.

## PROCESSING

**Test Code:**

MCC

**Performing Lab:**

Genomic Services - Molecular Diagnostics Lab

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1.5 mL blood

**Unacceptable Conditions:**

Heparinized whole blood received.

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Contamination of prenatal amniotic fluid or chorionic villi samples with maternal cells or tissue may lead to misinterpretation of prenatal diagnostic tests, particularly in determination of true fetal heterozygosity. Maternal contamination of prenatal samples is assessed by genotyping maternal and fetal DNA at 15 different autosomal short-tandem repeats loci with heterozygosity rates ranging from 70-93%. This assay can detect maternal DNA contamination at approximately 10% of fetal DNA.

This test was developed, and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. FDA.

**ADMINISTRATIVE****CPT Codes:**

81265

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

35457-1

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Test can be ordered in APeX

**Test Code:**

MCC

**Performing Lab:**

Genomic Services - Molecular Diagnostics Lab

**Performed:**

Run 1x per week or as needed, day shift only

**Methodology:**

PCR and capillary electrophoresis

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top (EDTA)

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood from mother of fetus. Should only be ordered in conjunction with prenatal genetic testing on either amniotic fluid or chorionic villi.

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1.5 mL blood

**Unacceptable Conditions:**

Heparinized whole blood received.

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable

**Reference Interval:**

Negative

**Reported:**

10-14 days

**Additional Information:**

Contamination of prenatal amniotic fluid or chorionic villi samples with maternal cells or tissue may lead to misinterpretation of prenatal diagnostic tests, particularly in determination of true fetal heterozygosity. Maternal contamination of prenatal samples is assessed by genotyping maternal and fetal DNA at 15 different autosomal short-tandem repeats loci with heterozygosity rates ranging from 70-93%. This assay can detect maternal DNA contamination at approximately 10% of fetal DNA.

This test was developed, and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. FDA.

**CPT Codes:**

81265

**LDT or Modified FDA:**  
Yes

**LOINC Codes:**  
35457-1

# Measles (Rubeola) Antibody, IgG

LAB3197

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday - Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

1-4 days

**Additional Information:**

Sera are screened for IgG antibody. Samples are not retained for comparative testing with a later sample.

Results are reported as 'Positive', 'Negative', or 'Equivocal'. Equivocal results may represent low-titer antibody; testing may be repeated, if clinically indicated.

For diagnosis of acute primary infection, culture is a more rapid and generally more suitable technique, particularly where immune competence is in question.

**Synonyms:**

- sspe
- subacute sclerosing panencephalitis
- rubeola

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

## PROCESSING

**Test Code:**

MEAI

**Test Group:**

Measles

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze sample at -20C

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

## RESULT INTERPRETATION

**Units:**

AU/mL

**Reference Interval:**

Negative / Not Immune: &lt; 13.5

Equivocal: 13.5 - 16.4

Positive / Immune: &gt;= 16.5

**Additional Information:**

Sera are screened for IgG antibody. Samples are not retained for comparative testing with a later sample.

Results are reported as 'Positive', 'Negative', or 'Equivocal'. Equivocal results may represent low-titer antibody; testing may be repeated, if clinically indicated.

For diagnosis of acute primary infection, culture is a more rapid and generally more suitable technique, particularly where immune competence is in question.

**ADMINISTRATIVE****CPT Codes:**

86765

**LOINC Codes:**

35275-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MEAI

**Test Group:**

Measles

**Performing Lab:**

Immunology

**Performed:**

Monday - Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

**Specimen Preparation:**

Freeze sample at -20C

**Units:**

AU/mL

**Reference Interval:**

Negative / Not Immune: &lt; 13.5

Equivocal: 13.5 - 16.4

Positive / Immune: &gt;= 16.5

**Synonyms:**

- sspe
- subacute sclerosing panencephalitis
- rubeola

**Reported:**

1-4 days

**Additional Information:**

Sera are screened for IgG antibody. Samples are not retained for comparative testing with a later sample.

Results are reported as 'Positive', 'Negative', or Equivocal'. Equivocal results may represent low-titer antibody; testing may be repeated, if clinically indicated.

For diagnosis of acute primary infection, culture is a more rapid and generally more suitable technique, particularly where immune competence is in question.

**CPT Codes:**

86765

**LOINC Codes:**

35275-7

# Measles (Rubeola) Antibody, IgM

P319

## ORDERING

### Ordering Recommendations:

Aid in the diagnosis of acute measles infection.

UCSF [Measles Testing Guidance](#) (link)

### Approval Required:

If you suspect measles, place the patient on Airborne Isolation and call [UCSF Infection Control](#) immediately.

Patient's physician must discuss the case and receive approval for submission of specimens from the SF Department of Public Health Communicable Disease Control Unit (628) 217-6100

### Available Stat:

No

### Performing Lab:

California Department of Public Health

Viral and Rickettsial Disease Laboratory

### Performed:

Mon-Fri

### Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

### Reported:

5 days

### Additional Information:

[CDPH Testing Guidance Document](#)  
[SFDPH Lab Manual](#)

### Synonyms:

- Measles IgM
- MMR
- Rubeola
- Rubeola IgM

## COLLECTION

### Sample Type:

Serum

### Collect:

Gold or red top

### Amount to Collect:

7-10 ml of capillary blood (finger or heel stick) can be used for pediatric patients, if necessary; at least 3-5 capillary tubes are needed.

### Minimum Volume:

1 mL serum

### Stability (from collection to initiation):

After separation from cells: Refrigerated: 24 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

**PROCESSING****Test Code:**

P319

**Sendout:**

Yes

**Performing Lab:**

California Department of Public Health

Viral and Rickettsial Disease Laboratory

**Specimen Preparation:**

Specimen is sent out to SFDPH by Microbiology.

Order the Measles IgM within the "Measles (Rubeola) Profile - Suspect Cases" order panel.

Separate serum from cells ASAP or within 2 hours of collection. Transfer at least 1 mL serum to Standard Transport Tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

**Stability (from collection to initiation):**

After separation from cells: Refrigerated: 24 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

Not Detected

**Additional Information:**

[CDPH Testing Guidance Document](#)  
[SFDPH Lab Manual](#)

**COMPLETE VIEW****Approval Required:**If you suspect measles, place the patient on Airborne Isolation and call [UCSF Infection Control](#) immediately.

Patient's physician must discuss the case and receive approval for submission of specimens from the SF Department of Public Health Communicable Disease Control Unit (628) 217-6100

**Available Stat:**

No

**Ordering Recommendations:**

Aid in the diagnosis of acute measles infection.

UCSF [Measles Testing Guidance](#) (link)**Test Code:**

P319



**Performing Lab:**

California Department of Public Health  
Viral and Rickettsial Disease Laboratory

**Sendout:**

Yes

**Performed:**

Mon-Fri

**Methodology:**

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Collect:**

Gold or red top

**Amount to Collect:**

7-10 ml of capillary blood (finger or heel stick) can be used for pediatric patients, if necessary; at least 3-5 capillary tubes are needed.

**Sample Type:**

Serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

**Specimen Preparation:**

Specimen is sent out to SFDPH by Microbiology.

Order the Measles IgM within the "Measles (Rubeola) Profile - Suspect Cases" order panel.

Separate serum from cells ASAP or within 2 hours of collection. Transfer at least 1 mL serum to Standard Transport Tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

**Reference Interval:**

Not Detected

**Synonyms:**

- Measles IgM
- MMR
- Rubeola
- Rubeola IgM

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

After separation from cells: Refrigerated: 24 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Reported:**

5 days

**Additional Information:**

[CDPH Testing Guidance Document](#)  
[SFDPH Lab Manual](#)

# Measles Antibody, CSF, IgG

LAB180

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus

**Methodology:**

IFA

**Reported:**

Test run Sunday-Thursday. Turnaround time: 2-5 days

**Synonyms:**

- sspe
- subacute sclerosing panencephalitis
- rubeola

## COLLECTION

**Sample Type:**

CSF

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.25 mL CSF

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Measles

**Sendout:**

Yes

**Performing Lab:**

Focus

**Specimen Preparation:**

Refrigerate. Order MRL #60690

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.25 mL CSF

## RESULT INTERPRETATION

**Reference Interval:**

Neagative: IgG &lt; 1:64

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Measles

**Performing Lab:**

Focus

**Sendout:**

Yes

**Methodology:**

IFA

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Sample Type:**

CSF

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.25 mL CSF

**Specimen Preparation:**

Refrigerate. Order MRL #60690

**Reference Interval:**

Neagative: IgG < 1:64

**Synonyms:**

- sspe
- subacute sclerosing panencephalitis
- rubeola

**Reported:**

Test run Sunday-Thursday. Turnaround time: 2-5 days

# Measles virus RNA

LAB5088

## ORDERING

**Ordering Recommendations:**[UCSF Measles Testing Guidance \(link\)](#)**Approval Required:**

If you suspect measles, place the patient on Airborne Isolation and call [UCSF Infection Control](#) immediately.

Patient's physician must discuss the case with UCSF Infection prevention and receive approval for submission of specimens from the SF Department of Public Health Communicable Disease Control Unit (628) 217-6100

**Available Stat:**

No

**Performing Lab:**

San Francisco Public Health Laboratory

**Methodology:**

PCR, serology, molecular genotyping

**Reported:**

PCR 5 business days

**Additional Information:**

The PCR results should always be interpreted in conjunction with serologic testing for IgM and thorough assessment of the relevant clinical and epidemiological risk factors.

[CDPH Testing Guidance Document \(link\)](#)[SFDPH Lab Manual \(link\)](#)**Synonyms:**

- Rubeola

## COLLECTION

**Sample Type:**

NP/throat Swab in Universal Transport Medium (throat swab preferred)

Urine

**Collect:**

NP or throat swab in Universal Transport Medium (throat swab preferred)

Urine

Nasal swab could also be collected in Universal Transport Medium though is not a preferred collection site.

**Amount to Collect:**

Urine 50 mL

**Preferred Volume:**

Urine 50 mL

**Minimum Volume:**

Urine 10 mL

**Remarks:**

Urine AND either a nasopharyngeal (NP) or throat swab for PCR should be collected. Collect NP or throat swab for PCR within 9 days after rash onset. Collect urine for PCR within 10 days after rash onset. Measles can frequently be detected in the urine later in the infection (up to 10 days - sometimes longer) when it can no longer be detected in respiratory samples.

Nasopharyngeal swab: firmly rub posterior nasopharynx with sterile Dacron swab or flocked swab. Swabs must be synthetic with aluminum or plastic shaft. Place swab into Universal Transport Medium.

Throat Swab (preferred respiratory specimen): vigorously swab tonsillar areas with sterile Dacron or flocked swab. Swabs must be synthetic with aluminum or plastic shaft. Place swab in Universal Transport Medium.

Urine: Collect 10-50 ml urine in a sterile container. Collect from first part of urine stream; first morning void is ideal.

**Stability (from collection to initiation):**

Refrigerated 24 hours. Freeze specimen upon receipt in the lab.

**Unacceptable Conditions:**

Swabs not collected using synthetic flocked or Dacron swab with aluminum or plastic shaft  
Swabs not submitted in Universal Transport Medium

**PROCESSING****Test Code:**

P319

**Test Group:**

Measles

**Sendout:**

Yes

**Performing Lab:**

San Francisco Public Health Laboratory

**Specimen Preparation:**

Urine AND either a nasopharyngeal (NP) or throat swab for PCR should be collected. Collect NP or throat swab for PCR within 9 days after rash onset. Collect urine for PCR within 10 days after rash onset. Measles can frequently be detected in the urine later in the infection (up to 10 days - sometimes longer) when it can no longer be detected in respiratory samples.

Nasopharyngeal swab: firmly rub posterior nasopharynx with sterile Dacron swab or flocked swab. Swabs must be synthetic with aluminum or plastic shaft. Place swab into Universal Transport Medium.

Throat Swab (preferred respiratory specimen): vigorously swab tonsillar areas with sterile Dacron or flocked swab. Swabs must be synthetic with aluminum or plastic shaft. Place swab in Universal Transport Medium.

Urine: Collect 10-50 ml urine in a sterile container. Collect from first part of urine stream; first morning void is ideal.

**Preferred Volume:**

Urine 50 mL

**Minimum Volume:**

Urine 10 mL

**Unacceptable Conditions:**

Swabs not collected using synthetic flocked or Dacron swab with aluminum or plastic shaft  
Swabs not submitted in Universal Transport Medium

**Stability (from collection to initiation):**

Refrigerated 24 hours. Freeze specimen upon receipt in the lab.

**RESULT INTERPRETATION****Reference Interval:**

No virus detected

**Additional Information:**

The PCR results should always be interpreted in conjunction with serologic testing for IgM and thorough assessment of the relevant clinical and epidemiological risk factors.

[CDPH Testing Guidance Document](#) (link)

[SFDPH Lab Manual](#) (link)

**COMPLETE VIEW****Approval Required:**

If you suspect measles, place the patient on Airborne Isolation and call [UCSF Infection Control](#) immediately.

Patient's physician must discuss the case with UCSF Infection prevention and receive approval for submission of specimens from the SF Department of Public Health Communicable Disease Control Unit (628) 217-6100

**Available Stat:**

No

**Ordering Recommendations:**

[UCSF Measles Testing Guidance](#) (link)

**Test Code:**

P319

**Test Group:**

Measles

**Performing Lab:**

San Francisco Public Health Laboratory

**Sendout:**

Yes

**Methodology:**

PCR, serology, molecular genotyping

**Remarks:**

Urine AND either a nasopharyngeal (NP) or throat swab for PCR should be collected. Collect NP or throat swab for PCR within 9 days after rash onset. Collect urine for PCR within 10 days after rash onset. Measles can frequently be detected in the urine later in the infection (up to 10 days - sometimes longer) when it can no longer be detected in respiratory samples.

Nasopharyngeal swab: firmly rub posterior nasopharynx with sterile Dacron swab or flocked swab. Swabs must be synthetic with aluminum or plastic shaft. Place swab into Universal Transport Medium.

Throat Swab (preferred respiratory specimen): vigorously swab tonsillar areas with sterile Dacron or flocked swab. Swabs must be synthetic with aluminum or plastic shaft. Place swab in Universal Transport Medium.

Urine: Collect 10-50 ml urine in a sterile container. Collect from first part of urine stream; first morning void is ideal.

**Collect:**

NP or throat swab in Universal Transport Medium (throat swab preferred)

Urine

Nasal swab could also be collected in Universal Transport Medium though is not a preferred collection site.

**Amount to Collect:**

Urine 50 mL

**Sample Type:**

NP/throat Swab in Universal Transport Medium (throat swab preferred)

Urine

**Preferred Volume:**

Urine 50 mL

**Minimum Volume:**

Urine 10 mL

**Unacceptable Conditions:**

Swabs not collected using synthetic flocked or Dacron swab with aluminum or plastic shaft

Swabs not submitted in Universal Transport Medium

**Specimen Preparation:**

Urine AND either a nasopharyngeal (NP) or throat swab for PCR should be collected. Collect NP or throat swab for PCR within 9 days after rash onset. Collect urine for PCR within 10 days after rash onset. Measles can frequently be detected in the urine later in the infection (up to 10 days - sometimes longer) when it can no longer be detected in respiratory samples.

Nasopharyngeal swab: firmly rub posterior nasopharynx with sterile Dacron swab or flocked swab. Swabs must be synthetic with aluminum or plastic shaft. Place swab into Universal Transport Medium.

Throat Swab (preferred respiratory specimen): vigorously swab tonsillar areas with sterile Dacron or flocked swab. Swabs must be synthetic with aluminum or plastic shaft. Place swab in Universal Transport Medium.

Urine: Collect 10-50 ml urine in a sterile container. Collect from first part of urine stream; first morning void is ideal.

**Reference Interval:**

No virus detected

**Synonyms:**

- Rubeola

**Stability (from collection to initiation):**

Refrigerated 24 hours. Freeze specimen upon receipt in the lab.

**Reported:**

PCR 5 business days

**Additional Information:**

The PCR results should always be interpreted in conjunction with serologic testing for IgM and thorough assessment of the relevant clinical and epidemiological risk factors.

[CDPH Testing Guidance Document](#) (link)

[SFDPH Lab Manual](#) (link)

# MECOM Break-apart Rearrangement FISH

MECOM, BMECOM

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9AM to 5PM

**Methodology:**

FISH

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- MECOM
- BMECOM
- 3q26 BA FISH

## COLLECTION

**Sample Type:**

Bone marrow aspirate, Bone marrow core, Blood

**Collect:**

Bone marrow: Dark Green Top Sodium Heparin tube

Bone Core : Sterile container with medium

Blood: Dark Green Top Sodium Heparin tube

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood: 2 mL

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1 mL

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

## PROCESSING

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood: 2 mL

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1 mL

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature



**ADMINISTRATIVE****CPT Codes:**

88271x2, 88275x1

**COMPLETE VIEW****Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9AM to 5PM

**Methodology:**

FISH

**Collect:**

Bone marrow: Dark Green Top Sodium Heparin tube

Bone Core : Sterile container with medium

Blood: Dark Green Top Sodium Heparin tube

**Sample Type:**

Bone marrow aspirate, Bone marrow core, Blood

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood: 2 mL

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1 mL

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Synonyms:**

- MECOM
- BMECOM
- 3q26 BA FISH

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

2 days

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**CPT Codes:**

88271x2, 88275x1

# Mercury, Blood

LAB831

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

CVAA-FI

**Reported:**

Test run Wednesday &amp; Friday. Turnaround: 2-5 days.

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 4.99. Blood is the preferred sample for poisoning w/ methyl mercury and other organic mercurials (e.g., thiomersal).

**Synonyms:**

- Hg
- heavy metal toxicity
- heavy metal poisoning
- heavy metals
- MERB

## COLLECTION

**Sample Type:**

EDTA whole blood

**Label Abbreviation:**

HG

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

5 mL blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

2 mL blood

**Remarks:**

Mix well, inverting gently 5x.

## PROCESSING

**Test Code:**

HG

**Test Group:**

Mercury

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Do NOT centrifuge or transfer to another container. Refrigerate. Order Quest # 56853N.

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

2 mL blood

## RESULT INTERPRETATION

**Units:**

µg/L (mcg/L)

**Reference Interval:**

&lt;= 10 µg/L

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 4.99. Blood is the preferred sample for poisoning w/ methyl mercury and other organic mercurials (e.g., thiomerosal).

**ADMINISTRATIVE****CPT Codes:**

83825-90

**LOINC Codes:**

5685-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HG

**Test Group:**

Mercury

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

CVAA-FI

**Remarks:**

Mix well, inverting gently 5x.

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

5 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

2 mL blood

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Do NOT centrifuge or transfer to another container. Refrigerate. Order Quest # 56853N.

**Units:**

µg/L (mcg/L)

**Reference Interval:**

&lt;= 10 µg/L

**Synonyms:**

- Hg
- heavy metal toxicity
- heavy metal poisoning
- heavy metals
- MERB

**Reported:**

Test run Wednesday &amp; Friday. Turnaround: 2-5 days.

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 4.99. Blood is the preferred sample for poisoning w/ methyl mercury and other organic mercurials (e.g., thiomerosal).

**CPT Codes:**

83825-90

**LOINC Codes:**

5685-3

# Mercury, Urine, 24 Hour

LAB3421

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Inductively-Coupled Plasma/Mass Spectrometry

**Reported:**

Test run Tuesday-Saturday. Turnaround: 2-5 days.

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 0.00499. Urine is the specimen of choice for exposure to inorganic mercury.

**Synonyms:**

- Hg
- heavy metal toxicity
- heavy metal poisoning
- heavy metals
- MER24

## COLLECTION

**Patient Preparation:**

The patient should not eat predatory fish such as tuna, swordfish and shark for at least 3 days prior to sample collection.

**Sample Type:**

24 hour urine collection

**Label Abbreviation:**

HGU

**Collect:**

Acid Wash Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

## PROCESSING

**Test Code:**

HGU

**Test Group:**

Mercury

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Refrigerate. Order Quest #36441

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

## RESULT INTERPRETATION

**Units:**

µg/L (mcg/L)

**Reference Interval:**Normal  $\geq 20$  µg/L (Varies w/diet) Toxic  $\geq 150$  µg/L

**Critical Values:**Quest Priority-1:  $\geq 150 \mu\text{g/L}$ **Additional Information:**To convert  $\mu\text{g/L}$  to  $\mu\text{mol/L}$  (SI units) multiply by 0.00499. Urine is the specimen of choice for exposure to inorganic mercury.**ADMINISTRATIVE****CPT Codes:**

83825-90

**LOINC Codes:**

21383-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HGU

**Test Group:**

Mercury

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Inductively-Coupled Plasma/Mass Spectrometry

**Patient Preparation:**

The patient should not eat predatory fish such as tuna, swordfish and shark for at least 3 days prior to sample collection.

**Collect:**

Acid Wash Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

5 mL urine

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Refrigerate. Order Quest #36441

**Units:** $\mu\text{g/L}$  (mcg/L)**Reference Interval:**Normal  $\geq 20 \mu\text{g/L}$  (Varies w/diet) Toxic  $\geq 150 \mu\text{g/L}$ **Critical Values:**Quest Priority-1:  $\geq 150 \mu\text{g/L}$ **Synonyms:**

- Hg
- heavy metal toxicity
- heavy metal poisoning
- heavy metals
- MER24

**Reported:**

Test run Tuesday-Saturday. Turnaround: 2-5 days.

**Additional Information:**To convert  $\mu\text{g/L}$  to  $\mu\text{mol/L}$  (SI units) multiply by 0.00499. Urine is the specimen of choice for exposure to inorganic mercury.**CPT Codes:**

83825-90

**LOINC Codes:**

21383-5

# Mercury, Urine, Random

LAB3505

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Inductively-Coupled Plasma/Mass Spectrometry

**Reported:**

Performed 5 days per week. Turn around 3-5 days.

**Synonyms:**

- Hg
- heavy metal toxicity
- heavy metal poisoning
- heavy metals
- MERU

## COLLECTION

**Patient Preparation:**

Patient should refrain from eating predatory fish such as swordfish, tuna and shark at least three days prior to specimen collection.

**Sample Type:**

Random urine (2nd void)

**Label Abbreviation:**

HGUR

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

14 mL urine

**Minimum Volume:**

5 mL urine

**Remarks:**

Wash hands before sample collection. Wipe hand dry with lint free paper towel. Do not use recycled paper. Collect aliquot of the second morning urine. For industrial monitoring, collect urine preshift.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C 2 weeks

## PROCESSING

**Test Code:**

HGUR

**Test Group:**

Mercury

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Use powderless gloves to pour sample into acid-washed shipping container, if needed, Cap securely, freeze at -20C and ship frozen to China Basin. Order Quest # 637

**Preferred Volume:**

14 mL urine

**Minimum Volume:**

5 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C 2 weeks

**RESULT INTERPRETATION****Units:**

µg/g Creatinine (mcg/g Creatinine)

**Reference Interval:**

Nonexposed &gt;= 18 year olds &lt;= 4 µg/g creatinineBiologic exposure Index (preshift) &lt;= 35 µg/g creatinine

**Critical Values:**

Quest Priority-1: &gt;= 150 µg/g creatinine

**ADMINISTRATIVE****CPT Codes:**

82570-90, 83825-90

**LOINC Codes:**

13465-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

HGUR

**Test Group:**

Mercury

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Inductively-Coupled Plasma/Mass Spectrometry

**Patient Preparation:**

Patient should refrain from eating predatory fish such as swordfish, tuna and shark at least three days prior to specimen collection.

**Remarks:**

Wash hands before sample collection. Wipe hand dry with lint free paper towel. Do not use recycled paper. Collect aliquot of the second morning urine.For industrial monitoring, collect urine preshift.

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine (2nd void)

**Preferred Volume:**

14 mL urine

**Minimum Volume:**

5 mL urine

**Specimen Preparation:**

Use powderless gloves to pour sample into acid-washed shipping container, if needed, Cap securely, freeze at -20C and ship frozen to China Basin. Order Quest # 637

**Units:**

µg/g Creatinine (mcg/g Creatinine)

**Reference Interval:**

Nonexposed &gt;= 18 year olds &lt;= 4 µg/g creatinineBiologic exposure Index (preshift) &lt;= 35 µg/g creatinine

**Critical Values:**

Quest Priority-1: &gt;= 150 µg/g creatinine

**Synonyms:**

- Hg
- heavy metal toxicity
- heavy metal poisoning
- heavy metals
- MERU

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C 2 weeks

**Reported:**

Performed 5 days per week. Turn around 3-5 days.

**CPT Codes:**

82570-90, 83825-90

**LOINC Codes:**

13465-0



# Metanephrines, Free, Fractionated, Plasma

LAB3808

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Additional Information:**

Normetanephrine (NM) and metanephrine (MN) are the extra-neuronal catechol-o-methyltransferase (COMT) metabolites of the catecholamines norepinephrine and epinephrine, respectively. Measurement of plasma metanephrines is more sensitive (but may be less specific) than measurement of catecholamines for the detection of pheochromocytoma. Proper interpretation of results requires awareness of recent medication/drug history (e.f., antihypertensive agents, alcohol, cocaine) and other pre-analytical factors (e.f., stress, severe congestive heart failure, myocardial infarction) that influence release of catecholamines and metanephrines.

**Synonyms:**

- Metanephrines, plasma
- plasma metanephrines
- Q19548
- FREE METANEPHRINES
- ICE

## COLLECTION

**Patient Preparation:**

Patient should be relaxed in either a supine or upright position before blood is drawn. Patients should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection. Overnight fasting is preferred.

**Sample Type:**

Plasma

**Label Abbreviation:**

METNF

**Collect:**

Lavender top 6 mL (on ice)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

2.5 mL plasma

**Minimum Volume:**

1.5 mL plasma

**Remarks:**

Draw specimen in a pre-chilled EDTA Lavender top (6 mL) and send to Lab on ICE.

**Stability (from collection to initiation):**

Room temperature 4 hours, refrigerated 2 weeks, frozen at -20C 2 weeks.

## PROCESSING

**Test Code:**

METNF

**Test Group:**

Metanephrines

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Maintain on ice until centrifuged. Separate the plasma within 2 hours of venipuncture. Freeze plasma immediately. Store frozen at -20C. Ship on dry ice to China Basin. Order Quest test # 19548.

**Preferred Volume:**

2.5 mL plasma

**Minimum Volume:**

1.5 mL plasma

**Stability (from collection to initiation):**

Room temperature 4 hours, refrigerated 2 weeks, frozen at -20C 2 weeks.

**RESULT INTERPRETATION****Units:**

pg/mL

**Reference Interval:**Metanephrine:  $\leq 57$  pg/mLNormetanephrine:  $\leq 148$  pg/mLTotal:  $\leq 205$  pg/mL**Additional Information:**

Normetanephrine (NM) and metanephrine (MN) are the extra-neuronal catechol-o-methyltransferase (COMT) metabolites of the catecholamines norepinephrine and epinephrine, respectively. Measurement of plasma metanephrines is more sensitive (but may be less specific) than measurement of catecholamines for the detection of pheochromocytoma. Proper interpretation of results requires awareness of recent medication/drug history (e.f., antihypertensive agents, alcohol, cocaine) and other pre-analytical factors (e.f., stress, severe congestive heart failure, myocardial infarction) that influence release of catecholamines and metanephrines.

**ADMINISTRATIVE****CPT Codes:**

83835-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

METNF

**Test Group:**

Metanephrines

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Patient Preparation:**

Patient should be relaxed in either a supine or upright position before blood is drawn. Patients should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection. Overnight fasting is preferred.

**Remarks:**

Draw specimen in a pre-chilled EDTA Lavender top (6 mL) and send to Lab on ICE.

**Collect:**

Lavender top 6 mL (on ice)

**Amount to Collect:**

6 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

2.5 mL plasma

**Minimum Volume:**

1.5 mL plasma

**Specimen Preparation:**

Maintain on ice until centrifuged. Separate the plasma within 2 hours of venipuncture. Freeze plasma immediately. Store frozen at -20C. Ship on dry ice to China Basin. Order Quest test # 19548.

**Units:**

pg/mL

**Reference Interval:**Metanephrine:  $\leq 57$  pg/mLNormetanephrine:  $\leq 148$  pg/mLTotal:  $\leq 205$  pg/mL

**Synonyms:**

- Metanephrines, plasma
- plasma metanephrines
- Q19548
- FREE METANEPHRINES
- ICE

**Stability (from collection to initiation):**

Room temperature 4 hours, refrigerated 2 weeks, frozen at -20C 2 weeks.

**Additional Information:**

Normetanephrine (NM) and metanephrine (MN) are the extra-neuronal catechol-o-methyltransferase (COMT) metabolites of the catecholamines norepinephrine and epinephrine, respectively. Measurement of plasma metanephrines is more sensitive (but may be less specific) than measurement of catecholamines for the detection of pheochromocytoma. Proper interpretation of results requires awareness of recent medication/drug history(e.f., antihypertensive agents, alcohol, cocaine) and other pre-analytical factors (e.f., stress, severe congestive heart failure, myocardial infarction) that influence release of catecholamines and metanephrines.

**CPT Codes:**

83835-90

# Metanephrines, Urine, 24 Hour

LAB3375

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

Test performed Monday-Friday. Turnaround time: 3-6 days.

**Additional Information:**

To convert µg/d to nmol/d (SI units) multiply by 5.07 (using MW 197.2). Creatinine is assayed as a measure of completeness of urine collection. If total creatinine excretion is not within normal limits for the patient's age and sex (see entry for Creatinine) and the patient has normal renal function, the urine collection is probably incomplete and the result is invalid.

**Synonyms:**

- .PH, 2~5

## COLLECTION

**Patient Preparation:**

Patient should avoid tobacco, tea, coffee, for 3 days prior to specimen collection. It is preferable for the patient to be off medications for 3 days prior to collection. Common antihypertensives (diuretics, ACE inhibitors, calcium channel blockers, alpha and beta blockers) cause minimal or no interference. Medications which are alpha agonists (Aldomet), alpha blockers (Dibenzylamine) should be avoided 18-24 hrs prior to specimen collection.

**Sample Type:**

24 hour urine collection

**Label Abbreviation:**

METN

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

3 mL urine

**Remarks:**

Obtain container from Specimen Receiving. Refrigerate container during collection

**Stability (from collection to initiation):**

Room temperature 1 week (acidified), refrigerated 8 days, frozen at -20C 1 month

## PROCESSING

**Test Code:**

METN

**Test Group:**

Metanephrines

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Mix well before aliquoting. Adjust aliquot pH to 2-5 with 6N HCL and ship sample frozen. Record the patient's age and the total urine volume on the test request form and the transport vial. Order Quest#14962X for Metanephrines, 24 hour, urine.

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

3 mL urine

**Stability (from collection to initiation):**

Room temperature 1 week (acidified), refrigerated 8 days, frozen at -20C 1 month

**RESULT INTERPRETATION****Units:**

µg/24 hours (mcg/24 hours)

**Reference Interval:**

| Age              | Metanephrine (µg/d) | Normetanephrine (µg/d) | Metanephrine, Total (µg/d) |
|------------------|---------------------|------------------------|----------------------------|
| 3 months-4 years | 25-117              | 54-249                 | 79-345                     |
| 5-9 years        | 11-139              | 31-398                 | 49-408                     |
| 10-13 years      | 51-275              | 67-503                 | 110-714                    |
| 14-17 years      | 40-189              | 69-531                 | 107-741                    |
| 18-29 years      | 25-222              | 40-412                 | 94-604                     |
| 30-39 years      | 36-190              | 35-482                 | 115-695                    |
| 40-49 years      | 58-203              | 88-649                 | 182-739                    |
| >= 50 years      | 90-315              | 122-676                | 224-832                    |

**Additional Information:**

To convert µg/d to nmol/d (SI units) multiply by 5.07 (using MW 197.2). Creatinine is assayed as a measure of completeness of urine collection. If total creatinine excretion is not within normal limits for the patient's age and sex (see entry for Creatinine) and the patient has normal renal function, the urine collection is probably incomplete and the result is invalid.

**ADMINISTRATIVE****CPT Codes:**

83835-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

METN

**Test Group:**

Metanephrines

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Patient Preparation:**

Patient should avoid tobacco, tea, coffee, for 3 days prior to specimen collection. It is preferable for the patient to be off medications for 3 days prior to collection. Common antihypertensives (diuretics, ACE inhibitors, calcium channel blockers, alpha and beta blockers) cause minimal or no interference. Medications which are alpha agonists (Aldomet), alpha blockers (Dibenzylidine) should be avoided 18-24 hrs prior to specimen collection.

**Remarks:**

Obtain container from Specimen Receiving. Refrigerate container during collection

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

3 mL urine

**Specimen Preparation:**

Mix well before aliquoting. Adjust aliquot pH to 2-5 with 6N HCL and ship sample frozen. Record the patient's age and the total urine volume on the test request form and the transport vial. Order Quest#14962X for Metanephrines, 24 hour, urine.

**Units:**

µg/24 hours (mcg/24 hours)

**Reference Interval:**

| Age              | Metanephrine (µg/d) | Normetanephrine (µg/d) | Metanephrine, Total (µg/d) |
|------------------|---------------------|------------------------|----------------------------|
| 3 months-4 years | 25-117              | 54-249                 | 79-345                     |
| 5-9 years        | 11-139              | 31-398                 | 49-408                     |
| 10-13 years      | 51-275              | 67-503                 | 110-714                    |
| 14-17 years      | 40-189              | 69-531                 | 107-741                    |
| 18-29 years      | 25-222              | 40-412                 | 94-604                     |
| 30-39 years      | 36-190              | 35-482                 | 115-695                    |
| 40-49 years      | 58-203              | 88-649                 | 182-739                    |
| >= 50 years      | 90-315              | 122-676                | 224-832                    |

**Synonyms:**

- .PH, 2~5

**Stability (from collection to initiation):**

Room temperature 1 week (acidified), refrigerated 8 days, frozen at -20C 1 month

**Reported:**

Test performed Monday-Friday. Turnaround time: 3-6 days.

**Additional Information:**

To convert µg/d to nmol/d (SI units) multiply by 5.07 (using MW 197.2). Creatinine is assayed as a measure of completeness of urine collection. If total creatinine excretion is not within normal limits for the patient's age and sex (see entry for Creatinine) and the patient has normal renal function, the urine collection is probably incomplete and the result is invalid.

**CPT Codes:**

83835-90

# Metanephrines, Urine, Random

LAB3501

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Synonyms:**

- .PH, 2~5

## COLLECTION

**Patient Preparation:**

Patient should avoid tobacco, tea, coffee, for 3 days prior to specimen collection.

It is preferable for the patient to be off medications for 3 days prior to collection.

Common antihypertensives (diuretics, ACE inhibitors, calcium channel blockers, alpha and beta blockers) cause minimal or no interference. Medications which are alpha agonists (Aldomet), alpha blockers (Dibenzylamine) should be avoided 18-24 hrs prior to specimen collection.

**Sample Type:**

Random urine

**Label Abbreviation:**

METNR

**Collect:**

Urine cup

**Amount to Collect:**

5 mL urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1.5 mL urine

**Stability (from collection to initiation):**

Acidified urine: Room temperature 1 week, refrigerated 8 days, frozen at -20C 1 month

## PROCESSING

**Test Code:**

METNR

**Test Group:**

Metanephrines

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Acidify urine to pH < 3.0 with 6N HCl. Freeze acidified urine at -20C Order Quest test #14961X

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1.5 mL urine

**Stability (from collection to initiation):**

Acidified urine: Room temperature 1 week, refrigerated 8 days, frozen at -20C 1 month

## RESULT INTERPRETATION

**Units:** $\mu\text{g/g}$  creatinine

**Reference Interval:**

## Metanephrine:

|              |                         |
|--------------|-------------------------|
| 3 mo-4 years | Not established         |
| 5-9 years    | 106-257 µg/g creatinine |
| 10-13 years  | 34-357 µg/g creatinine  |
| 14-17 years  | 24-302 µg/g creatinine  |
| 18-29 years  | 39-146 µg/g creatinine  |
| 30-39 years  | 32-134 µg/g creatinine  |
| 40-49 years  | 33-192 µg/g creatinine  |
| >=50 years   | 21-153 µg/g creatinine  |

## Normetanephrine:

|                  |                         |
|------------------|-------------------------|
| 3 months-4 years | Not Established         |
| 5-9 years        | 149-781 µg/g creatinine |
| 10-13 years      | 38-523 µg/g creatinine  |
| 14-17 years      | 14-302 µg/g creatinine  |
| 18-29 years      | 91-365 µg/g creatinine  |
| 30-39 years      | 67-390 µg/g creatinine  |
| 40-49 years      | 85-514 µg/g creatinine  |
| >=50 years       | 108-524 µg/g creatinine |

## Total metanephrynes:

3 months-4 years Not Established

|             |                          |
|-------------|--------------------------|
| 5-9 years   | 255-1167 µg/g creatinine |
| 10-13 years | 86-845 µg/g creatinine   |
| 14-17 years | 39-578 µg/g creatinine   |
| 18-29 years | 156-442 µg/g creatinine  |
| 30-39 years | 94-445 µg/g creatinine   |
| 40-49 years | 155-608 µg/g creatinine  |
| >=50 years  | 149-603 µg/g creatinine  |

**ADMINISTRATIVE****CPT Codes:**

82570-90, 83835-90

**LOINC Codes:**

13771-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

METNR

**Test Group:**

Metanephrynes

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS



**Patient Preparation:**

Patient should avoid tobacco, tea, coffee, for 3 days prior to specimen collection.

It is preferable for the patient to be off medications for 3 days prior to collection.

Common antihypertensives (diuretics, ACE inhibitors, calcium channel blockers, alpha and beta blockers) cause minimal or no interference. Medications which are alpha agonists (Aldomet), alpha blockers (Dibenzylidine) should be avoided 18-24 hrs prior to specimen collection.

**Collect:**

Urine cup

**Amount to Collect:**

5 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1.5 mL urine

**Specimen Preparation:**

Acidify urine to pH < 3.0 with 6N HCl. Freeze acidified urine at -20C Order Quest test #14961X

**Units:**

µg/g creatinine

**Reference Interval:**

Metanephrine:

|              |                         |
|--------------|-------------------------|
| 3 mo-4 years | Not established         |
| 5-9 years    | 106-257 µg/g creatinine |
| 10-13 years  | 34-357 µg/g creatinine  |
| 14-17 years  | 24-302 µg/g creatinine  |
| 18-29 years  | 39-146 µg/g creatinine  |
| 30-39 years  | 32-134 µg/g creatinine  |
| 40-49 years  | 33-192 µg/g creatinine  |
| >=50 years   | 21-153 µg/g creatinine  |

Normetanephrine:

|                  |                         |
|------------------|-------------------------|
| 3 months-4 years | Not Established         |
| 5-9 years        | 149-781 µg/g creatinine |
| 10-13 years      | 38-523 µg/g creatinine  |
| 14-17 years      | 14-302 µg/g creatinine  |
| 18-29 years      | 91-365 µg/g creatinine  |
| 30-39 years      | 67-390 µg/g creatinine  |
| 40-49 years      | 85-514 µg/g creatinine  |
| >=50 years       | 108-524 µg/g creatinine |

Total metanephrines:

3 months-4 years Not Established

|             |                          |
|-------------|--------------------------|
| 5-9 years   | 255-1167 µg/g creatinine |
| 10-13 years | 86-845 µg/g creatinine   |
| 14-17 years | 39-578 µg/g creatinine   |
| 18-29 years | 156-442 µg/g creatinine  |
| 30-39 years | 94-445 µg/g creatinine   |
| 40-49 years | 155-608 µg/g creatinine  |
| >=50 years  | 149-603 µg/g creatinine  |

**Synonyms:**

- .PH, 2~5

**Stability (from collection to initiation):**

Acidified urine: Room temperature 1 week, refrigerated 8 days, frozen at -20C 1 month

**CPT Codes:**

82570-90, 83835-90

**LOINC Codes:**

13771-1

# Methadone and Metabolite, Urine, Quantitative

LAB5798

## ORDERING

**Ordering Recommendations:**

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Methadone Urine Screen with Reflex to Quantitation (2012245).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-7 days

**Synonyms:**

- Amidone
- Dolophine
- EDDP
- Heptadon
- Methadone
- Methadose
- Pain Management
- Pain Management, Methadone, Quantitative, with medMATCH, Urine
- Pain Management, Methadone, with Confirmation with medMATCH, Urine
- Physeptone
- Symoron
- MEDQNT

## COLLECTION

**Label Abbreviation:**

MEDQNT

**Collect:**

Random urine.

**Amount to Collect:**

1 mL

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Storage/Transport Temperature:**

Room temperature.

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

## PROCESSING

**Test Code:**

MEDQNT

**ARUP Test Code:**

0090362

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 1 mL with no additives or preservatives urine to an ARUP standard transport tube. (Min: 0.5 mL)

**Additional Processing Instructions:**

Aliquot and freeze sample. Transport to CB frozen. Order ARUP test code 0090362.

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Storage/Transport Temperature:**

Room temperature.

**RESULT INTERPRETATION****Reference Interval:**

| Drugs Covered | Cutoff Concentrations |
|---------------|-----------------------|
| Methadone     | 100 ng/mL             |
| EDDP          | 100 ng/mL             |

**Interpretive Data:**

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 100 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

**ADMINISTRATIVE****CPT Codes:**

80358 (Alt code: G0480)

**LOINC:**

- 3774-7
- 50542-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Methadone Urine Screen with Reflex to Quantitation (2012245).

**Test Code:**

MEDQNT

**ARUP Test Code:**

0090362

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Random urine.

**Amount to Collect:**

1 mL

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

**Specimen Preparation:**

Transfer 1 mL with no additives or preservatives urine to an ARUP standard transport tube. (Min: 0.5 mL)

**Additional Processing Instructions:**

Aliquot and freeze sample. Transport to CB frozen. Order ARUP test code 0090362.

**Reference Interval:**

| Drugs Covered | Cutoff Concentrations |
|---------------|-----------------------|
| Methadone     | 100 ng/mL             |
| EDDP          | 100 ng/mL             |

**Interpretive Data:**

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 100 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

**Synonyms:**

- Amidone
- Dolophine
- EDDP
- Heptadon
- Methadone
- Methadose
- Pain Management
- Pain Management, Methadone, Quantitative, with medMATCH, Urine
- Pain Management, Methadone, with Confirmation with medMATCH, Urine
- Physeptone
- Symoron
- MEDQNT

**Storage/Transport Temperature:**

Room temperature.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Reported:**

1-7 days

**CPT Codes:**

80358 (Alt code: G0480)

**LOINC:**

- 3774-7
- 50542-0

**Notes:**

Compare to Pain Management, Methadone, Quantitative, with medMATCH, Urine; Pain Management, Methadone, with Confirmation with medMATCH, Urine.

# Methadone Screen, Urine

LAB3341

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day, 7 days a week.

**Methodology:**

Homogenous competitive enzyme immunoassay using G6PDH- labeling

**Additional Information:**

A concentration of <300 µg/L is considered negative by this test. A positive result is  $\geq 300$  µg/L and indicates the presence of methadone. This immunoassay is only a screening test and is not definitive. It is only designed to detect the parent drug, methadone, and NOT the major methadone metabolites (EDDP, EMDP).

Results cannot be used for medico-legal purposes.

[Click here for a list of cross-reactive substances.](#)

Positive results will NOT be automatically confirmed. If a confirmation is required, call the laboratory at 415 353 1667 within 7 days of sample collection to request to add-on a methadone confirmation (detects methadone and EDDP, the major metabolite; test code MEDQNT).

**Synonyms:**

- METHA

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Refrigerated for 7 days, frozen at -20C 1 month.

**Storage/Transport Temperature:**

Refrigerated 7 days, frozen at -20C 1 month

## PROCESSING

**Test Code:**

METHA

**Test Group:**

Methadone

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Specimen Preparation:**

Refrigerate sample.

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Refrigerated for 7 days, frozen at -20C 1 month.

**Storage/Transport Temperature:**

Refrigerated 7 days, frozen at -20C 1 month

**RESULT INTERPRETATION****Reference Interval:**

Negative

Note: a negative result indicates that methadone is not present, or it is present at a concentration below the cut-off concentration of 300 µg/L.

**Additional Information:**

A concentration of <300 µg/L is considered negative by this test. A positive result is  $\geq 300$  µg/L and indicates the presence of methadone. This immunoassay is only a screening test and is not definitive. It is only designed to detect the parent drug, methadone, and NOT the major methadone metabolites (EDDP, EMDP).

Results cannot be used for medico-legal purposes.

[Click here for a list of cross-reactive substances.](#)

Positive results will NOT be automatically confirmed. If a confirmation is required, call the laboratory at 415 353 1667 within 7 days of sample collection to request to add-on a methadone confirmation (detects methadone and EDDP, the major metabolite; test code MEDQNT).

**ADMINISTRATIVE****CPT Codes:**

80307

**LOINC Codes:**

19550-3

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

METHA

**Test Group:**

Methadone

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day, 7 days a week.

**Methodology:**

Homogenous competitive enzyme immunoassay using G6PDH- labeling

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Specimen Preparation:**

Refrigerate sample.

**Reference Interval:**

Negative

Note: a negative result indicates that methadone is not present, or it is present at a concentration below the cut-off concentration of 300 µg/L.

**Synonyms:**

- METHA

**Storage/Transport Temperature:**

Refrigerated 7 days, frozen at -20C 1 month

**Stability (from collection to initiation):**

Refrigerated for 7 days, frozen at -20C 1 month.

**Additional Information:**

A concentration of <300 µg/L is considered negative by this test. A positive result is  $\geq 300$  µg/L and indicates the presence of methadone. This immunoassay is only a screening test and is not definitive. It is only designed to detect the parent drug, methadone, and NOT the major methadone metabolites (EDDP, EMDP).

Results cannot be used for medico-legal purposes.

[Click here for a list of cross-reactive substances.](#)

Positive results will NOT be automatically confirmed. If a confirmation is required, call the laboratory at 415 353 1667 within 7 days of sample collection to request to add-on a methadone confirmation (detects methadone and EDDP, the major metabolite; test code MEDQNT).

**CPT Codes:**

80307

**LOINC Codes:**

19550-3



# Methadone, serum

LAB180

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

GC/MS

**Reported:**

Test run Thursday. Turnaround time: 1-8 days.

## COLLECTION

**Sample Type:**

Serum

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Methadone

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 16890

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 0.05-1.0 mg/L

Toxic: &gt; 1.0 mg/L

## ADMINISTRATIVE

**CPT Codes:**

83840-90

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Methadone

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

GC/MS

**Collect:**

Red top (Gold top **NOT** acceptable)

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Refrigerate. Order Quest # 16890

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 0.05-1.0 mg/L

Toxic: > 1.0 mg/L

**Reported:**

Test run Thursday. Turnaround time: 1-8 days.

**CPT Codes:**

83840-90

# Methaqualone

MQL

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

GC/MS

**Reported:**

7-10 days

**Additional Information:**

Methaqualone was formerly marketed as a sedative and hypnotic; However there is no prescribed dosage form currently available. Abuse potential exists due to euphoric properties.

**Synonyms:**

- Quaalude

## COLLECTION

**Sample Type:**

Urine

**Collect:**

Urine container

**Amount to Collect:**

30 mL

**Preferred Volume:**

30 mL

**Minimum Volume:**

1.5 mL

**Stability (from collection to initiation):**

Room temperature: 5 days

Refrigerated: 21 days

Frozen: 1 year

## PROCESSING

**Test Code:**

MQL

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze specimen. Transport to CB frozen. Order Quest test code 6197Z.

**Preferred Volume:**

30 mL

**Minimum Volume:**

1.5 mL

**Stability (from collection to initiation):**

Room temperature: 5 days

Refrigerated: 21 days

Frozen: 1 year

## RESULT INTERPRETATION

**Additional Information:**

Methaqualone was formerly marketed as a sedative and hypnotic; However there is no prescribed dosage form currently available. Abuse potential exists due to euphoric properties.

## ADMINISTRATIVE

**CPT Codes:**

80368 - 90 (G0480-90)

**LOINC Codes:**

3786-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MQL

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

GC/MS

**Collect:**

Urine container

**Amount to Collect:**

30 mL

**Sample Type:**

Urine

**Preferred Volume:**

30 mL

**Minimum Volume:**

1.5 mL

**Specimen Preparation:**

Aliquot and freeze specimen. Transport to CB frozen. Order Quest test code 6197Z.

**Synonyms:**

- Quaalude

**Stability (from collection to initiation):**

Room temperature: 5 days

Refrigerated: 21 days

Frozen: 1 year

**Reported:**

7-10 days

**Additional Information:**

Methaqualone was formerly marketed as a sedative and hypnotic; However there is no prescribed dosage form currently available. Abuse potential exists due to euphoric properties.

**CPT Codes:**

80368 - 90 (G0480-90)

**LOINC Codes:**

3786-1

# Methotrexate Level

LAB481

## ORDERING

**Approval Required:**

Approval is required for testing patients who have received carboxypeptidase rescue therapy.

**Available Stat:**

No

**Performing Lab:**

Parnassus & Mission Bay Chemistry

**Performed:**

24 hours per day and 7 days per week

**Methodology:**

Homogeneous Enzyme immunoassay - ARK Diagnostics

**Reported:**

4 hours

Results on specimens received in the laboratory by 0900 will be available by 1030

**Additional Information:**

Breakdown products of methotrexate due to Carboxypeptidase rescue therapy are still detected by this assay and therefore continued monitoring of methotrexate in this situation by the in-house assay is problematic. Testing with the in-house assay after carboxypeptidase therapy is only done with approval from a pathologist.

Specimens from patients who have received carboxypeptidase G2 (CPDG2) as a form of emergency methotrexate (MTX) rescue therapy can contain a hydrolysis fragment of MTX designated 4-[[2,4-diamino-6-(pteridinyl)methyl]-methylamino]-benzoic acid (DAMPA) that cross-reacts with the methotrexate antibody used in this immunoassay. Administration of CPDG2 results in a rapid fall in the methotrexate level, however, the magnitude of the fall may be somewhat underestimated by the methotrexate immunoassay due to cross reaction with the DAMPA hydrolysis fragment. 15 minutes after administration of CPDG2, methotrexate levels have been reported to fall by a median of 97% (range 73 - 99%) as judged by methotrexate measurements performed using a specific HPLC assay not subject to the DAMPA interference. In contrast, use of the less specific immunoassay in this circumstance underestimates the fall in methotrexate levels and shows a median decrease of 87% (range 70-99%) (Buchen et al, British Journal of Cancer 92:480, 2005).

Because enzyme immunoassay interference can result in overestimation of serum MTX concentrations immediately after administration of carboxypeptidase enzyme treatment (glucarpidase), it may be helpful to measure MTX after the glucarpidase dosing using a more specific assay (e.g. LC-MS/MS). The LC-MS/MS testing for MTX in these cases can be obtained by sendout to Mayo Medical Laboratories for "Methotrexate Post Glucarpidase, Serum." Refer to the Mayo website for specimen requirements and interpretation of results

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Remarks:**

Note: Contact laboratory if patient has received Carboxypeptidase rescue therapy

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 21 days, frozen at -20C 15 month

## PROCESSING

**Test Code:**

MTX

**Performing Lab:**

Parnassus & Mission Bay Chemistry

**Preferred Volume:**

0.5 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 21 days, frozen at -20C 15 month

**RESULT INTERPRETATION****Units:**

µmol/L

**Reference Interval:**

Non-toxic drug concentration after 72 hours following high-dose therapy: &lt;0.1 µmol/L

Serum concentrations of methotrexate are commonly monitored during high-dose therapy (>50 mg/m<sup>2</sup>) to identify the time at which active intervention by leucovorin rescue should be initiated. Criteria for serum concentrations indicative of a potential for toxicity after single-bolus, high-dose therapy are as follows:

- Methotrexate >10 µmol/L 24 hours after dose
- Methotrexate >1 µmol/L 48 hours after dose
- Methotrexate >0.1 µmol/L 72 hours after dose

**Additional Information:**

Breakdown products of methotrexate due to Carboxypeptidase rescue therapy are still detected by this assay and therefore continued monitoring of methotrexate in this situation by the in-house assay is problematic. Testing with the in-house assay after carboxypeptidase therapy is only done with approval from a pathologist.

Specimens from patients who have received carboxypeptidase G2 (CPDG2) as a form of emergency methotrexate (MTX) rescue therapy can contain a hydrolysis fragment of MTX designated

4-[[2,4-diamino-6-(pteridiny)methyl]- methylamino]-benzoic acid (DAMPA) that cross-reacts with the methotrexate antibody used in this immunoassay. Administration of CPDG2 results in a rapid fall in the methotrexate level, however, the magnitude of the fall may be somewhat underestimated by the methotrexate immunoassay due to cross reaction with the DAMPA hydrolysis fragment. 15 minutes after administration of CPDG2, methotrexate levels have been reported to fall by a median of 97% (range 73 - 99%) as judged by methotrexate measurements performed using a specific HPLC assay not subject to the DAMPA interference. In contrast, use of the less specific immunoassay in this circumstance underestimates the fall in methotrexate levels and shows a median decrease of 87% (range 70-99%) (Buchen et al, British Journal of Cancer 92:480, 2005).

Because enzyme immunoassay interference can result in overestimation of serum MTX concentrations immediately after administration of carboxypeptidase enzyme treatment (glucarpidase), it may be helpful to measure MTX after the glucarpidase dosing using a more specific assay (e.g. LC-MS/MS). The LC-MS/MS testing for MTX in these cases can be obtained by sendout to Mayo Medical Laboratories for "Methotrexate Post Glucarpidase, Serum." Refer to the Mayo website for specimen requirements and interpretation of results

**ADMINISTRATIVE****CPT Codes:**

80204

**LOINC Codes:**

14836-1

**COMPLETE VIEW****Approval Required:**

Approval is required for testing patients who have received carboxypeptidase rescue therapy.

**Available Stat:**

No

**Test Code:**

MTX

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

24 hours per day and 7 days per week

**Methodology:**

Homogeneous Enzyme immunoassay - ARK Diagnostics

**Remarks:**

Note: Contact laboratory if patient has received Carboxypeptidase rescue therapy

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Units:** $\mu\text{mol/L}$ **Reference Interval:**Non-toxic drug concentration after 72 hours following high-dose therapy:  $<0.1 \mu\text{mol/L}$ 

Serum concentrations of methotrexate are commonly monitored during high-dose therapy ( $>50 \text{ mg/m}^2$ ) to identify the time at which active intervention by leucovorin rescue should be initiated. Criteria for serum concentrations indicative of a potential for toxicity after single-bolus, high-dose therapy are as follows:

-Methotrexate  $>10 \mu\text{mol/L}$  24 hours after dose

-Methotrexate  $>1 \mu\text{mol/L}$  48 hours after dose

-Methotrexate  $>0.1 \mu\text{mol/L}$  72 hours after dose

**Stability (from collection to initiation):**Room temperature 2 days, refrigerated 21 days, frozen at  $-20^\circ\text{C}$  15 month**Reported:**

4 hours

Results on specimens received in the laboratory by 0900 will be available by 1030

**Additional Information:**

Breakdown products of methotrexate due to Carboxypeptidase rescue therapy are still detected by this assay and therefore continued monitoring of methotrexate in this situation by the in-house assay is problematic. Testing with the in-house assay after carboxypeptidase therapy is only done with approval from a pathologist.

Specimens from patients who have received carboxypeptidase G2 (CPDG2) as a form of emergency methotrexate (MTX) rescue therapy can contain a hydrolysis fragment of MTX designated 4-[[2,4-diamino-6-(pteridinyl)methyl]-methylamino]-benzoic acid (DAMPA) that cross-reacts with the methotrexate antibody used in this immunoassay. Administration of CPGD2 results in a rapid fall in the methotrexate level, however, the magnitude of the fall may be somewhat underestimated by the methotrexate immunoassay due to cross reaction with the DAMPA hydrolysis fragment. 15 minutes after administration of CPGD2, methotrexate levels have been reported to fall by a median of 97% (range 73 - 99%) as judged by methotrexate measurements performed using a specific HPLC assay not subject to the DAMPA interference. In contrast, use of the less specific immunoassay in this circumstance underestimates the fall in methotrexate levels and shows a median decrease of 87% (range 70-99%) (Buchen et al, British Journal of Cancer 92:480, 2005).

Because enzyme immunoassay interference can result in overestimation of serum MTX concentrations immediately after administration of carboxypeptidase enzyme treatment (glucarpidase), it may be helpful to measure MTX after the glucarpidase dosing using a more specific assay (e.g. LC-MS/MS). The LC-MS/MS testing for MTX in these cases can be obtained by sendout to Mayo Medical Laboratories for "Methotrexate Post Glucarpidase, Serum." Refer to the Mayo website for specimen requirements and interpretation of results

**CPT Codes:**

80204

**LOINC Codes:**

14836-1

# Methylenetetrahydrofolate Reductase (*MTHFR*) 2 Variants

LAB9036

## ORDERING

**Ordering Recommendations:**

Examines one genetic factor that contributes to hyperhomocysteinemia. Test is not recommended for recurrent pregnancy loss, thrombophilia screening, or neural tube defect risk assessment, or for family members of individuals with known MTHFR variants.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Polymerase Chain Reaction (PCR)/Fluorescence Monitoring

**Reported:**

2-6 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- MTHFR
- MTHFR DNA assay

## COLLECTION

**Sample Type:**

Whole blood

**Label Abbreviation:**

MTHFR

**Collect:**Lavender (EDTA), pink (K<sub>2</sub>EDTA), or yellow (ACD Solution A or B).**Amount to Collect:**

3 mL

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Plasma or serum. Heparinized specimens. Frozen specimens in glass collection tubes.

**Submit with Order:**

- [Informed Consent for Genetic Testing \(Required for NY patients\)](#)

## PROCESSING

**Test Code:**

MTHFR

**ARUP Test Code:**

0055655

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transport 3 mL whole blood. (Min: 1 mL)



**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Plasma or serum. Heparinized specimens. Frozen specimens in glass collection tubes.

**Stability (from collection to initiation):**

Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

Negative: Neither of the MTHFR variants tested, c.665C>T (previously designated C677T) and c.1286A>C (previously designated A1298C), were detected. Other causes of elevated homocysteine levels were not evaluated.

**Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

Background Information for Methylenetetrahydrofolate Reductase (MTHFR), 2 Variants:

Characteristics: Variants in the MTHFR gene may reduce enzyme activity contributing to hyperhomocysteinemia. Although hyperhomocysteinemia was previously reported to be a risk factor for many conditions, especially venous thrombosis and cardiovascular disease, recent meta-analysis casts doubt on whether lifelong moderate homocysteine elevation has an effect on cardiovascular disease. The American College of Medical Genetics Practice Guidelines indicate that individuals with elevated homocysteine and two copies of the c.665C>T variant have an odds ratio of 1.27 for venous thromboembolism. Thus, they recommend MTHFR genotyping not be ordered as part of a routine evaluation for recurrent pregnancy loss or thrombophilia due to questionable clinical significance.

Incidence: The allele frequency of the c.665C>T variant is 0.35 in European Caucasians, 0.5 in Hispanics, and 0.12 in African Americans.

Inheritance: Autosomal recessive; two copies of the c.665C>T variant may be a contributing factor to hyperhomocysteinemia.

Variants Tested: c.665C>T(p.Ala222Val) and c.1286A>C(p.Glu429Ala). (legacy names, C677T and A1298C, respectively).

Clinical Sensitivity: Undefined; hyperhomocysteinemia is caused by genetic, physiologic and environmental factors. MTHFR variants are only one contributing factor.

Methodology: Polymerase chain reaction (PCR) and fluorescence monitoring.

Analytical Sensitivity & Specificity: 99 percent.

Limitations: Only two MTHFR gene variants (c.665C>T and c.1286A>C) are tested. Diagnostic errors can occur due to rare sequence variations.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

**ADMINISTRATIVE****CPT Codes:**

81291

**LOINC:**

- 28060-2
- 31208-2
- 28005-7
- 21709-1

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Examines one genetic factor that contributes to hyperhomocysteinemia. Test is not recommended for recurrent pregnancy loss, thrombophilia screening, or neural tube defect risk assessment, or for family members of individuals with known MTHFR variants.

**Test Code:**

MTHFR

**ARUP Test Code:**

0055655

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Polymerase Chain Reaction (PCR)/Fluorescence Monitoring

**Collect:**Lavender (EDTA), pink (K<sub>2</sub>EDTA), or yellow (ACD Solution A or B).**Amount to Collect:**

3 mL

**Sample Type:**

Whole blood

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Plasma or serum. Heparinized specimens. Frozen specimens in glass collection tubes.

**Specimen Preparation:**

Transport 3 mL whole blood. (Min: 1 mL)

**Reference Interval:**

Negative: Neither of the MTHFR variants tested, c.665C&gt;T (previously designated C677T) and c.1286A&gt;C (previously designated A1298C), were detected. Other causes of elevated homocysteine levels were not evaluated.

**Interpretive Data:**

Background Information for Methylenetetrahydrofolate Reductase (MTHFR), 2 Variants:

Characteristics: Variants in the MTHFR gene may reduce enzyme activity contributing to hyperhomocysteinemia. Although hyperhomocysteinemia was previously reported to be a risk factor for many conditions, especially venous thrombosis and cardiovascular disease, recent meta-analysis casts doubt on whether lifelong moderate homocysteine elevation has an effect on cardiovascular disease. The American College of Medical Genetics Practice Guidelines indicate that individuals with elevated homocysteine and two copies of the c.665C>T variant have an odds ratio of 1.27 for venous thromboembolism. Thus, they recommend MTHFR genotyping not be ordered as part of a routine evaluation for recurrent pregnancy loss or thrombophilia due to questionable clinical significance.

Incidence: The allele frequency of the c.665C>T variant is 0.35 in European Caucasians, 0.5 in Hispanics, and 0.12 in African Americans.

Inheritance: Autosomal recessive; two copies of the c.665C>T variant may be a contributing factor to hyperhomocysteinemia.

Variants Tested: c.665C>T(p.Ala222Val) and c.1286A>C(p.Glu429Ala). (legacy names, C677T and A1298C, respectively).

Clinical Sensitivity: Undefined; hyperhomocysteinemia is caused by genetic, physiologic and environmental factors. MTHFR variants are only one contributing factor.

Methodology: Polymerase chain reaction (PCR) and fluorescence monitoring.

Analytical Sensitivity & Specificity: 99 percent.

Limitations: Only two MTHFR gene variants (c.665C>T and c.1286A>C) are tested. Diagnostic errors can occur due to rare sequence variations.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

**Synonyms:**

- MTHFR
- MTHFR DNA assay

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month

**Reported:**

2-6 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

81291

**LOINC:**

- 28060-2
- 31208-2
- 28005-7
- 21709-1

# Methylmalonic Acid, Serum or Plasma (Vitamin B12 Status)

LAB835

## ORDERING

**Ordering Recommendations:**

Use to evaluate vitamin B12 deficiency in individuals with macrocytic or unexplained anemia, or unexplained neurologic disease. Preferred test is Vitamin B12 with Reflex to Methylmalonic Acid, Serum (Vitamin B12 Status) (0055662).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-3 days

**Synonyms:**

- Cobalamin Deficiency (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- Methylmalonate (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- MMA (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- Vitamin B12 Deficiency (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- MMAS

## COLLECTION

**Label Abbreviation:**

MMAS

**Collect:**

Plain red or serum separator tube. Also acceptable: Green (sodium heparin), green (lithium heparin), lavender (EDTA), or pink (K2EDTA).

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Frozen.

**Unacceptable Conditions:**

Room temperature specimens. Grossly hemolyzed or lipemic specimens.

## PROCESSING

**Test Code:**

MMAS

**ARUP Test Code:**

0099431

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Centrifuge and remove serum or plasma from cells within 2 hours of collection. Transfer 1.2 mL serum or plasma to an ARUP standard transport tube and refrigerate or freeze immediately. (Min: 0.6 mL)

**Unacceptable Conditions:**

Room temperature specimens. Grossly hemolyzed or lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Frozen.

## RESULT INTERPRETATION

**Reference Interval:**

0.00-0.40 µmol/L

**ADMINISTRATIVE****CPT Codes:**

83921

**LOINC:**

- 13964-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to evaluate vitamin B12 deficiency in individuals with macrocytic or unexplained anemia, or unexplained neurologic disease. Preferred test is Vitamin B12 with Reflex to Methylmalonic Acid, Serum (Vitamin B12 Status) (0055662).

**Test Code:**

MMAS

**ARUP Test Code:**

0099431

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Plain red or serum separator tube. Also acceptable: Green (sodium heparin), green (lithium heparin), lavender (EDTA), or pink (K2EDTA).

**Unacceptable Conditions:**

Room temperature specimens. Grossly hemolyzed or lipemic specimens.

**Specimen Preparation:**

Centrifuge and remove serum or plasma from cells within 2 hours of collection. Transfer 1.2 mL serum or plasma to an ARUP standard transport tube and refrigerate or freeze immediately. (Min: 0.6 mL)

**Reference Interval:**

0.00-0.40 µmol/L

**Synonyms:**

- Cobalamin Deficiency (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- Methylmalonate (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- MMA (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- Vitamin B12 Deficiency (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- MMAS

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

**Reported:**

1-3 days

**CPT Codes:**

83921

**LOINC:**

- 13964-2

# Methylmalonic Acid, urine

LAB180

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Reported:**

Test run Monday-Sunday. Turnaround: 2-4 days.

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Methylmalonic

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 6694

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

## RESULT INTERPRETATION

**Units:**

mmol/mol creatinine

**Reference Interval:**

&lt; 2.1 mmol/mol creatinine

## ADMINISTRATIVE

**CPT Codes:**

82570-90, 83918-90

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Methylmalonic

**Performing Lab:**

Quest

**Sendout:**

Yes

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Specimen Preparation:**

Refrigerate. Order Quest # 6694

**Units:**

mmol/mol creatinine

**Reference Interval:**

< 2.1 mmol/mol creatinine

**Reported:**

Test run Monday-Sunday. Turnaround: 2-4 days.

**CPT Codes:**

82570-90, 83918-90

# Methylphenidate and Metabolite, Urine, Quantitative

LAB6257

## ORDERING

**Ordering Recommendations:**

Useful for general testing in contexts of compliance and/or abuse. Preferred test to follow-up presumptive results.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Thu, Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-7 days

**Synonyms:**

- Attenade
- Concerta
- Daytrana
- Dexmethylphenidate
- Focalin (Methylphenidate and Metabolite - Confirmation/Quantitation - Urine)
- Metadate
- Methylin
- Methylphenidate
- Ritalin
- Ritalinic Acid
- Urine ritalin concentration
- METPM

## COLLECTION

**Sample Type:**

Random urine in container

**Label Abbreviation:**

METPM

**Collect:**

Random urine.

**Amount to Collect:**

>= 2 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 3 weeks; Frozen: 3 months

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Room temperature specimens.

## PROCESSING

**Test Code:**

METPM

**ARUP Test Code:**

2003115

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 2 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 1 mL)



**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Room temperature specimens.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 3 weeks; Frozen: 3 months

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

|                 |                 |
|-----------------|-----------------|
| Drugs Covered   | Methylphenidate |
| Methylphenidate | 10 ng/mL        |
| Ritalinic acid  | 50 ng/mL        |

**Interpretive Data:**

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive Cutoff: Methylphenidate: 10 ng/mL

Ritalinic acid: 50 ng/mL

The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

80360 (Alt code: G0480)

**LOINC:**

- 33507-5
- 3809-1

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Useful for general testing in contexts of compliance and/or abuse. Preferred test to follow-up presumptive results.

**Test Code:**

METPM

**ARUP Test Code:**

2003115

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Thu, Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Random urine.

**Amount to Collect:**

&gt;= 2 mL

**Sample Type:**

Random urine in container

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Room temperature specimens.

**Specimen Preparation:**

Transfer 2 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 1 mL)

**Reference Interval:**

|                 |                 |
|-----------------|-----------------|
| Drugs Covered   | Methylphenidate |
| Methylphenidate | 10 ng/mL        |
| Ritalinic acid  | 50 ng/mL        |

**Interpretive Data:**

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive Cutoff: Methylphenidate: 10 ng/mL

Ritalinic acid: 50 ng/mL

The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Attenade
- Concerta
- Daytrana
- Dexmethylphenidate
- Focalin (Methylphenidate and Metabolite - Confirmation/Quantitation - Urine)
- Metadate
- Methylin
- Methylphenidate
- Ritalin
- Ritalinic Acid
- Urine ritalin concentration
- METPM

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 3 weeks; Frozen: 3 months

**Reported:**

1-7 days

**CPT Codes:**

80360 (Alt code: G0480)

**LOINC:**

- 33507-5
- 3809-1

# Mexiletine

LAB3592

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Gas chromatography

**Reported:**

Test performed Monday, Wednesday, Friday. Turnaround time: 2-5 days.

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

MEXL

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

MEXL

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate serum. Order Quest # 4934Z.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

## RESULT INTERPRETATION

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

Therapeutic: 0.5-2.0 µg/mL

Toxic: &gt;= 1.5 µg/mL

**Critical Values:**

Quest Priority-1: &gt;= 5 µg/mL

Quest Priority-2: 2.0-4.9 µg/mL

## ADMINISTRATIVE

**CPT Codes:**

80299-90

**LOINC Codes:**  
3819-0

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
MEXL

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Gas chromatography

**Collect:**  
Red top (Gold top **NOT** acceptable)

**Amount to Collect:**  
4 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
2 mL serum

**Minimum Volume:**  
1 mL serum

**Unacceptable Conditions:**  
Collected in Gold top

**Specimen Preparation:**  
Refrigerate serum. Order Quest # 4934Z.

**Units:**  
µg/mL (mcg/mL)

**Reference Interval:**  
Therapeutic: 0.5-2.0 µg/mL  
Toxic: >= 1.5 µg/mL

**Critical Values:**  
Quest Priority-1: >= 5 µg/mL  
Quest Priority-2: 2.0-4.9 µg/mL

**Reported:**  
Test performed Monday, Wednesday, Friday. Turnaround time: 2-5 days.

**CPT Codes:**  
80299-90

**LOINC Codes:**  
3819-0

# MGMT Promoter Methylation Assay

MGMT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1X per week, or as needed

**Methodology:**

DNA extraction, Bisulfite treatment, PCR and Next Generation DNA sequencing (NGS)

**Reported:**

2-3 weeks

**Additional Information:**

The binding of alkyl adducts to the O6 position of guanine cause double stranded DNA breaks and mispairing, resulting in apoptosis and cell death. The MGMT gene is ubiquitously expressed and encodes for a DNA repair protein that removes alkyl adducts from alkylated guanines. This process interferes with the alkylating agent temozolomide, which is used to treat glioblastoma. In some glioblastoma tumors, epigenetic methylation of CpG islands in the MGMT promoter, results in silencing or attenuation of MGMT expression, thus increasing the temozolomide induced-cytotoxicity and portending a better prognosis.

The coupling of MGMT promoter methylation with radiotherapy and alkylating chemotherapy drugs such as carmustine or temozolomide, has been shown to increase mean patient survival. Therefore, the MGMT methylation test is used as a prognostic indicator to treatment with alkylating agents.

This assay is based on bisulfite treatment of genomic DNA recovered from the tumor areas of the submitted slides. Next-Gen DNA sequencing of a 191 bp MGMT promoter region consisting of 17 CpG dinucleotides and spanning Sp1 and other transcription factor binding sites, is used to determine the extent of CpG methylation status in this region. The assay has approximately 2% of methylation detection sensitivity.

The result is reported as "POSITIVE: METHYLATED" if one or more CpG sites are methylated.

Reported values consist of:

- 1) A methylation index, ranging from 0 to 17 that reflects the number of methylated CpG sites.
- 2) A methylated fraction, ranging from >0 to 1, that provides an estimation of methylation sites in the analyzed specimen (reported only for positive specimens).
- 3) An overall methylation score ranging from > 0 to 17 that consists of the multiplication of the methylation index with the methylation fraction (reported only for positive specimens).

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Synonyms:**

- O6 methylguanine DNA methyltransferase

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Formalin-fixed, paraffin-embedded 10-micron tissue sections on five (5) unstained, uncharged glass slides. One adjacent H&E stained slide should be included.

**Remarks:**

- 1- Tissue sections on slides selected for MGMT methylation analysis must optimally be at least 1 cm<sup>2</sup>.
- 2- A pathologist should circle the tumor area of an H&E slide.
- 3- Five (5) unstained additional slides cut serially and adjacent to the H&E slide must also be submitted.
- 4- Label slides with pathology case number and block identification.
- 5- All specimens must be accompanied with a pathology report.

**Stability (from collection to initiation):**

Formalin-fixed, paraffin-embedded tissues are stable indefinitely at room temperature

**Unacceptable Conditions:**

- 1- Insufficient tumor tissue present on slide as determined by pathologist and/or lab may not yield adequate results and could be reported as QNS.
- 2- Required number of slides not included.
- 3- Slides not labeled or not accompanied by completed requisition form (if not ordered directly through Department of Pathology).

**PROCESSING****Test Code:**

MGMT

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Unacceptable Conditions:**

- 1- Insufficient tumor tissue present on slide as determined by pathologist and/or lab may not yield adequate results and could be reported as QNS.
- 2- Required number of slides not included.
- 3- Slides not labeled or not accompanied by completed requisition form (if not ordered directly through Department of Pathology).

**Stability (from collection to initiation):**

Formalin-fixed, paraffin-embedded tissues are stable indefinitely at room temperature

**RESULT INTERPRETATION****Reference Interval:**

NegativeNo methylationMethylation Index=0

**Additional Information:**

The binding of alkyl adducts to the O6 position of guanine cause double stranded DNA breaks and mispairing, resulting in apoptosis and cell death. The MGMT gene is ubiquitously expressed and encodes for a DNA repair protein that removes alkyl adducts from alkylated guanines. This process interferes with the alkylating agent temozolomide, which is used to treat glioblastoma. In some glioblastoma tumors, epigenetic methylation of CpG islands in the MGMT promoter, results in silencing or attenuation of MGMT expression, thus increasing the temozolomide induced-cytotoxicity and portending a better prognosis.

The coupling of MGMT promoter methylation with radiotherapy and alkylating chemotherapy drugs such as carmustine or temozolomide, has been shown to increase mean patient survival. Therefore, the MGMT methylation test is used as a prognostic indicator to treatment with alkylating agents.

This assay is based on bisulfite treatment of genomic DNA recovered from the tumor areas of the submitted slides. Next-Gen DNA sequencing of a 191 bp MGMT promoter region consisting of 17 CpG dinucleotides and spanning Sp1 and other transcription factor binding sites, is used to determine the extent of CpG methylation status in this region. The assay has approximately 2% of methylation detection sensitivity.

The result is reported as "POSITIVE: METHYLATED" if one or more CpG sites are methylated.

Reported values consist of:

- 1) A methylation index, ranging from 0 to 17 that reflects the number of methylated CpG sites.
- 2) A methylated fraction, ranging from >0 to 1, that provides an estimation of methylation sites in the analyzed specimen (reported only for positive specimens).
- 3) An overall methylation score ranging from > 0 to 17 that consists of the multiplication of the methylation index with the methylation fraction (reported only for positive specimens).

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

81287

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MGMT

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1X per week, or as needed

**Methodology:**

DNA extraction, Bisulfite treatment, PCR and Next Generation DNA sequencing (NGS)

**Remarks:**

- 1- Tissue sections on slides selected for MGMT methylation analysis must optimally be at least 1 cm<sup>2</sup>.
- 2- A pathologist should circle the tumor area of an H&E slide.
- 3- Five (5) unstained additional slides cut serially and adjacent to the H&E slide must also be submitted.
- 4- Label slides with pathology case number and block identification.
- 5- All specimens must be accompanied with a pathology report.

**Sample Type:**

Formalin-fixed, paraffin-embedded 10-micron tissue sections on five (5) unstained, uncharged glass slides. One adjacent H&E stained slide should be included.

**Unacceptable Conditions:**

- 1- Insufficient tumor tissue present on slide as determined by pathologist and/or lab may not yield adequate results and could be reported as QNS.
- 2- Required number of slides not included.
- 3- Slides not labeled or not accompanied by completed requisition form (if not ordered directly through Department of Pathology).

**Reference Interval:**

NegativeNo methylationMethylation Index=0

**Synonyms:**

- O6 methylguanine DNA methyltransferase

**Stability (from collection to initiation):**

Formalin-fixed, paraffin-embedded tissues are stable indefinitely at room temperature

**Reported:**

2-3 weeks

**Additional Information:**

The binding of alkyl adducts to the O6 position of guanine cause double stranded DNA breaks and mispairing, resulting in apoptosis and cell death. The MGMT gene is ubiquitously expressed and encodes for a DNA repair protein that removes alkyl adducts from alkylated guanines. This process interferes with the alkylating agent temozolomide, which is used to treat glioblastoma. In some glioblastoma tumors, epigenetic methylation of CpG islands in the MGMT promoter, results in silencing or attenuation of MGMT expression, thus increasing the temozolomide induced-cytotoxicity and portending a better prognosis.

The coupling of MGMT promoter methylation with radiotherapy and alkylating chemotherapy drugs such as carmustine or temozolomide, has been shown to increase mean patient survival. Therefore, the MGMT methylation test is used as a prognostic indicator to treatment with alkylating agents.

This assay is based on bisulfite treatment of genomic DNA recovered from the tumor areas of the submitted slides. Next-Gen DNA sequencing of a 191 bp MGMT promoter region consisting of 17 CpG dinucleotides and spanning Sp1 and other transcription factor binding sites, is used to determine the extent of CpG methylation status in this region. The assay has approximately 2% of methylation detection sensitivity.

The result is reported as "POSITIVE: METHYLATED" if one or more CpG sites are methylated.

Reported values consist of:

- 1) A methylation index, ranging from 0 to 17 that reflects the number of methylated CpG sites.
- 2) A methylated fraction, ranging from >0 to 1, that provides an estimation of methylation sites in the analyzed specimen (reported only for positive specimens).
- 3) An overall methylation score ranging from > 0 to 17 that consists of the multiplication of the methylation index with the methylation fraction (reported only for positive specimens).

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

81287

**LDT or Modified FDA:**

Yes

**Supplemental Test Request Form Required:**

Yes

# MICA Antibody Testing

MICAAB (Sunquest: ILMICA)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring.

This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top x2

**Amount to Collect:**

12 mL blood

**Preferred Volume:**

6 mL serum

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

MICAAB (Sunquest: ILMICA)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

6 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours



**RESULT INTERPRETATION****Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring.

This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86833

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

MICAAB (Sunquest: ILMICA)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Red top x2

**Amount to Collect:**

12 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

6 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring.

This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86833

# Microfilaria Exam

LAB5067

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift only

**Methodology:**

Giemsa stain of thick and thin smears

**Reported:**

1-3 days

**Additional Information:**

Requires appropriate symptoms including fever, and eosinophilia. Review the patient's history for possible periodicity and optimal time of sampling.

Also see entries for Onchocerca and for Parasites-Urine.

**Reflex Testing:**

If direct smears are negative, Knott concentration technique is performed and an additional charge is billed. Concentration includes centrifugation of RBC lysates and staining with Giemsa (for nuclear detail) with microscopic speciation.

**Synonyms:**

- Loa loa
- filaria
- Wucheria

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Remarks:**

Call Microbiology at x3-1268 to arrange testing. Friday samples should be received by Microbiology by 1230 hours.

Note the exact time of blood draw. Two samples should be drawn, one between 1000 and 1400 hours, the other between 2200 and 0200 hours (arrange outpatient blood draw at night with the Emergency Department).

**Stability (from collection to initiation):**

Refrigerated 3 days

**Unacceptable Conditions:**

Improperly collected sample.

## PROCESSING

**Test Code:**

P409M

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Blood specimen may be held until the day shift for making smears.

**Unacceptable Conditions:**

Improperly collected sample.

**Stability (from collection to initiation):**

Refrigerated 3 days

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Critical Values:**

Filaria identified

**Additional Information:**

Requires appropriate symptoms including fever, and eosinophilia. Review the patient's history for possible periodicity and optimal time of sampling.

Also see entries for Onchocerca and for Parasites-Urine.

**ADMINISTRATIVE****CPT Codes:**

87207

**LOINC Codes:**

10663-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P409M

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift only

**Methodology:**

Giemsa stain of thick and thin smears

**Remarks:**

Call Microbiology at x3-1268 to arrange testing. Friday samples should be received by Microbiology by 1230 hours.

Note the exact time of blood draw. Two samples should be drawn, one between 1000 and 1400 hours, the other between 2200 and 0200 hours (arrange outpatient blood draw at night with the Emergency Department).

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Unacceptable Conditions:**

Improperly collected sample.

**Specimen Preparation:**

Blood specimen may be held until the day shift for making smears.

**Reference Interval:**

Negative

**Critical Values:**

Filaria identified

**Synonyms:**

- Loa loa
- filaria
- Wucheria

**Stability (from collection to initiation):**

Refrigerated 3 days

**Reported:**

1-3 days

**Reflex Testing:**

If direct smears are negative, Knott concentration technique is performed and an additional charge is billed. Concentration includes centrifugation of RBC lysates and staining with Giemsa (for nuclear detail) with microscopic speciation.

**Additional Information:**

Requires appropriate symptoms including fever, and eosinophilia. Review the patient's history for possible periodicity and optimal time of sampling.

Also see entries for Onchocerca and for Parasites-Urine.

**CPT Codes:**

87207

**LOINC Codes:**

10663-3

# Microsporidia Exam

LAB5068

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Methodology:**

Modified trichrome stain

**Reported:**

1-3 days

**Additional Information:**

This test should only be ordered if tests for other bacterial and parasitic pathogens are negative.

Infection is most common in immunosuppressed (usually HIV-positive) patients with chronic, non-bloody diarrhea, weight loss and epigastric pain.

## COLLECTION

**Sample Type:**

Body Fluid, Duodenal aspirate, Sputum, Stool, Urine, Eye/Corneal scrapings (submit on clear glass microscope slide)

**Collect:**

Inpatients: Clean container

ED/Outpatients: SAF preservative for stool, clean container for other sample types

SAF vials and instructions available from Material Services (PMM # 44366 Vials SAF Sterile Child Resistant Cap 574-05-CRC-WB). Outpatients can obtain these from the laboratories' draw stations.

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

10 mL

Note for SAF, fill container to red line on label

**Minimum Volume:**

5 mL

Note for SAF, fill container to red line on label

**Remarks:**

SAF vials and instructions available from Material Services (PMM # 44366 Vials SAF Sterile Child Resistant Cap 574-05-CRC-WB).

Outpatients can obtain these from the laboratories' draw stations.

**Stability (from collection to initiation):**

Unpreserved samples: 24 hours at room temperature, SAF preserved stool: 2 weeks at room temperature

**Unacceptable Conditions:**

Unpreserved stool received > 1 hour after collection. Stool in a preservative other than SAF. Stool not mixed well in SAF, or if preservative has been poured out. SAF container filled past the red line on the container label. More than one sample per week.

## PROCESSING

**Test Code:**

P414

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Transfer unpreserved stool to SAF preservative upon receipt in lab.

**Preferred Volume:**

10 mL

Note for SAF, fill container to red line on label

**Minimum Volume:**

5 mL

Note for SAF, fill container to red line on label

**Unacceptable Conditions:**

Unpreserved stool received > 1 hour after collection. Stool in a preservative other than SAF. Stool not mixed well in SAF, or if preservative has been poured out. SAF container filled past the red line on the container label. More than one sample per week.

**Stability (from collection to initiation):**

Unpreserved samples: 24 hours at room temperature, SAF preserved stool: 2 weeks at room temperature

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

This test should only be ordered if tests for other bacterial and parasitic pathogens are negative.

Infection is most common in immunosuppressed (usually HIV-positive) patients with chronic, non-bloody diarrhea, weight loss and epigastric pain.

**ADMINISTRATIVE****CPT Codes:**

87207

**LOINC Codes:**

32819-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P414

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Methodology:**

Modified trichrome stain

**Remarks:**

SAF vials and instructions available from Material Services (PMM # 44366 Vials SAF Sterile Child Resistant Cap 574-05-CRC-WB).

Outpatients can obtain these from the laboratories' draw stations.

**Collect:**

Inpatients: Clean container

ED/Outpatients: SAF preservative for stool, clean container for other sample types

SAF vials and instructions available from Material Services (PMM # 44366 Vials SAF Sterile Child Resistant Cap 574-05-CRC-WB). Outpatients can obtain these from the laboratories' draw stations.

**Amount to Collect:**

See preferred volume

**Sample Type:**

Body Fluid, Duodenal aspirate, Sputum, Stool, Urine, Eye/Corneal scrapings (submit on clear glass microscope slide)

**Preferred Volume:**

10 mL

Note for SAF, fill container to red line on label

**Minimum Volume:**

5 mL

Note for SAF, fill container to red line on label

**Unacceptable Conditions:**

Unpreserved stool received > 1 hour after collection. Stool in a preservative other than SAF. Stool not mixed well in SAF, or if preservative has been poured out. SAF container filled past the red line on the container label. More than one sample per week.

**Specimen Preparation:**

Transfer unpreserved stool to SAF preservative upon receipt in lab.

**Reference Interval:**

Negative

**Stability (from collection to initiation):**

Unpreserved samples: 24 hours at room temperature, SAF preserved stool: 2 weeks at room temperature

**Reported:**

1-3 days

**Additional Information:**

This test should only be ordered if tests for other bacterial and parasitic pathogens are negative.

Infection is most common in immunosuppressed (usually HIV-positive) patients with chronic, non-bloody diarrhea, weight loss and epigastric pain.

**CPT Codes:**

87207

**LOINC Codes:**

32819-5

# Miscellaneous Toxicology Test

MTOX

## ORDERING

**Available Stat:**

No

**Additional Information:**

These tests are utilized for specific drug levels, toxicology tests, or other laboratory tests which are of such low frequency that Clinical Labs does not itself perform the analysis. If requested "Stat" the specimen will be dispatched on the next routine pickup if one is scheduled shortly, or by taxi if waiting for a routine pickup would cause excessive delay. Results will be telephoned when available, and will be entered in the computer when we receive the written report. The patient will be charged for any stat transportation costs, and may also be charged an emergency processing fee by the reference laboratory.

## PROCESSING

**Test Code:**

MTOX

**Sendout:**

Yes

## RESULT INTERPRETATION

**Additional Information:**

These tests are utilized for specific drug levels, toxicology tests, or other laboratory tests which are of such low frequency that Clinical Labs does not itself perform the analysis. If requested "Stat" the specimen will be dispatched on the next routine pickup if one is scheduled shortly, or by taxi if waiting for a routine pickup would cause excessive delay. Results will be telephoned when available, and will be entered in the computer when we receive the written report. The patient will be charged for any stat transportation costs, and may also be charged an emergency processing fee by the reference laboratory.

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MTOX

**Sendout:**

Yes

**Additional Information:**

These tests are utilized for specific drug levels, toxicology tests, or other laboratory tests which are of such low frequency that Clinical Labs does not itself perform the analysis. If requested "Stat" the specimen will be dispatched on the next routine pickup if one is scheduled shortly, or by taxi if waiting for a routine pickup would cause excessive delay. Results will be telephoned when available, and will be entered in the computer when we receive the written report. The patient will be charged for any stat transportation costs, and may also be charged an emergency processing fee by the reference laboratory.



# Mitochondrial Antibody

LAB724

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday (day shift)

**Methodology:**

EIA

**Reported:**

2 - 8 days

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1.0 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, Icteric or lipemic serum

## PROCESSING

**Test Code:**

MITOAB

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze sample at -20C

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, Icteric or lipemic serum

## RESULT INTERPRETATION

**Units:**

Units

**Reference Interval:**

Negative: &lt;= 20 Units

Equivocal: 20.1 - 24.9 Units

Positive: &gt;= 25 Units

## ADMINISTRATIVE

**CPT Codes:**

86381

**LOINC Codes:**

51715-1

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MITOAB

**Performing Lab:**

Immunology

**Performed:**

Monday (day shift)

**Methodology:**

EIA

**Collect:**

Gold top

**Amount to Collect:**

1.0 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, Icteric or lipemic serum

**Specimen Preparation:**

Freeze sample at -20C

**Units:**

Units

**Reference Interval:**

Negative:  $\leq 20$  Units

Equivocal: 20.1 - 24.9 Units

Positive:  $\geq 25$  Units

**Reported:**

2 - 8 days

**CPT Codes:**

86381

**LOINC Codes:**

51715-1

# Mitragynine, Quantitative, Urine

LAB9233

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Tuesday and Thursday

**Methodology:**

Chromatography/mass spectrometry

**Reported:**

2-5 days

## COLLECTION

**Sample Type:**

Urine

**Label Abbreviation:**

MITRAG

**Collect:**

Urine container

**Amount to Collect:**

2 mL

**Preferred Volume:**

2 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

Ambient: 7 days

Refrigerated: 21 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Non-urine specimens or preserved urine

## PROCESSING

**Test Code:**

MITRAG

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

ALIUQUOT AND FREEZE URINE. SEND TO CHINA BASIN FROZEN. ORDER QUEST TEST CODE 39240.

**Preferred Volume:**

2 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Non-urine specimens or preserved urine

**Stability (from collection to initiation):**

Ambient: 7 days

Refrigerated: 21 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

ng/mL

**Reference Interval:**

&lt; 2 ng/mL

**ADMINISTRATIVE****CPT Codes:**

80323

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MITRAG

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Tuesday and Thursday

**Methodology:**

Chromatography/mass spectrometry

**Collect:**

Urine container

**Amount to Collect:**

2 mL

**Sample Type:**

Urine

**Preferred Volume:**

2 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Non-urine specimens or preserved urine

**Specimen Preparation:**

ALIQOT AND FREEZE URINE. SEND TO CHINA BASIN FROZEN. ORDER QUEST TEST CODE 39240.

**Units:**

ng/mL

**Reference Interval:**

&lt; 2 ng/mL

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Ambient: 7 days

Refrigerated: 21 days

Frozen: 30 days

**Reported:**

2-5 days

**CPT Codes:**

80323

# MLL 11q23 FISH

MLLQ23, BMLL

## ORDERING

**Available Stat:**  
No

**Performing Lab:**  
Medical Genomics - Cytogenetics

**Methodology:**  
Fluorescent in-situ hybridization (FISH)

**Reported:**  
1-2 weeks

**Synonyms:**

- MLLQ23
- BMLL

## COLLECTION

**Sample Type:**  
Heparinized whole blood, bone marrow, bone core

**Collect:**  
Dark green top (Na-heparin)

**Amount to Collect:**  
Bone marrow: 2 mL  
Blood: 2 mL  
Bone core: 2 cm

**Preferred Volume:**  
Bone marrow: 2 mL  
Blood: 2 mL  
?Bone core: 2 cm

**Minimum Volume:**  
Bone marrow: 1 mL  
Blood: 1 mL  
?Bone core: 2 cm

**Remarks:**  
Maintain sample at room temperature

## PROCESSING

**Test Code:**  
BMLL: Blood  
MLLQ23: Bone marrow

**Test Group:**  
Oncology FISH

**Performing Lab:**  
Medical Genomics - Cytogenetics

**Specimen Preparation:**  
Maintain sample at room temperature

**Preferred Volume:**  
Bone marrow: 2 mL  
Blood: 2 mL  
?Bone core: 2 cm

**Minimum Volume:**  
Bone marrow: 1 mL  
Blood: 1 mL  
?Bone core: 2 cm

## RESULT INTERPRETATION

**Reference Interval:**  
No deletion detected

## ADMINISTRATIVE

**CPT Codes:**

88271, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BMLL: Blood

MLLQ23: Bone marrow

**Test Group:**

Oncology FISH

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization (FISH)

**Remarks:**

Maintain sample at room temperature

**Collect:**

Dark green top (Na-heparin)

**Amount to Collect:**

Bone marrow: 2 mL

Blood: 2 mL

Bone core: 2 cm

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

?Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

?Bone core: 2 cm

**Specimen Preparation:**

Maintain sample at room temperature

**Reference Interval:**

No deletion detected

**Synonyms:**

- MLLQ23
- BMLL

**Reported:**

1-2 weeks

**CPT Codes:**

88271, 88275

**LDT or Modified FDA:**

Yes

# Modified Inhibitor Titer

LAB3085

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

Monday-Friday 0800-1400

**Methodology:**

Clotting assay (STAGO)

**Reported:**

1-5 days

**Additional Information:**

Known factor VIII, factor IX, or factor XI deficient patients may develop antibodies to transfused factor, and thereby develop inhibitors. When there is a clinical indication to screen for inhibitors in factor deficient patients or there is clinical suspicion for inhibitor development, a modified inhibitor titer may be performed rather than a factor inhibitor screen (mixing study). The modified inhibitor titer can detect inhibitors as low as 0.25 Nijmegen Bethesda Units (NBU).

Because the modified inhibitor titer has a 2 hour incubation step, slow acting inhibitors may be detected. An in house UCSF study in the Fall of 2008 indicated that the modified inhibitor titer can detect low titer inhibitors missed by the factor inhibitor screen. This study also showed that the modified inhibitor screen can yield a result of <0.25 BU in patients for whom the factor inhibitor screen gave an equivocal result.

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for

**Reflex Testing:**

If a Factor VIII, FIX, or FXI level has not been performed within the preceding 24 hours one will be automatically ordered and charged for before the inhibitor titer is performed.

**Synonyms:**

- FVIII titer
- Factor 8 specific mini titer
- FVIII, FIX, FXI titer
- Factor 8, 9, 11 specific mini titer

## COLLECTION

**Patient Preparation:**

Deliver samples to Hematology for processing. Freeze platelet poor plasma at -20C

**Sample Type:**

Citrated plasma

**Collect:**

2.7 mL Blue top filled to full extent of vacuum x 2

**Amount to Collect:**

5.4 mL blood

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

1 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (415-353-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

4 hours

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**PROCESSING****Test Code:**

MODIT

**Test Group:**

Factor Inhibitor titer

**Performing Lab:**

Parnassus Hematology

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Stability (from collection to initiation):**

4 hours

**RESULT INTERPRETATION****Units:**

Nijmegen Bethesda Units (NBU)

**Reference Interval:**

&lt; 0.25 NBU

**Additional Information:**

Known factor VIII, factor IX, or factor XI deficient patients may develop antibodies to transfused factor, and thereby develop inhibitors. When there is a clinical indication to screen for inhibitors in factor deficient patients or there is clinical suspicion for inhibitor development, a modified inhibitor titer may be performed rather than a factor inhibitor screen (mixing study). The modified inhibitor titer can detect inhibitors as low as 0.25 Nijmegen Bethesda Units (NBU).

Because the modified inhibitor titer has a 2 hour incubation step, slow acting inhibitors may be detected. An in house UCSF study in the Fall of 2008 indicated that the modified inhibitor titer can detect low titer inhibitors missed by the factor inhibitor screen. This study also showed that the modified inhibitor screen can yield a result of <0.25 BU in patients for whom the factor inhibitor screen gave an equivocal result.

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for

**ADMINISTRATIVE****CPT Codes:**

85335

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

3206-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MODIT

**Test Group:**

Factor Inhibitor titer

**Performing Lab:**

Parnassus Hematology

**Performed:**

Monday-Friday 0800-1400

**Methodology:**

Clotting assay (STAGO)

**Patient Preparation:**

Deliver samples to Hematology for processing. Freeze platelet poor plasma at -20C



**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (415-353-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

2.7 mL Blue top filled to full extent of vacuum x 2

**Amount to Collect:**

5.4 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Units:**

Nijmegen Bethesda Units (NBU)

**Reference Interval:**

< 0.25 NBU

**Synonyms:**

- FVIII titer
- Factor 8 specific mini titer
- FVIII, FIX, FXI titer
- Factor 8, 9, 11 specific mini titer

**Stability (from collection to initiation):**

4 hours

**Reported:**

1-5 days

**Reflex Testing:**

If a Factor VIII, FIX, or FXI level has not been performed within the preceding 24 hours one will be automatically ordered and charged for before the inhibitor titer is performed.

**Additional Information:**

Known factor VIII, factor IX, or factor XI deficient patients may develop antibodies to transfused factor, and thereby develop inhibitors. When there is a clinical indication to screen for inhibitors in factor deficient patients or there is clinical suspicion for inhibitor development, a modified inhibitor titer may be performed rather than a factor inhibitor screen (mixing study). The modified inhibitor titer can detect inhibitors as low as 0.25 Nijmegen Bethesda Units (NBU).

Because the modified inhibitor titer has a 2 hour incubation step, slow acting inhibitors may be detected. An in house UCSF study in the Fall of 2008 indicated that the modified inhibitor titer can detect low titer inhibitors missed by the factor inhibitor screen. This study also showed that the modified inhibitor screen can yield a result of <0.25 BU in patients for whom the factor inhibitor screen gave an equivocal result.

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for

**CPT Codes:**

85335

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

3206-0

# MOG Antibody, IgG

LAB9006

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Fluorescence-Activated Cell Sorting Assay

**Reported:**

5-7 days

**Additional Information:**

USEFUL FOR:

Diagnosis of inflammatory demyelinating diseases (IDD) with similar phenotype to neuromyelitis optica spectrum disorder (NMOSD), including optic neuritis (single or bilateral) and transverse myelitis

Diagnosis of autoimmune myelin oligodendrocyte glycoprotein (MOG)-opathy

Diagnosis of neuromyelitis optica (NMO)

Distinguishing NMOSD, acute disseminated encephalomyelitis (ADEM), optic neuritis, and transverse myelitis from multiple sclerosis early in the course of disease

Diagnosis of ADEM

Prediction of a relapsing disease course

**Reflex Testing:**

Yes, if positive titer test will be performed at an additional charge.

**Synonyms:**

- Myelin Oligodendrocyte Glycoprotein
- MYELIN OLIGODENDROCYTE GLYCOPROTEIN (MOG-IGG1)
- NMO ANTIBODY
- ADEM ANTIBODY
- VISION LOSS ANTIBODY
- TRANSVERSE MYELITIS ANTIBODY
- OPTIC NEURITIS ANTIBODY
- MOG-IGG

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

MOGFS

**Collect:**

Red-top or Gold-top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Stability (from collection to initiation):**

Ambient: 72 hours

Refrigerated/Frozen: 28 days

## PROCESSING

**Test Code:**

MOGFS

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Aliquot serum and freeze. Transport to CB frozen. Order Mayo test code MOGFS.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Stability (from collection to initiation):**

Ambient: 72 hours

Refrigerated/Frozen: 28 days

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

USEFUL FOR:

Diagnosis of inflammatory demyelinating diseases (IDD) with similar phenotype to neuromyelitis optica spectrum disorder (NMOSD), including optic neuritis (single or bilateral) and transverse myelitis

Diagnosis of autoimmune myelin oligodendrocyte glycoprotein (MOG)-opathy

Diagnosis of neuromyelitis optica (NMO)

Distinguishing NMOSD, acute disseminated encephalomyelitis (ADEM), optic neuritis, and transverse myelitis from multiple sclerosis early in the course of disease

Diagnosis of ADEM

Prediction of a relapsing disease course

**ADMINISTRATIVE****CPT Codes:**

86255

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOGFS

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Fluorescence-Activated Cell Sorting Assay

**Collect:**

Red-top or Gold-top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Specimen Preparation:**

Aliquot serum and freeze. Transport to CB frozen. Order Mayo test code MOGFS.

**Reference Interval:**

Negative

**Synonyms:**

- Myelin Oligodendrocyte Glycoprotein
- MYELIN OLIGODENDROCYTE GLYCOPROTEIN (MOG-IGG1)
- NMO ANTIBODY
- ADEM ANTIBODY
- VISION LOSS ANTIBODY
- TRANSVERSE MYELITIS ANTIBODY
- OPTIC NEURITIS ANTIBODY
- MOG-IGG

**Stability (from collection to initiation):**

Ambient: 72 hours

Refrigerated/Frozen: 28 days

**Reported:**

5-7 days

**Reflex Testing:**

Yes, if positive titer test will be performed at an additional charge.

**Additional Information:**

USEFUL FOR:

Diagnosis of inflammatory demyelinating diseases (IDD) with similar phenotype to neuromyelitis optica spectrum disorder (NMOSD), including optic neuritis (single or bilateral) and transverse myelitis

Diagnosis of autoimmune myelin oligodendrocyte glycoprotein (MOG)-opathy

Diagnosis of neuromyelitis optica (NMO)

Distinguishing NMOSD, acute disseminated encephalomyelitis (ADEM), optic neuritis, and transverse myelitis from multiple sclerosis early in the course of disease

Diagnosis of ADEM

Prediction of a relapsing disease course

**CPT Codes:**

86255

# Molybdenum, blood

MOLY

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Inductively couple plasma mass spectroscopy

**Reported:**

2-3 weeks

**Additional Information:**

Molybdenum is an essential trace element. In anemia, molybdenum concentration decreases in both erythrocytes and plasma. Toxic doses can cause anemia and abnormal copper metabolism.

**Synonyms:**

- Mb

## COLLECTION

**Patient Preparation:**

Patient should refrain from taking mineral supplements 3 days before specimen collection and from eating legumes and leafy vegetables 2 days before specimen collection.

**Sample Type:**

EDTA whole blood

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

2 mL blood

**Stability (from collection to initiation):**

Room temperature 48 hours, refrigerated 5 days.

**Unacceptable Conditions:**

Hemolyzed, clotted

**Rejection Criteria:**

Received frozen or room temp

## PROCESSING

**Test Code:**

MOLY

**Test Group:**

Molybdenum

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Store whole blood in original collection tube or POUR whole blood into a plastic trace element shipping container (lavender label). Ship refrigerated. Order Quest # 56960P

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

2 mL blood

**Unacceptable Conditions:**

Hemolyzed, clotted

**Rejection Criteria:**

Received frozen or room temp

**Stability (from collection to initiation):**

Room temperature 48 hours, refrigerated 5 days.

**RESULT INTERPRETATION****Units:**

µg/L (mcg/L)

**Reference Interval:**

&lt; 2.1 µg/L

**Additional Information:**

Molybdenum is an essential trace element. In anemia, molybdenum concentration decreases in both erythrocytes and plasma. Toxic doses can cause anemia and abnormal copper metabolism.

**ADMINISTRATIVE****CPT Codes:**

83018-90

**LOINC Codes:**

5696-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLY

**Test Group:**

Molybdenum

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Inductively couple plasma mass spectroscopy

**Patient Preparation:**

Patient should refrain from taking mineral supplements 3 days before specimen collection and from eating legumes and leafy vegetables 2 days before specimen collection.

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

4 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

2 mL blood

**Rejection Criteria:**

Received frozen or room temp

**Unacceptable Conditions:**

Hemolyzed, clotted

**Specimen Preparation:**

Store whole blood in original collection tube or POUR whole blood into a plastic trace element shipping container (lavender label). Ship refrigerated. Order Quest # 56960P

**Units:**

µg/L (mcg/L)

**Reference Interval:**

&lt; 2.1 µg/L

**Synonyms:**

- Mb

**Stability (from collection to initiation):**

Room temperature 48 hours, refrigerated 5 days.

**Reported:**

2-3 weeks

**Additional Information:**

Molybdenum is an essential trace element. In anemia, molybdenum concentration decreases in both erythrocytes and plasma. Toxic doses can cause anemia and abnormal copper metabolism.

**CPT Codes:**

83018-90

**LOINC Codes:**

5696-0

**MONKEYPOX VIRUS DNA, QL PCR**

LAB142

**ORDERING****Approval Required:**

For suspected/confirmed case, notify Infection Prevention immediately.

Business hours (M-F 8AM- 4PM): Adults 628-248-9059 & Pediatrics 628-248-8503

After hours: Moffitt-Long 415-353-8036; BCH-SF 415-502-0728, MB Adults 415-502-0562

In addition to calling Infection Prevention, providers must complete a Confidential Morbidity Report (CMR) (<https://www.sfcddp.org/wp-content/uploads/2018/01/CMR-Reportable-Diseases-List-eff-2.11.22-FINAL.pdf>) and submit it to the lab for each patient/case.

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Real-time polymerase chain reaction

**Additional Information:**

UCSF Hospital Epidemiology and Infection Prevention (HEIP) Tip Sheet:

[https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/Monkeypox%20Tip%20sheet\\_8.17.22.pdf](https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/Monkeypox%20Tip%20sheet_8.17.22.pdf)

UCSF HEIP site: <https://infectioncontrol.ucsfmedicalcenter.org/content/monkeypox>

Provider guidance from SFDHP: <https://www.sfcddp.org/wp-content/uploads/2022/08/MPX-Provider-Evaluation-Guidance.pdf>

**Synonyms:**

- Poxvirus
- mpox
- MON
- 12084
- Q12084
- MONKEY POX
- MPXQL

**COLLECTION****Sample Type:**

Lesion swab collected in 3 mL Universal Transport Media (UTM) or equivalent

**Label Abbreviation:**

MPXQL

**Collect:**

Lesion swab collected in 3 mL Universal Transport Media (UTM) or equivalent

**Remarks:**

Swab the pustule/lesion vigorously and place the swab into a viral culture media (or equivalent) tube.

[Lesion swabbing tips.](#)

No additional confirmatory testing is required at the CDC, therefore a duplicate swab from the same lesion is not needed. If clinically indicated, consider submitting additional swabs if multiple lesions with different stages are present. Multiple specimens collected on a single patient should be submitted separately and be accompanied by its own separate requisition and transported in its own sealed bag.

**Stability (from collection to initiation):**

Room temperature: Unacceptable

Refrigerated: 7 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Calcium Alginate swabs • Cotton swabs • Wooden shaft swabs • Dry swabs (e.g., not submitted in VCM or equivalent)

**PROCESSING**



**Test Code:**  
MPXQL

**Sendout:**  
Yes

**Performing Lab:**  
Quest

**Unacceptable Conditions:**  
Calcium Alginate swabs • Cotton swabs • Wooden shaft swabs • Dry swabs (e.g., not submitted in VCM or equivalent)

**Stability (from collection to initiation):**  
Room temperature: Unacceptable  
Refrigerated: 7 days  
Frozen: 30 days

**Storage/Transport Temperature:**  
Frozen

## RESULT INTERPRETATION

**Reference Interval:**  
Orthopoxvirus DNA, QL PCR: Not detected  
Monkeypox Virus DNA, QL PCR: Not detected

**Additional Information:**  
UCSF Hospital Epidemiology and Infection Prevention (HEIP) Tip Sheet:  
[https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/Monkeypox%20Tip%20sheet\\_8.17.22.pdf](https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/Monkeypox%20Tip%20sheet_8.17.22.pdf)

UCSF HEIP site: <https://infectioncontrol.ucsfmedicalcenter.org/content/monkeypox>

Provider guidance from SFDHP: <https://www.sfcdcp.org/wp-content/uploads/2022/08/MPX-Provider-Evaluation-Guidance.pdf>

## ADMINISTRATIVE

**CPT Codes:**  
87593 x 2

## COMPLETE VIEW

**Approval Required:**  
For suspected/confirmed case, notify Infection Prevention immediately.  
Business hours (M-F 8AM- 4PM): Adults 628-248-9059 & Pediatrics 628-248-8503  
After hours: Moffitt-Long 415-353-8036; BCH-SF 415-502-0728, MB Adults 415-502-0562

In addition to calling Infection Prevention, providers must complete a Confidential Morbidity Report (CMR) (<https://www.sfcdcp.org/wp-content/uploads/2018/01/CMR-Reportable-Diseases-List-eff-2.11.22-FINAL.pdf>) and submit it to the lab for each patient/case.

**Available Stat:**  
No

**Test Code:**  
MPXQL

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Real-time polymerase chain reaction

**Remarks:**  
Swab the pustule/lesion vigorously and place the swab into a viral culture media (or equivalent) tube.

[Lesion swabbing tips.](#)

No additional confirmatory testing is required at the CDC, therefore a duplicate swab from the same lesion is not needed. If clinically indicated, consider submitting additional swabs if multiple lesions with different stages are present. Multiple specimens collected on a single patient should be submitted separately and be accompanied by its own separate requisition and transported in its own sealed bag.

**Collect:**  
Lesion swab collected in 3 mL Universal Transport Media (UTM) or equivalent

**Sample Type:**  
Lesion swab collected in 3 mL Universal Transport Media (UTM) or equivalent

**Unacceptable Conditions:**

Calcium Alginate swabs • Cotton swabs • Wooden shaft swabs • Dry swabs (e.g., not submitted in VCM or equivalent)

**Reference Interval:**

Orthopoxvirus DNA, QL PCR: Not detected

Monkeypox Virus DNA, QL PCR: Not detected

**Synonyms:**

- Poxvirus
- mpox
- MON
- 12084
- Q12084
- MONKEY POX
- MPXQL

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: Unacceptable

Refrigerated: 7 days

Frozen: 30 days

**Additional Information:**

UCSF Hospital Epidemiology and Infection Prevention (HEIP) Tip Sheet:

[https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/Monkeypox%20Tip%20sheet\\_8.17.22.pdf](https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/Monkeypox%20Tip%20sheet_8.17.22.pdf)

UCSF HEIP site: <https://infectioncontrol.ucsfmedicalcenter.org/content/monkeypox>

Provider guidance from SFDHP: <https://www.sfdcp.org/wp-content/uploads/2022/08/MPX-Provider-Evaluation-Guidance.pdf>

**CPT Codes:**

87593 x 2

**Monoclonal Protein Study, Quantitative, Serum**  
LAB4365

**ORDERING**

- Available Stat:**  
No
- Performing Lab:**  
Mayo
- Performed:**  
Monday - Friday
- Methodology:**  
Matrix-Assisted Laser Desorption/Ionization Time-of-Flight Mass Spectrometry (MALDI-TOF MS)  
Nephelometry
- Reported:**  
4-7 days

**Additional Information:**

## Monoclonal Gammopathies:

- A monoclonal IgG or IgA of greater than 3 g/dL is consistent with multiple myeloma (MM).
- A monoclonal IgM of greater than 3 g/dL is consistent with macroglobulinemia.
- A monoclonal IgG, IgM or IgA of less than 3 g/dL may be consistent with monoclonal gammopathy of undetermined significance (MGUS), AL amyloidosis, well as other monoclonal gammopathies of clinical significance.
- The initial identification of a serum M-spike greater than 1.5 g/dL a follow-up MPU / Monoclonal Protein Studies, 24 Hour, Urine to evaluate renal impairment due to the M-protein
- The initial identification of an IgM, IgA, or IgG M-spike greater than 4 g/dL, greater than 5 g/dL, and greater than 6 g/dL, respectively, a SVISC / Viscosity, Serum should be tested to rule out hyperviscosity syndrome.
- Patients with monoclonal light chain diseases who have no serum or urine M-spike may be monitored with the quantitative serum FLC assay.
- Patients with IgD or IgE can be followed using quantitative IgD or IgE measurements.
- Patients with monoclonal Ig heavy chains (gamma, alpha and mu) can be detected by the Mass-Fix assay.
- A small subset of MM patients (<1%) have malignant plasma cells which do not secrete an M-protein. Thus, these Non-secretory MM patients need additional clinical testing to establish the diagnosis.
- Patients with normal serum protein electrophoresis and IFE can have positive results on Mass-Fix testing due to the increased sensitivity of the assay.

## Detection of therapeutic monoclonal antibodies (t-mAbs)

- Patients who are receiving t-mAb therapies can have a pseudo" M-protein depending on the level of the t-mAb in the blood. These t-mAbs have predictable light chain mass to charge values. The lab has a limited (but expanding) number of t-mAbs for which we comment. If an M-protein is detected with a mass, isotype and concentration similar to a t-mAb in our database, a comment is added to the report : A monoclonal [isotype] is present with a light chain mass suggestive of [t-mAb name]. If the patient is not on [t-mAb name] the monoclonal [isotype] is indicative of a monoclonal gammopathy. Given that some M-proteins mass, isotype and concentration will match a t-mAb, it is possible that the named t-mAb is not present and is in fact a low-level M-protein associated with a monoclonal gammopathy. If the patient has no history of taking the named t-mAb, then the reported M-protein is likely associated with a monoclonal gammopathy.
- In studies performed at the Mayo Clinic, it is possible to see daratumumab for 9 months after the cessation of treatment.
- Mass-fix testing will not quantitate albumin, alpha-1-trypsin, alpha-2-macroglobulins or the beta fractions.

## MGUS Prognosis:

- Low-risk MGUS patients are defined as having an M-spike of less than 1.5 g/dL, IgG monoclonal protein, and a normal FLC K/L ratio (0.25-1.65), and these patients have a lifetime risk of progression to MM of less than 5%.
- High-risk MGUS patients (M-spike >1.5, IgA or IgM, abnormal FLC ratio) have a lifetime risk of progression to MM of 60%.

## Other Abnormal Findings:

- IgG and IgA and free light chain M-proteins with reported light chain glycosylation have demonstrated to be a risk factor for AL amyloidosis.
- IgM M-proteins with light chain glycosylation have been demonstrated to be associated with cold agglutinin disease.
- Persistent elevated immunoglobulins levels is consistent with autoimmune disease, IgG4 related disease and liver failure.

**Reflex Testing:**

If a light chain is identified without a corresponding heavy chain during initial testing, IFXED (immunofixation with immunoglobulin D [IgD] and immunoglobulin E [IgE] antisera), will be performed at an additional charge.

If a monoclonal IgD or IgE is identified during initial testing, IGD or IGE will be performed at an additional charge.

**Synonyms:**

- Isotyping
- Mass-Fix
- miRAMM
- Multiple myeloma
- MassFix
- QMPSS

**COLLECTION****Sample Type:**

Serum

**Label Abbreviation:**

QMPSS

**Collect:**

Gold or red top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1.5 mL serum

**Stability (from collection to initiation):**

Refrigerated (preferred): 28 days

Frozen: 28 days

Ambient: 7 days

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Gross lipemia

**PROCESSING****Test Code:**

MALD

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

If possible aliquot into two tubes, 1 mL per tube. Refrigerate and send to CB. Order Mayo test code QMPSS.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Gross lipemia

**Stability (from collection to initiation):**

Refrigerated (preferred): 28 days

Frozen: 28 days

Ambient: 7 days

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

Monoclonal-protein Isotype Flag:

Negative

Interpretation:

No monoclonal protein detected.

**Additional Information:**

## Monoclonal Gammopathies:

- A monoclonal IgG or IgA of greater than 3 g/dL is consistent with multiple myeloma (MM).
- A monoclonal IgM of greater than 3 g/dL is consistent with macroglobulinemia.
- A monoclonal IgG, IgM or IgA of less than 3 g/dL may be consistent with monoclonal gammopathy of undetermined significance (MGUS), AL amyloidosis, well as other monoclonal gammopathies of clinical significance.
- The initial identification of a serum M-spike greater than 1.5 g/dL a follow-up MPU / Monoclonal Protein Studies, 24 Hour, Urine to evaluate renal impairment due to the M-protein
- The initial identification of an IgM, IgA, or IgG M-spike greater than 4 g/dL, greater than 5 g/dL, and greater than 6 g/dL, respectively, a SVISC / Viscosity, Serum should be tested to rule out hyperviscosity syndrome.
- Patients with monoclonal light chain diseases who have no serum or urine M-spike may be monitored with the quantitative serum FLC assay.
- Patients with IgD or IgE can be followed using quantitative IgD or IgE measurements.
- Patients with monoclonal Ig heavy chains (gamma, alpha and mu) can be detected by the Mass-Fix assay.
- A small subset of MM patients (<1%) have malignant plasma cells which do not secrete an M-protein. Thus, these Non-secretory MM patients need additional clinical testing to establish the diagnosis.
- Patients with normal serum protein electrophoresis and IFE can have positive results on Mass-Fix testing due to the increased sensitivity of the assay.

## Detection of therapeutic monoclonal antibodies (t-mAbs)

- Patients who are receiving t-mAb therapies can have a pseudo" M-protein depending on the level of the t-mAb in the blood. These t-mAbs have predictable light chain mass to charge values. The lab has a limited (but expanding) number of t-mAbs for which we comment. If an M-protein is detected with a mass, isotype and concentration similar to a t-mAb in our database, a comment is added to the report : A monoclonal [isotype] is present with a light chain mass suggestive of [t-mAb name]. If the patient is not on [t-mAb name] the monoclonal [isotype] is indicative of a monoclonal gammopathy. Given that some M-proteins mass, isotype and concentration will match a t-mAb, it is possible that the named t-mAb is not present and is in fact a low-level M-protein associated with a monoclonal gammopathy. If the patient has no history of taking the named t-mAb, then the reported M-protein is likely associated with a monoclonal gammopathy.
- In studies performed at the Mayo Clinic, it is possible to see daratumumab for 9 months after the cessation of treatment.
- Mass-fix testing will not quantitate albumin, alpha-1-trypsin, alpha-2-macroglobulins or the beta fractions.

## MGUS Prognosis:

- Low-risk MGUS patients are defined as having an M-spike of less than 1.5 g/dL, IgG monoclonal protein, and a normal FLC K/L ratio (0.25-1.65), and these patients have a lifetime risk of progression to MM of less than 5%.
- High-risk MGUS patients (M-spike >1.5, IgA or IgM, abnormal FLC ratio) have a lifetime risk of progression to MM of 60%.

## Other Abnormal Findings:

- IgG and IgA and free light chain M-proteins with reported light chain glycosylation have demonstrated to be a risk factor for AL amyloidosis.
- IgM M-proteins with light chain glycosylation have been demonstrated to be associated with cold agglutinin disease.
- Persistent elevated immunoglobulins levels is consistent with autoimmune disease, IgG4 related disease and liver failure.

**Interpretive Data:**

A characteristic monoclonal band (M-spike) is often found on serum protein electrophoresis (SPE) in the gamma globulin region and, more rarely, in the beta or alpha-2 regions. The finding of an M-spike, restricted migration, or hypogammaglobulinemic protein electrophoresis pattern is suggestive of a possible monoclonal protein.

Immunoaffinity purification followed by matrix-assisted laser desorption/ionization-time of flight mass spectrometry (MALDI-TOF MS) is performed to identify the immunoglobulin heavy and light chains.

**ADMINISTRATIVE****CPT Codes:**

0077U

82784 x 3

**LOINC Codes:**

104266-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MALD

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Performed:**

Monday - Friday

**Methodology:**

Matrix-Assisted Laser Desorption/Ionization Time-of-Flight Mass Spectrometry (MALDI-TOF MS)  
Nephelometry

**Collect:**

Gold or red top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Gross lipemia

**Specimen Preparation:**

If possible aliquot into two tubes, 1 mL per tube. Refrigerate and send to CB. Order Mayo test code QMPSS.

**Reference Interval:**

Monoclonal-protein Isotype Flag:

Negative

Interpretation:

No monoclonal protein detected.

**Interpretive Data:**

A characteristic monoclonal band (M-spike) is often found on serum protein electrophoresis (SPE) in the gamma globulin region and, more rarely, in the beta or alpha-2 regions. The finding of an M-spike, restricted migration, or hypogammaglobulinemic protein electrophoresis pattern is suggestive of a possible monoclonal protein.

Immunoaffinity purification followed by matrix-assisted laser desorption/ionization-time of flight mass spectrometry (MALDI-TOF MS) is performed to identify the immunoglobulin heavy and light chains.

**Synonyms:**

- Isotyping
- Mass-Fix
- miRAMM
- Multiple myeloma
- MassFix
- QMPSS

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated (preferred): 28 days

Frozen: 28 days

Ambient: 7 days

**Reported:**

4-7 days

**Reflex Testing:**

If a light chain is identified without a corresponding heavy chain during initial testing, IFXED (immunofixation with immunoglobulin D [IgD] and immunoglobulin E [IgE] antisera), will be performed at an additional charge.

If a monoclonal IgD or IgE is identified during initial testing, IGD or IGE will be performed at an additional charge.



**Additional Information:**

## Monoclonal Gammopathies:

- A monoclonal IgG or IgA of greater than 3 g/dL is consistent with multiple myeloma (MM).
- A monoclonal IgM of greater than 3 g/dL is consistent with macroglobulinemia.
- A monoclonal IgG, IgM or IgA of less than 3 g/dL may be consistent with monoclonal gammopathy of undetermined significance (MGUS), AL amyloidosis, well as other monoclonal gammopathies of clinical significance.
- The initial identification of a serum M-spike greater than 1.5 g/dL a follow-up MPU / Monoclonal Protein Studies, 24 Hour, Urine to evaluate renal impairment due to the M-protein
- The initial identification of an IgM, IgA, or IgG M-spike greater than 4 g/dL, greater than 5 g/dL, and greater than 6 g/dL, respectively, a SVISC / Viscosity, Serum should be tested to rule out hyperviscosity syndrome.
- Patients with monoclonal light chain diseases who have no serum or urine M-spike may be monitored with the quantitative serum FLC assay.
- Patients with IgD or IgE can be followed using quantitative IgD or IgE measurements.
- Patients with monoclonal Ig heavy chains (gamma, alpha and mu) can be detected by the Mass-Fix assay.
- A small subset of MM patients (<1%) have malignant plasma cells which do not secrete an M-protein. Thus, these Non-secretory MM patients need additional clinical testing to establish the diagnosis.
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- Patients who are receiving t-mAb therapies can have a pseudo" M-protein depending on the level of the t-mAb in the blood. These t-mAbs have predictable light chain mass to charge values. The lab has a limited (but expanding) number of t-mAbs for which we comment. If an M-protein is detected with a mass, isotype and concentration similar to a t-mAb in our database, a comment is added to the report : A monoclonal [isotype] is present with a light chain mass suggestive of [t-mAb name]. If the patient is not on [t-mAb name] the monoclonal [isotype] is indicative of a monoclonal gammopathy. Given that some M-proteins mass, isotype and concentration will match a t-mAb, it is possible that the named t-mAb is not present and is in fact a low-level M-protein associated with a monoclonal gammopathy. If the patient has no history of taking the named t-mAb, then the reported M-protein is likely associated with a monoclonal gammopathy.
- In studies performed at the Mayo Clinic, it is possible to see daratumumab for 9 months after the cessation of treatment.
- Mass-fix testing will not quantitate albumin, alpha-1-trypsin, alpha-2-macroglobulins or the beta fractions.

## MGUS Prognosis:

- Low-risk MGUS patients are defined as having an M-spike of less than 1.5 g/dL, IgG monoclonal protein, and a normal FLC K/L ratio (0.25-1.65), and these patients have a lifetime risk of progression to MM of less than 5%.
- High-risk MGUS patients (M-spike >1.5, IgA or IgM, abnormal FLC ratio) have a lifetime risk of progression to MM of 60%.

## Other Abnormal Findings:

- IgG and IgA and free light chain M-proteins with reported light chain glycosylation have demonstrated to be a risk factor for AL amyloidosis.
- IgM M-proteins with light chain glycosylation have been demonstrated to be associated with cold agglutinin disease.
- Persistent elevated immunoglobulins levels is consistent with autoimmune disease, IgG4 related disease and liver failure.

**CPT Codes:**

0077U

82784 x 3

**LOINC Codes:**

104266-2

# Monosomy 5 / Del5q FISH

M5D5Q, BM5D5Q

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization

**Synonyms:**

- 5q-
- -5
- M5D5Q
- BM5D5Q

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Collect:**

Blood & bone marrow aspirate: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics, 415-353-4844. Dark Green top also acceptable

Bone marrow core: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

Bone marrow: 2 mL

Blood: 2 mL

Bone core: 2 cm

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

?Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

?Bone core: 2 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## PROCESSING

**Test Code:**

BM5D5Q: Blood

M5D5Q: Bone marrow

**Test Group:**

FISH

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

?Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

?Bone core: 2 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**ADMINISTRATIVE****CPT Codes:**

88275, 88271

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BM5D5Q: Blood

M5D5Q: Bone marrow

**Test Group:**

FISH

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization

**Collect:**

Blood & bone marrow aspirate: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics, 415-353-4844. Dark Green top also acceptable

Bone marrow core: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

Bone marrow: 2 mL

Blood: 2 mL

Bone core: 2 cm

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

?Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

?Bone core: 2 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Reference Interval:**

Not detected

**Synonyms:**

- 5q-
- -5
- M5D5Q
- BM5D5Q

**CPT Codes:**

88275, 88271

**LDT or Modified FDA:**

Yes

# Monosomy 7 / Deletion 7q FISH

M7D7Q, BM7D7Q

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization

**Reported:**

7-14 days

**Synonyms:**

- -7
- Del 7q
- M7D7Q
- BM7D7Q

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Collect:**

Blood & bone marrow aspirate: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics, 415-353-4844. Dark Green top also acceptable.

Bone marrow core: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

Bone marrow: 2 mL

Blood: 2 mL

?Bone core: 2 cm

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

?Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

?Bone core: 2 cm

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## PROCESSING

**Test Code:**

BM7D7Q: Blood

M7D7Q: Bone marrow

**Test Group:**

FISH

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

?Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

?Bone core: 2 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Stability (from collection to initiation):**

48 hours

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**ADMINISTRATIVE****CPT Codes:**

88275, 88271x2

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BM7D7Q: Blood

M7D7Q: Bone marrow

**Test Group:**

FISH

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization

**Collect:**

Blood & bone marrow aspirate: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics, 415-353-4844. Dark Green top also acceptable.

Bone marrow core: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

Bone marrow: 2 mL

Blood: 2 mL

?Bone core: 2 cm

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

?Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

?Bone core: 2 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Reference Interval:**

Not detected

**Synonyms:**

- -7
- Del 7q
- M7D7Q
- BM7D7Q

**Stability (from collection to initiation):**

48 hours

**Reported:**

7-14 days

**CPT Codes:**

88275, 88271x2

**LDT or Modified FDA:**

Yes

# MRSA Culture

LAB234

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily

**Methodology:**

Culture with selective/differential media

**Reported:**

24-48 hours

**Additional Information:**

Per California law effective 1/1/2009 all patients admitted to UCSF who meet one or more of the following 5 criteria must be screened for MRSA within 24 hours of admission.

**Screening Criteria:**

1. Patients previously discharged from an acute care hospital within 30 days of UCSF admission
2. Patients admitted to an intensive care unit
3. Patients receiving inpatient dialysis
4. Patients transferred from skilled nursing facilities

Screening is performed on swabs from the patient's anterior nares only.

**Synonyms:**

- MRSA screen
- Staphylococcus aureus
- MRSA Cx

## COLLECTION

**Patient Preparation:**

None

**Sample Type:**

Anterior nares swab

**Collect:**

Swabs in Amies transport media with charcoal or E-swab

**Amount to Collect:**

2 swabs in Amies transport media with charcoal or 1 E-swab

**Preferred Volume:**

2 swabs in Amies transport media with charcoal or 1 E-swab

**Minimum Volume:**

2 swabs in Amies transport media with charcoal or 1 E-swab

**Remarks:**

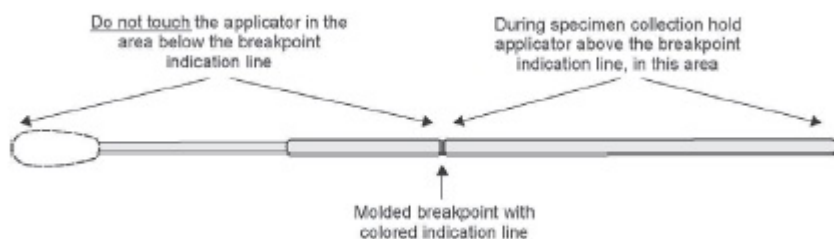
For Amies transport media with charcoal: 1. Run both swabs quickly under tap water to slightly moisten the swabs.  
2. Using both swabs at the same time, gently insert the swabs approx 1/4 " into the anterior nares (just inside the nasal orifice). Swab in a circular motion; and repeat in second nostril, using the same two (2) swabs.  
3. Place swabs into Amies (charcoal) transport media, cap and deliver per protocol to Microbiology.

For E-swab: 1. Do NOT prewet the swab.

2. Grasp the swab shaft at the very end.

3. Gently insert the swab approx 1/4 " into the anterior nares (just inside the nasal orifice). Swab in a circular motion; and repeat in second nostril, using the same swab.

4. After collection, break the swab off into the liquid media inside the tube at the colored breakpoint mark and tightly secure the cap.



**Stability (from collection to initiation):**

Room temperature or refrigerated 24 hours.

**PROCESSING****Test Code:**

P114

**Test Group:**

Bacterial culture

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Refrigerate swab on receipt at China Basin until culture is set up.

**Preferred Volume:**

2 swabs in Amies transport media with charcoal or 1 E-swab

**Minimum Volume:**

2 swabs in Amies transport media with charcoal or 1 E-swab

**Stability (from collection to initiation):**

Room temperature or refrigerated 24 hours.

**RESULT INTERPRETATION****Reference Interval:**

No MRSA isolated

**Additional Information:**

Per California law effective 1/1/2009 all patients admitted to UCSF who meet one or more of the following 5 criteria must be screened for MRSA within 24 hours of admission.

## Screening Criteria:

1. Patients previously discharged from an acute care hospital within 30 days of UCSF admission
2. Patients admitted to an intensive care unit
3. Patients receiving inpatient dialysis
4. Patients transferred from skilled nursing facilities

Screening is performed on swabs from the patient's anterior nares only.

**ADMINISTRATIVE****CPT Codes:**

87081

**LOINC Codes:**

52969-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P114

**Test Group:**

Bacterial culture

**Performing Lab:**

Microbiology

**Performed:**

Daily

**Methodology:**

Culture with selective/differential media

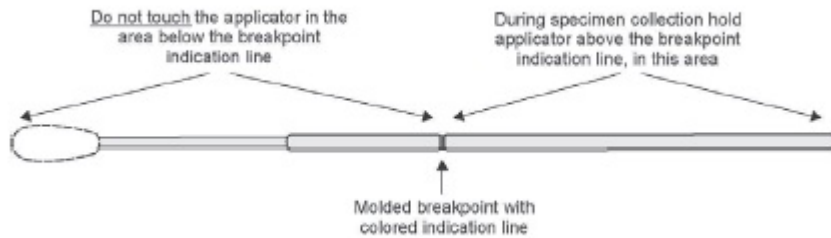
**Patient Preparation:**

None



**Remarks:**

- For Amies transport media with charcoal: 1. Run both swabs quickly under tap water to slightly moisten the swabs.  
 2. Using both swabs at the same time, gently insert the swabs approx 1/4 " into the anterior nares (just inside the nasal orifice). Swab in a circular motion; and repeat in second nostril, using the same two (2) swabs.  
 3. Place swabs into Amies (charcoal) transport media, cap and deliver per protocol to Microbiology.
- For E-swab: 1. Do NOT prewet the swab.  
 2. Grasp the swab shaft at the very end.  
 3. Gently insert the swab approx 1/4 " into the anterior nares (just inside the nasal orifice). Swab in a circular motion; and repeat in second nostril, using the same swab.  
 4. After collection, break the swab off into the liquid media inside the tube at the colored breakpoint mark and tightly secure the cap.

**Collect:**

Swabs in Amies transport media with charcoal or E-swab

**Amount to Collect:**

2 swabs in Amies transport media with charcoal or 1 E-swab

**Sample Type:**

Anterior nares swab

**Preferred Volume:**

2 swabs in Amies transport media with charcoal or 1 E-swab

**Minimum Volume:**

2 swabs in Amies transport media with charcoal or 1 E-swab

**Specimen Preparation:**

Refrigerate swab on receipt at China Basin until culture is set up.

**Reference Interval:**

No MRSA isolated

**Synonyms:**

- MRSA screen
- Staphylococcus aureus
- MRSA Cx

**Stability (from collection to initiation):**

Room temperature or refrigerated 24 hours.

**Reported:**

24-48 hours

**Additional Information:**

Per California law effective 1/1/2009 all patients admitted to UCSF who meet one or more of the following 5 criteria must be screened for MRSA within 24 hours of admission.

**Screening Criteria:**

1. Patients previously discharged from an acute care hospital within 30 days of UCSF admission
2. Patients admitted to an intensive care unit
3. Patients receiving inpatient dialysis
4. Patients transferred from skilled nursing facilities

Screening is performed on swabs from the patient's anterior nares only.

**CPT Codes:**

87081

**LOINC Codes:**

52969-3

# Mucopolysaccharide Enzyme Analysis

MOLT

## ORDERING

**Ordering Recommendations:**

This confirmatory testing is primarily ordered in patients who have been demonstrated to have elevated levels of mucopolysaccharides (glycosaminoglycans, GAG's) in urine. Alternatively it may be ordered in a patient where the diagnosis of a Mucopolysaccharidosis is highly suspect but the urine testing is negative.

**Available Stat:**

No

**Performing Lab:**

JMC

**Reported:**

Test run Thursdays. Turnaround time: 8-10 days.

**Reflex Testing:**

Additional assays for confirmatory testing may be run and charged separately.

**Synonyms:**

- Mucopolysaccharidoses
- Mucopolysaccharidosis
- Hunter
- Hurler
- Sanfilippo
- Morquio
- Maroteaux-Lamy
- Sly
- hyaluronidase deficiency
- MPS type I
- MPS type II
- MPS type III
- MPS type IV
- MPS type VI
- MPS Type VII
- MPS type IX
- Glycosaminoglycans
- GAG's
- Mucopolidoses
- Mucopolidosis

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Label Abbreviation:**

MOLT

**Collect:**

Dark Green top

**Amount to Collect:**

10 mL blood

**Preferred Volume:**

10 mL blood

**Minimum Volume:**

4 mL blood

**Remarks:**

A detailed clinical history must accompany the test request. Sample must arrive at performing laboratory within 24 hours of collection therefore collect Monday through Thursday noon only.

Keep sample at room temperature during storage and transport to the laboratory.

**Unacceptable Conditions:**

Samples collected outside of stated time frames

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

JMC

**Specimen Preparation:**

Keep at room temperature-do NOT centrifuge or refrigerate.

Ship with clinical history by Federal Express, Monday-Thursday only, to:

Dr. David A. Wenger  
Lysosomal Diseases Testing Laboratory  
Jefferson Alumni Hall, Rm. 394  
1020 Locust St.  
Philadelphia, PA 19107  
ph: (215)955-4923, fax 955-9554, email: david.wenger@mail.tju.edu

**Preferred Volume:**

10 mL blood

**Minimum Volume:**

4 mL blood

**Unacceptable Conditions:**

Samples collected outside of stated time frames

**ADMINISTRATIVE****CPT Codes:**

84311-90 x6

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

This confirmatory testing is primarily ordered in patients who have been demonstrated to have elevated levels of mucopolysaccharides (glycosaminoglycans, GAG's) in urine. Alternatively it may be ordered in a patient where the diagnosis of a Mucopolysaccharidosis is highly suspect but the urine testing is negative.

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

JMC

**Sendout:**

Yes

**Remarks:**

A detailed clinical history must accompany the test request. Sample must arrive at performing laboratory within 24 hours of collection therefore collect Monday through Thursday noon only.

Keep sample at room temperature during storage and transport to the laboratory.

**Collect:**

Dark Green top

**Amount to Collect:**

10 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

10 mL blood

**Minimum Volume:**

4 mL blood

**Unacceptable Conditions:**

Samples collected outside of stated time frames

**Specimen Preparation:**

Keep at room temperature-do NOT centrifuge or refrigerate.

Ship with clinical history by Federal Express, Monday-Thursday only, to:

Dr. David A. Wenger  
Lysosomal Diseases Testing Laboratory  
Jefferson Alumni Hall, Rm. 394  
1020 Locust St.  
Philadelphia, PA 19107  
ph: (215)955-4923, fax 955-9554, email: david.wenger@mail.tju.edu

**Synonyms:**

- Mucopolysaccharidoses
- Mucopolysaccharidosis
- Hunter
- Hurler
- Sanfilippo
- Morquio
- Maroteaux-Lamy
- Sly
- hyaluronidase deficiency
- MPS type I
- MPS type II
- MPS type III
- MPS type IV
- MPS type VI
- MPS Type VII
- MPS type IX
- Glycosaminoglycans
- GAG's
- Mucopolidoses
- Mucopolidosis

**Reported:**

Test run Thursdays. Turnaround time: 8-10 days.

**Reflex Testing:**

Additional assays for confirmatory testing may be run and charged separately.

**CPT Codes:**

84311-90 x6

# Mucopolysaccharides, urine by TLC

MPSTLC

## ORDERING

**Ordering Recommendations:**

This test should be ordered in conjunction with the quantitative assay (MPSQNT) when establishing or confirming a diagnosis of mucopolysaccharidoses.

Once the diagnosis and type of mucopolysaccharidoses is established in a given patient monitoring typically only requires the quantitative assay be performed.

**Available Stat:**

No

**Performing Lab:**

Stanford Hospital Clinical Laboratory

**Methodology:**

Thin layer chromatography

**Reported:**

Turnaround time 5-7 days

**Synonyms:**

- Mucopolysaccharidoses
- Mucopolysaccharidosis
- Hunter
- Hurler
- Sanfilippo
- Morquio
- Maroteaux-Lamy
- Sly
- hyaluronidase deficiency
- MPS type I
- MPS type II
- MPS type III
- MPS type IV
- MPS type VI
- MPS Type VII
- MPS type IX
- Glycosaminoglycans
- GAG's
- Mucopolidoses
- Mucopolidosis

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

15 mL urine

**Preferred Volume:**

15 mL urine

**Minimum Volume:**

10 mL urine

**Remarks:**

Transport immediately to lab for processing

**Unacceptable Conditions:**

Sample received > 2 hours after collection

**Rejection Criteria:**

Sample received thawed

## PROCESSING

**Test Code:**

MPSTLC

**Test Group:**

Mucopolysaccharides

**Sendout:**

Yes

**Performing Lab:**

Stanford Hospital Clinical Laboratory

**Specimen Preparation:**

Freeze urine immediately at -20C and transport frozen.

**Preferred Volume:**

15 mL urine

**Minimum Volume:**

10 mL urine

**Unacceptable Conditions:**

Sample received &gt; 2 hours after collection

**Rejection Criteria:**

Sample received thawed

**ADMINISTRATIVE****CPT Codes:**

84375-90

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

This test should be ordered in conjunction with the quantitative assay (MPSQNT) when establishing or confirming a diagnosis of mucopolysaccharidoses.

Once the diagnosis and type of mucopolysaccharidoses is established in a given patient monitoring typically only requires the quantitative assay be performed.

**Test Code:**

MPSTLC

**Test Group:**

Mucopolysaccharides

**Performing Lab:**

Stanford Hospital Clinical Laboratory

**Sendout:**

Yes

**Methodology:**

Thin layer chromatography

**Remarks:**

Transport immediately to lab for processing

**Collect:**

Urine cup

**Amount to Collect:**

15 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

15 mL urine

**Minimum Volume:**

10 mL urine

**Rejection Criteria:**

Sample received thawed

**Unacceptable Conditions:**

Sample received &gt; 2 hours after collection

**Specimen Preparation:**

Freeze urine immediately at -20C and transport frozen.

**Synonyms:**

- Mucopolysacharidoses
- Mucopolysaccharidosis
- Hunter
- Hurler
- Sanfilippo
- Morquio
- Maroteaux-Lamy
- Sly
- hyaluronidase deficiency
- MPS type I
- MPS type II
- MPS type III
- MPS type IV
- MPS type VI
- MPS Type VII
- MPS type IX
- Glycosaminoglycans
- GAG's
- Mucopolidoses
- Mucopolidosis

**Reported:**

Turnaround time 5-7 days

**CPT Codes:**

84375-90

# Mucopolysaccharides, Urine Quantitation

LAB5266

## ORDERING

**Ordering Recommendations:**

This test should be ordered in conjunction with the TLC assay (MPSTLC) when establishing or confirming a diagnosis of mucopolysaccharidoses.

Once the diagnosis and type of mucopolysaccharidoses is established in a given patient monitoring typically only requires the quantitative assay be performed.

**Available Stat:**

No

**Performing Lab:**

Stanford Hospital Clinical Laboratory

**Methodology:**

Spectrophotometry

**Synonyms:**

- Mucopolysaccharidoses
- Mucopolysaccharidosis
- Hunter
- Hurler
- Sanfilippo
- Morquio
- Maroteaux-Lamy
- Sly
- hyaluronidase deficiency
- MPS type I
- MPS type II
- MPS type III
- MPS type IV
- MPS type VI
- MPS Type VII
- MPS type IX
- Glycosaminoglycans
- GAG's
- Mucopolidoses
- Mucopolidosis

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

2 mL urine

**Remarks:**

Transport immediately to lab for processing

**Unacceptable Conditions:**

Sample received > 2 hours after collection

**Rejection Criteria:**

Sample received thawed

## PROCESSING

**Test Code:**

MPSQNT

**Test Group:**

Mucopolysaccharides



**Sendout:**

Yes

**Performing Lab:**

Stanford Hospital Clinical Laboratory

**Specimen Preparation:**

Freeze urine immediately at -20C and transport frozen.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

2 mL urine

**Unacceptable Conditions:**

Sample received &gt; 2 hours after collection

**Rejection Criteria:**

Sample received thawed

**RESULT INTERPRETATION****Units:**

mg/mmol creatinine

**Reference Interval:**

&lt; 48 mg/mmol creatinine

**ADMINISTRATIVE****CPT Codes:**

83864-90

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

This test should be ordered in conjunction with the TLC assay (MPSTLC) when establishing or confirming a diagnosis of mucopolysaccharidoses.

Once the diagnosis and type of mucopolysaccharidoses is established in a given patient monitoring typically only requires the quantitative assay be performed.

**Test Code:**

MPSQNT

**Test Group:**

Mucopolysaccharides

**Performing Lab:**

Stanford Hospital Clinical Laboratory

**Sendout:**

Yes

**Methodology:**

Spectrophotometry

**Remarks:**

Transport immediately to lab for processing

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

2 mL urine

**Rejection Criteria:**

Sample received thawed

**Unacceptable Conditions:**

Sample received &gt; 2 hours after collection

**Specimen Preparation:**

Freeze urine immediately at -20C and transport frozen.

**Units:**

mg/mmol creatinine

**Reference Interval:**

< 48 mg/mmol creatinine

**Synonyms:**

- Mucopolysacharidoses
- Mucopolysaccharidosis
- Hunter
- Hurler
- Sanfilippo
- Morquio
- Maroteaux-Lamy
- Sly
- hyaluronidase deficiency
- MPS type I
- MPS type II
- MPS type III
- MPS type IV
- MPS type VI
- MPS Type VII
- MPS type IX
- Glycosaminoglycans
- GAG's
- Mucopolidoses
- Mucopolidosis

**CPT Codes:**

83864-90

# Multiple Myeloma FISH Panel

CYMM, BCYMM

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Monday - Friday day shift

**Methodology:**

Fluorescence in situ Hybridization (FISH)

**Reported:**

1-2 weeks

**Additional Information:**

Includes FISH probes for the following markers: Duplication 1q, Translocation 4:14, Translocation 11:14, Deletion 13q, Translocation 14:16, Deletion 17p.

The individual FISH markers are orderable separately.

**Synonyms:**

- DUP1Q
- TR414
- TR1114
- DEL13Q
- TR1416
- DEL17P
- Duplication 1q
- Translocation 4:14
- Translocation 11:14
- Deletion 13q
- Translocation 14:16
- Deletion 17p
- plasma cell dyscrasia
- monoclonal gammopathy
- CYMM
- BCYMM

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow aspirate or bone marrow biopsy core

**Collect:**

Dark green top

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Remarks:**

Transport samples at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Frozen, cracked or mislabeled containers

## PROCESSING

**Test Code:**

BCYMM: Blood  
CYMM: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Do not centrifuge, store at room temperature. Transport samples to Cytogenetics as soon as possible.

**Preferred Volume:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow core: 1 cm

**Unacceptable Conditions:**

Frozen, cracked or mislabeled containers

**Stability (from collection to initiation):**

Room temperature 2 days

**RESULT INTERPRETATION****Additional Information:**

Includes FISH probes for the following markers: Duplication 1q, Translocation 4:14, Translocation 11:14, Deletion 13q, Translocation 14:16, Deletion 17p.

The individual FISH markers are orderable separately.

**ADMINISTRATIVE****CPT Codes:**

88271 x12, 88275 x6

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BCYMM: Blood  
CYMM: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Monday - Friday day shift

**Methodology:**

Fluorescence in situ Hybridization (FISH)

**Remarks:**

Transport samples at room temperature

**Collect:**

Dark green top

**Amount to Collect:**

See preferred volume

**Sample Type:**

Heparinized whole blood, bone marrow aspirate or bone marrow biopsy core

**Preferred Volume:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow core: 1 cm

**Unacceptable Conditions:**

Frozen, cracked or mislabeled containers

**Specimen Preparation:**

Do not centrifuge, store a room temperature. Transport samples to Cytogenetics as soon as possible.

**Synonyms:**

- DUP1Q
- TR414
- TR1114
- DEL13Q
- TR1416
- DEL17P
- Duplication 1q
- Translocation 4:14
- Translocation 11:14
- Deletion 13q
- Translocation 14:16
- Deletion 17p
- plasma cell dyscrasia
- monoclonal gammopathy
- CYMM
- BCYMM

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**Additional Information:**

Includes FISH probes for the following markers: Duplication 1q, Translocation 4:14, Translocation 11:14, Deletion 13q, Translocation 14:16, Deletion 17p.

The individual FISH markers are orderable separately.

**CPT Codes:**

88271 x12,. 88275 x6

**LDT or Modified FDA:**

Yes

# Multiple Myeloma MRD, Flow

LAB5799

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Flow cytometric immunophenotyping

**Reported:**

2 - 4 days

**Additional Information:**

High-sensitivity flow cytometry test for detection of minimal residual myeloma cells, post treatment

Adopted EuroFlow guidelines and Cytognos software

Sensitivity of 10(-5) or better, depending on the antigenic profile of abnormal plasma cells

**Clinical Information**

Multiple myeloma is an incurable malignant neoplasm of plasma cells. One of the best prognostic factors in multiple myeloma is the level of minimal residual disease post chemotherapy or autologous stem cell transplantation. The greater depth of the response (less malignant cells present), the longer time to progression and overall survival.(1)

**Useful For**

Detection of low level (minimal residual disease) myeloma cells after therapy

**Interpretation**

The interpretation of the test is done by an evaluating automated and manually gated populations to isolate abnormal plasma cells. If there is an abnormal plasma cell population (cluster of 20 cells or more), then the result is minimal residual disease (MRD)-positive, with the percentage of abnormal plasma cells out of total analyzed events. If no abnormal population is found, then the result will be interpreted as MRD-negative.

**Cautions**

There are situations in which current gating strategies are insufficient to identify abnormal plasma cells. This can occur if the abnormal plasma cells do not phenotypically differ from normal plasma cells. In addition, in patients who have undergone therapeutic antibody treatment (anti-CD38, for example), decreased antigen expression on plasma cells may interfere with the gating strategy.

**Clinical Reference**

1. Martinez-Lopez J, Lahuerta JJ, Pepin F, et al: Prognostic value of deep sequencing method for minimal residual disease detection in multiple myeloma. *Blood*. 2014 May 15;123(20):3073-3079
2. Rawstron AC, Child JA, de Tute RM, et al: Minimal residual disease assessed by multiparameter flow cytometry in multiple myeloma: impact on outcome in the medical research council myeloma IX Study. *J Clin Oncol* 2013 Jul 10;31(20):2540-2547
3. Roschewski M, Stetler-Stevenson M, Yuan C, et al: Minimal residual disease: What are the minimum requirements? *J Clin Oncol* 2014 32(5): 475-476
4. Rawstron AC, Orfao A, Beksac M, et al: Report of the European Myeloma Network on multiparametric flow cytometry in multiple myeloma and related disorders. *Haematologica* 2008 Mar;93(3): 431-438
5. Stetler-Stevenson M, Paiva B, Stoolman L, et al: Consensus guidelines for myeloma minimal residual disease sample staining and data acquisition. *Cytometry B Clin Cytom* 2016 Jan;90(1):26-30 doi: 10.1002/cyto.b.21249

**Synonyms:**

- Euroflow MRD
- MYELOMA MRD
- PLASMA CELL MRD
- MULTIPLE MYELOMA MRD

## COLLECTION

**Sample Type:**

Bone marrow

**Label Abbreviation:**

MRDMM

**Collect:**

Lavender top, ACD

**Amount to Collect:**

See Preferred volume

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Stability (from collection to initiation):**

72 hours

**PROCESSING****Test Code:**

MRDMM

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Do not aliquot sample. Transport to CB ambient. Order Mayo test code MRDMM.

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Stability (from collection to initiation):**

72 hours

**RESULT INTERPRETATION****Reference Interval:**

An interpretive report will be provided.

This test will be processed as a laboratory consultation. An interpretation of the immunophenotypic findings and correlation with the previous patient history will be provided by a hematopathologist for every case.

**Additional Information:**

High-sensitivity flow cytometry test for detection of minimal residual myeloma cells, post treatment

Adopted EuroFlow guidelines and Cytognos software

Sensitivity of 10<sup>-5</sup> or better, depending on the antigenic profile of abnormal plasma cells

**Clinical Information**

Multiple myeloma is an incurable malignant neoplasm of plasma cells. One of the best prognostic factors in multiple myeloma is the level of minimal residual disease post chemotherapy or autologous stem cell transplantation. The greater depth of the response (less malignant cells present), the longer time to progression and overall survival.<sup>(1)</sup>

**Useful For**

Detection of low level (minimal residual disease) myeloma cells after therapy

**Interpretation**

The interpretation of the test is done by an evaluating automated and manually gated populations to isolate abnormal plasma cells. If there is an abnormal plasma cell population (cluster of 20 cells or more), then the result is minimal residual disease (MRD)-positive, with the percentage of abnormal plasma cells out of total analyzed events. If no abnormal population is found, then the result will be interpreted as MRD-negative.

**Cautions**

There are situations in which current gating strategies are insufficient to identify abnormal plasma cells. This can occur if the abnormal plasma cells do not phenotypically differ from normal plasma cells. In addition, in patients who have undergone therapeutic antibody treatment (anti-CD38, for example), decreased antigen expression on plasma cells may interfere with the gating strategy.

**Clinical Reference**

1. Martinez-Lopez J, Lahuerta JJ, Pepin F, et al: Prognostic value of deep sequencing method for minimal residual disease detection in multiple myeloma. *Blood*. 2014 May 15;123(20):3073-3079
2. Rawstron AC, Child JA, de Tute RM, et al: Minimal residual disease assessed by multiparameter flow cytometry in multiple myeloma: impact on outcome in the medical research council myeloma IX Study. *J Clin Oncol* 2013 Jul 10;31(20):2540-2547
3. Roschewski M, Stetler-Stevenson M, Yuan C, et al: Minimal residual disease: What are the minimum requirements? *J Clin Oncol* 2014 32(5): 475-476
4. Rawstron AC, Orfao A, Beksac M, et al: Report of the European Myeloma Network on multiparametric flow cytometry in multiple myeloma and related disorders. *Haematologica* 2008 Mar;93(3): 431-438
5. Stetler-Stevenson M, Paiva B, Stoolman L, et al: Consensus guidelines for myeloma minimal residual disease sample staining and data acquisition. *Cytometry B Clin Cytom* 2016 Jan;90(1):26-30 doi: 10.1002/cyto.b.21249

**ADMINISTRATIVE****CPT Codes:**

88184, 88185, 88188

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MRDMM

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Flow cytometric immunophenotyping

**Collect:**

Lavender top, ACD

**Amount to Collect:**

See Preferred volume



**Sample Type:**

Bone marrow

**Preferred Volume:**

4 mL

**Minimum Volume:**

2 mL

**Specimen Preparation:**

Do not aliquot sample. Transport to CB ambient. Order Mayo test code MRDMM.

**Reference Interval:**

An interpretive report will be provided.

This test will be processed as a laboratory consultation. An interpretation of the immunophenotypic findings and correlation with the previous patient history will be provided by a hematopathologist for every case.

**Synonyms:**

- Euroflow MRD
- MYELOMA MRD
- PLASMA CELL MRD
- MULTIPLE MYELOMA MRD

**Stability (from collection to initiation):**

72 hours

**Reported:**

2 - 4 days

**Additional Information:**

High-sensitivity flow cytometry test for detection of minimal residual myeloma cells, post treatment

Adopted EuroFlow guidelines and Cytognos software

Sensitivity of 10<sup>-5</sup> or better, depending on the antigenic profile of abnormal plasma cells

**Clinical Information**

Multiple myeloma is an incurable malignant neoplasm of plasma cells. One of the best prognostic factors in multiple myeloma is the level of minimal residual disease post chemotherapy or autologous stem cell transplantation. The greater depth of the response (less malignant cells present), the longer time to progression and overall survival.<sup>(1)</sup>

**Useful For**

Detection of low level (minimal residual disease) myeloma cells after therapy

**Interpretation**

The interpretation of the test is done by an evaluating automated and manually gated populations to isolate abnormal plasma cells. If there is an abnormal plasma cell population (cluster of 20 cells or more), then the result is minimal residual disease (MRD)-positive, with the percentage of abnormal plasma cells out of total analyzed events. If no abnormal population is found, then the result will be interpreted as MRD-negative.

**Cautions**

There are situations in which current gating strategies are insufficient to identify abnormal plasma cells. This can occur if the abnormal plasma cells do not phenotypically differ from normal plasma cells. In addition, in patients who have undergone therapeutic antibody treatment (anti-CD38, for example), decreased antigen expression on plasma cells may interfere with the gating strategy.

**Clinical Reference**

1. Martinez-Lopez J, Lahuerta JJ, Pepin F, et al: Prognostic value of deep sequencing method for minimal residual disease detection in multiple myeloma. *Blood*. 2014 May 15;123(20):3073-3079
2. Rawstron AC, Child JA, de Tute RM, et al: Minimal residual disease assessed by multiparameter flow cytometry in multiple myeloma: impact on outcome in the medical research council myeloma IX Study. *J Clin Oncol* 2013 Jul 10;31(20):2540-2547
3. Roschewski M, Stetler-Stevenson M, Yuan C, et al: Minimal residual disease: What are the minimum requirements? *J Clin Oncol* 2014 32(5): 475-476
4. Rawstron AC, Orfao A, Beksac M, et al: Report of the European Myeloma Network on multiparametric flow cytometry in multiple myeloma and related disorders. *Haematologica* 2008 Mar;93(3): 431-438
5. Stetler-Stevenson M, Paiva B, Stoolman L, et al: Consensus guidelines for myeloma minimal residual disease sample staining and data acquisition. *Cytometry B Clin Cytom* 2016 Jan;90(1):26-30 doi: 10.1002/cyto.b.21249

**CPT Codes:**

88184, 88185, 88188

**Multiple Myeloma MRD, Flow**  
MRDPC

**ORDERING**

**Performing Lab:**  
Immunology

**Methodology:**  
IFAC

**COLLECTION**

**Sample Type:**  
Bone marrow aspirate

**Collect:**  
Lavender top

**Amount to Collect:**  
4 mL

**Minimum Volume:**  
2 mL

**Storage/Transport Temperature:**  
Room temperature

**PROCESSING**

**Performing Lab:**  
Immunology

**Minimum Volume:**  
2 mL

**Storage/Transport Temperature:**  
Room temperature

**COMPLETE VIEW**

**Performing Lab:**  
Immunology

**Methodology:**  
IFAC

**Collect:**  
Lavender top

**Amount to Collect:**  
4 mL

**Sample Type:**  
Bone marrow aspirate

**Minimum Volume:**  
2 mL

**Storage/Transport Temperature:**  
Room temperature

# Mumps Virus Antibody, IgG

LAB160

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

1-4 days.

**Additional Information:**

This test is designed to measure IgG antibody. Positive results in neonates must be interpreted with caution, since maternal IgG is transferred passively from the mother to the fetus before birth. A definitive diagnosis requires viral isolation.

Samples collected very early in the course of an infection may not have detectable levels of IgG. In such cases, it is recommended that an IgM assay be performed.

Heterotypic antibodies exist between mumps and parainfluenza virus. Therefore, to confirm the clinical diagnosis of an atypical mumps infection, it is recommended that testing for parainfluenza be done simultaneously to rule out potential cross-reactivity.

Antibody response to vaccination is lower than that of a natural mumps infection.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

## PROCESSING

**Test Code:**

MUMG

**Test Group:**

Mumps

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze serum at -20C.

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

## RESULT INTERPRETATION

**Units:**

AU/mL

**Reference Interval:**

Negative / Not-immune: &lt; 9.0

Equivocal: 9.0 - 10.9

Positive / Immune:  $\geq 11.0$ **Additional Information:**

This test is designed to measure IgG antibody. Positive results in neonates must be interpreted with caution, since maternal IgG is transferred passively from the mother to the fetus before birth. A definitive diagnosis requires viral isolation.

Samples collected very early in the course of an infection may not have detectable levels of IgG. In such cases, it is recommended that an IgM assay be performed.

Heterotypic antibodies exist between mumps and parainfluenza virus. Therefore, to confirm the clinical diagnosis of an atypical mumps infection, it is recommended that testing for parainfluenza be done simultaneously to rule out potential cross-reactivity.

Antibody response to vaccination is lower than that of a natural mumps infection.

**ADMINISTRATIVE****CPT Codes:**

86735

**LOINC Codes:**

6476-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MUMG

**Test Group:**

Mumps

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

**Specimen Preparation:**

Freeze serum at -20C.

**Units:**

AU/mL

**Reference Interval:**

Negative / Not-immune: &lt; 9.0

Equivocal: 9.0 - 10.9

Positive / Immune:  $\geq 11.0$ **Reported:**

1-4 days.

**Additional Information:**

This test is designed to measure IgG antibody. Positive results in neonates must be interpreted with caution, since maternal IgG is transferred passively from the mother to the fetus before birth. A definitive diagnosis requires viral isolation.

Samples collected very early in the course of an infection may not have detectable levels of IgG. In such cases, it is recommended that an IgM assay be performed.

Heterotypic antibodies exist between mumps and parainfluenza virus. Therefore, to confirm the clinical diagnosis of an atypical mumps infection, it is recommended that testing for parainfluenza be done simultaneously to rule out potential cross-reactivity.

Antibody response to vaccination is lower than that of a natural mumps infection.

**CPT Codes:**

86735

**LOINC Codes:**

6476-6

# Mumps Virus Antibody, IgM

LAB5627

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

Immunofluorescent assay

**Reported:**

1-4 days

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Gross hemolysis or lipemia

**Rejection Criteria:**

Gross hemolysis or lipemia

## PROCESSING

**Test Code:**

MUMM

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Gross hemolysis or lipemia

**Rejection Criteria:**

Gross hemolysis or lipemia

## RESULT INTERPRETATION

**Units:**

Titer

**Reference Interval:**

&lt; 1:20 titer

## ADMINISTRATIVE

**CPT Codes:**

86735-90

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MUMM

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

Immunofluorescent assay

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Gross hemolysis or lipemia

**Unacceptable Conditions:**

Gross hemolysis or lipemia

**Units:**

Titer

**Reference Interval:**

< 1:20 titer

**Reported:**

1-4 days

**CPT Codes:**

86735-90



# Mumps virus RNA

LAB5088

## ORDERING

**Approval Required:**

Patient's physician must discuss the case and receive approval for submission of specimens from the SF Department of Public Health Communicable Disease Control Unit (415) 554-2830. Refer to [https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Mumps\\_Testing\\_VRDL.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Mumps_Testing_VRDL.pdf) for testing guidance.

**Available Stat:**

No

**Performing Lab:**

State Viral &amp; Rickettsial Disease Lab

**Methodology:**

PCR, serology, culture (if indicated)

**Reported:**

PCR: 1 week

Culture: 3 weeks

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Buccal swab

Urine

**Collect:**

Flocked swab in Universal Transport Medium: Buccal swab

Sterile container: Urine (in cases with orchitis), first void preferable

**Amount to Collect:**

Buccal swab x1

**Preferred Volume:**

1 swab

**Minimum Volume:**

1 swab

**Remarks:**

Patient's physician must complete Viral & Rickettsial Disease Specimen Submittal Form found on CDPH website:

[https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/VRDL\\_Specimen\\_Submittal\\_Forms.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/VRDL_Specimen_Submittal_Forms.aspx)

Submit form with an APeX requisition requesting this test.

Collect buccal swab as soon as possible but not later than 9 days of onset of parotitis. Swab the inner surface of cheek with swab and place swab in Universal Transport Medium.

**Stability (from collection to initiation):**

Refrigerated 3 days.

**Rejection Criteria:**

Swab not received in suitable transport medium

## PROCESSING

**Test Code:**

P319

**Test Group:**

Mumps

**Sendout:**

Yes

**Performing Lab:**

State Viral &amp; Rickettsial Disease Lab

**Specimen Preparation:**

Freeze specimen at -70 C.

Urine: Centrifuge at 500-600 x g for 10 minutes. Resuspend the pellet in 2-3 ml of viral transport medium and freeze at -70 C. If processing is not possible, store and ship the sample at 2°- 8°C within 24 hours.

**Preferred Volume:**

1 swab

**Minimum Volume:**

1 swab

**Rejection Criteria:**

Swab not received in suitable transport medium

**Stability (from collection to initiation):**

Refrigerated 3 days.

**RESULT INTERPRETATION****Reference Interval:**

No virus detected

**COMPLETE VIEW****Approval Required:**

Patient's physician must discuss the case and receive approval for submission of specimens from the SF Department of Public Health Communicable Disease Control Unit (415) 554-2830. Refer to [https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Mumps\\_Testing\\_VRDL.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Mumps_Testing_VRDL.pdf) for testing guidance.

**Available Stat:**

No

**Test Code:**

P319

**Test Group:**

Mumps

**Performing Lab:**

State Viral &amp; Rickettsial Disease Lab

**Sendout:**

Yes

**Methodology:**

PCR, serology, culture (if indicated)

**Remarks:**

Patient's physician must complete Viral & Rickettsial Disease Specimen Submittal Form found on CDPH website:

[https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/VRDL\\_Specimen\\_Submittal\\_Forms.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/VRDL_Specimen_Submittal_Forms.aspx)

Submit form with an APeX requisition requesting this test.

Collect buccal swab as soon as possible but not later than 9 days of onset of parotitis. Swab the inner surface of cheek with swab and place swab in Universal Transport Medium.

**Collect:**

Flocked swab in Universal Transport Medium: Buccal swab

Sterile container: Urine (in cases with orchitis), first void preferable

**Amount to Collect:**

Buccal swab x1

**Sample Type:**

Buccal swab

Urine

**Preferred Volume:**

1 swab

**Minimum Volume:**

1 swab

**Rejection Criteria:**

Swab not received in suitable transport medium

**Specimen Preparation:**

Freeze specimen at -70 C.

Urine: Centrifuge at 500-600 x g for 10 minutes. Resuspend the pellet in 2-3 ml of viral transport medium and freeze at -70 C. If processing is not possible, store and ship the sample at 2°- 8°C within 24 hours.

**Reference Interval:**

No virus detected

**Stability (from collection to initiation):**

Refrigerated 3 days.

**Reported:**

PCR: 1 week  
Culture: 3 weeks

**Supplemental Test Request Form Required:**

Yes

# Muscle-Specific Kinase (MuSK) Antibody

LAB9008

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Athena via Quest

**Methodology:**

Radioimmunoassay

**Reported:**

1 week

**Additional Information:**

Detection of antibodies to muscle-specific receptor tyrosine kinase (MuSK) (titer test).

**Synonyms:**

- MuSK Autoantibody
- Muscle-specific receptor tyrosine kinase
- MUSK

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

MUSK

**Collect:**

Gold top or Red top

**Amount to Collect:**

4 mL (blood)

**Preferred Volume:**

2 mL (serum)

**Minimum Volume:**

0.5 mL (serum)

**Stability (from collection to initiation):**

Room temperature: 72 hours

Refrigerated: 42 days

Frozen: 1 year

**Rejection Criteria:**

Hemolysis, Lipemia

## PROCESSING

**Test Code:**

MUSK

**Sendout:**

Yes

**Performing Lab:**

Athena via Quest

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 18842.

**Preferred Volume:**

2 mL (serum)

**Minimum Volume:**

0.5 mL (serum)

**Rejection Criteria:**

Hemolysis, Lipemia

**Stability (from collection to initiation):**

Room temperature: 72 hours

Refrigerated: 42 days

Frozen: 1 year

**RESULT INTERPRETATION****Units:**

Titer

**Reference Interval:**

&lt; 1:10

**Additional Information:**

Detection of antibodies to muscle-specific receptor tyrosine kinase (MuSK) (titer test).

**ADMINISTRATIVE****CPT Codes:**

86366

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MUSK

**Performing Lab:**

Athena via Quest

**Sendout:**

Yes

**Methodology:**

Radioimmunoassay

**Collect:**

Gold top or Red top

**Amount to Collect:**

4 mL (blood)

**Sample Type:**

Serum

**Preferred Volume:**

2 mL (serum)

**Minimum Volume:**

0.5 mL (serum)

**Rejection Criteria:**

Hemolysis, Lipemia

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 18842.

**Units:**

Titer

**Reference Interval:**

&lt; 1:10

**Synonyms:**

- MuSK Autoantibody
- Muscle-specific receptor tyrosine kinase
- MUSK

**Stability (from collection to initiation):**

Room temperature: 72 hours

Refrigerated: 42 days

Frozen: 1 year

**Reported:**

1 week

**Additional Information:**

Detection of antibodies to muscle-specific receptor tyrosine kinase (MuSK) (titer test).

**CPT Codes:**

86366

# MYC Rearrangement Break Apart FISH

MYC, BMYC

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-Situ Hybridization

**Reported:**

1-2 weeks

**Synonyms:**

- MYC Rearrangement FISH
- MYC
- BMYC

## COLLECTION

**Sample Type:**

Heparinized blood or bone marrow aspirate  
Bone biopsy

**Collect:**

Blood or marrow aspirate: Dark Green top

**Amount to Collect:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Preferred Volume:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL  
?Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL  
Bone marrow aspirate: 1 mL  
?Bone marrow core: 1 cm

**Remarks:**

Mix blood and marrow aspirates well

**Stability (from collection to initiation):**

2 days at room temperature

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin

## PROCESSING

**Test Code:**

BMYC: Blood  
MYC: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature; Do Not Refrigerate or freeze. Do Not centrifuge.

**Preferred Volume:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL  
?Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL  
Bone marrow aspirate: 1 mL  
?Bone marrow core: 1 cm

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin

**Stability (from collection to initiation):**  
2 days at room temperature

## ADMINISTRATIVE

**CPT Codes:**  
88271 x2, 88275

**LDT or Modified FDA:**  
Yes

**LOINC Codes:**  
59050-5, 29308-4

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
BMYC: Blood  
MYC: Bone marrow

**Performing Lab:**  
Medical Genomics - Cytogenetics

**Methodology:**  
Fluorescent in-Situ Hybridization

**Remarks:**  
Mix blood and marrow aspirates well

**Collect:**  
Blood or marrow aspirate: Dark Green top

**Amount to Collect:**  
Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Sample Type:**  
Heparinized blood or bone marrow aspirate  
Bone biopsy

**Preferred Volume:**  
Blood: 2 mL  
Bone marrow aspirate: 2 mL  
?Bone marrow core: 2 cm

**Minimum Volume:**  
Blood: 1 mL  
Bone marrow aspirate: 1 mL  
?Bone marrow core: 1 cm

**Unacceptable Conditions:**  
Insufficient sample or not collected in heparin

**Specimen Preparation:**  
Maintain sample at room temperature; Do Not Refrigerate or freeze. Do Not centrifuge.

**Synonyms:**

- MYC Rearrangement FISH
- MYC
- BMYC

**Stability (from collection to initiation):**  
2 days at room temperature

**Reported:**  
1-2 weeks

**CPT Codes:**  
88271 x2, 88275

**LDT or Modified FDA:**  
Yes

**LOINC Codes:**  
59050-5, 29308-4

# Mycobacterium Tuberculosis Complex PCR

LAB5070

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Sputum, BAL and bronchial wash: Microbiology

Other sample types: Quest

**Performed:**

Monday-Friday, day shift.

**Methodology:**

PCR

**Reported:**

Sputum, BAL and bronchial wash: 48 hours

Other sample types: 4 - 7 days

**Additional Information:**

Sensitivity has been found to be lower in smear negative sputum specimens than in smear positive sputum specimens.

This test was developed and its performance characteristics have been determined by the performing laboratory. It has not been cleared or approved by the U.S. FDA.

Positive results are automatically forwarded to California Public Health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**Reflex Testing:**

Test performed automatically on first smear positive respiratory specimens. Test can be ordered w/out the reflex.

**Synonyms:**

- TB
- AFB
- tuberculosis
- MTBRESP

## COLLECTION

**Sample Type:**

Sputum, tracheal aspirate, bronchoalveolar lavage, bronchial wash

**Collect:**

Sterile, screw-cap container

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

Sputum, tracheal aspirate: 5 mL

Bronchoalveolar lavage, bronchial wash: 7 mL

**Minimum Volume:**

Sputum, tracheal aspirate: 1 mL

Bronchoalveolar lavage, bronchial wash: 2 mL

**Remarks:**

For sputum, collect first morning sputum

**Stability (from collection to initiation):**

Refrigerated 2 weeks.

**Rejection Criteria:**

Received at room temperature

## PROCESSING

**Test Code:**

P290

**Sendout:**

Sputum, BAL and bronchial wash: No

Other sample types: Yes

**Performing Lab:**

Sputum, BAL and bronchial wash: Microbiology

Other sample types: Quest



**Specimen Preparation:**

Specimens sent to Quest are accessioned as P319.

Send decontaminated and concentrated respiratory specimens to the reference lab in a sealed container. Keep specimen refrigerated and transport using cold packs.

**Preferred Volume:**

Sputum, tracheal aspirate: 5 mL

Bronchoalveolar lavage, bronchial wash: 7 mL

**Minimum Volume:**

Sputum, tracheal aspirate: 1 mL

Bronchoalveolar lavage, bronchial wash: 2 mL

**Rejection Criteria:**

Received at room temperature

**Stability (from collection to initiation):**

Refrigerated 2 weeks.

**RESULT INTERPRETATION****Reference Interval:**

Negative for Mycobacterium tuberculosis complex

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning. First positive M. tuberculosis PCR; Repeat call only for positive sample from different site or > 2 months since last call.

**Additional Information:**

Sensitivity has been found to be lower in smear negative sputum specimens than in smear positive sputum specimens.

This test was developed and its performance characteristics have been determined by the performing laboratory. It has not been cleared or approved by the U.S. FDA.

Positive results are automatically forwarded to California Public Health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**ADMINISTRATIVE****CPT Codes:**

87556-90

**LOINC Codes:**

85362-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P290

**Performing Lab:**

Sputum, BAL and bronchial wash: Microbiology

Other sample types: Quest

**Sendout:**

Sputum, BAL and bronchial wash: No

Other sample types: Yes

**Performed:**

Monday-Friday, day shift.

**Methodology:**

PCR

**Remarks:**

For sputum, collect first morning sputum

**Collect:**

Sterile, screw-cap container

**Amount to Collect:**

See preferred volume

**Sample Type:**

Sputum, tracheal aspirate, bronchoalveolar lavage, bronchial wash

**Preferred Volume:**

Sputum, tracheal aspirate: 5 mL  
Bronchoalveolar lavage, bronchial wash: 7 mL

**Minimum Volume:**

Sputum, tracheal aspirate: 1 mL  
Bronchoalveolar lavage, bronchial wash: 2 mL

**Rejection Criteria:**

Received at room temperature

**Specimen Preparation:**

Specimens sent to Quest are accessioned as P319.

Send decontaminated and concentrated respiratory specimens to the reference lab in a sealed container. Keep specimen refrigerated and transport using cold packs.

**Reference Interval:**

Negative for Mycobacterium tuberculosis complex

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning. First positive M. tuberculosis PCR; Repeat call only for positive sample from different site or > 2 months since last call.

**Synonyms:**

- TB
- AFB
- tuberculosis
- MTBRESP

**Stability (from collection to initiation):**

Refrigerated 2 weeks.

**Reported:**

Sputum, BAL and bronchial wash: 48 hours  
Other sample types: 4 - 7 days

**Reflex Testing:**

Test performed automatically on first smear positive respiratory specimens. Test can be ordered w/out the reflex.

**Additional Information:**

Sensitivity has been found to be lower in smear negative sputum specimens than in smear positive sputum specimens.

This test was developed and its performance characteristics have been determined by the performing laboratory. It has not been cleared or approved by the U.S. FDA.

Positive results are automatically forwarded to California Public Health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**CPT Codes:**

87556-90

**LOINC Codes:**

85362-2

# Mycophenolic Acid

LAB5247

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

Set up daily. Turnaround 2 days

**Synonyms:**

- CellCept
- Cell Cept
- MPA
- MPA glucuronide
- mycophenolic acid glucuronide

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

MYCPA

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Remarks:**

Optimum time to collect sample: 0.5 to 1 hr before next dose (trough) at steady state (3-5 days after treatment with oral doses).

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks, frozen 2 weeks.

**Unacceptable Conditions:**

Hemolysis, Lipemia, left at room temperature for more than 72 hrs. Collected in Gold top Specimens collected in other tube types not specified.

**Rejection Criteria:**

Hemolysis, Lipemia, left at room temperature for more than 72 hrs. Specimens collected in gel barrier tubes. Specimens collected in other tube types not specified.

## PROCESSING

**Test Code:**

MYCPA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Allow blood to clot at 15-28C for 20-30 min. Centrifuge 2500-2800 rpm for 8-10 min. Transfer serum to aliquot tubes, ship refrigerated to China Basin sendouts. Order Quest test #10662

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Hemolysis, Lipemia , left at room temperature for more than 72 hrs. Collected in Gold top Specimens collected in other tube types not specified.

**Rejection Criteria:**

Hemolysis, Lipemia , left at room temperature for more than 72 hrs. Specimens collected in gel barrier tubes. Specimens collected in other tube types not specified.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks, frozen 2 weeks.

**RESULT INTERPRETATION****Units:**

µg/mL

**Reference Interval:**

Mycophenolic acid: 1.0-3.5 µg/mL (trough)

MPA Glucuronide: 35.0-100.0 µg/mL (trough)

**Critical Values:**

Mycophenolic acid:

Quest Critical 1: < 0.5 µg/mL

Quest Priority 2: < 1.0 µg/mL or > 3.5 µg/mL

MPA Gluuronide: Priority 2 < 35 µg/mL

**ADMINISTRATIVE****CPT Codes:**

83789-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MYCPA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Remarks:**

Optimum time to collect sample: 0.5 to 1 hr before next dose (trough) at steady state (3-5 days after treatment with oral doses).

**Collect:**

Red top (Gold top **NOT** acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Rejection Criteria:**

Hemolysis, Lipemia , left at room temperature for more than 72 hrs. Specimens collected in gel barrier tubes. Specimens collected in other tube types not specified.

**Unacceptable Conditions:**

Hemolysis, Lipemia , left at room temperature for more than 72 hrs. Collected in Gold top Specimens collected in other tube types not specified.

**Specimen Preparation:**

Allow blood to clot at 15-28C for 20-30 min. Centrifuge 2500-2800 rpm for 8-10 min. Transfer serum to aliquot tubes, ship refrigerated to China Basin sendouts. Order Quest test #10662

**Units:**

µg/mL

**Reference Interval:**

Mycophenolic acid: 1.0-3.5 µg/mL (trough)  
MPA Glucuronide: 35.0-100.0 µg/mL (trough)

**Critical Values:**

Mycophenolic acid:  
Quest Critical 1: < 0.5 µg/mL  
Quest Priority 2: < 1.0 µg/mL or > 3.5 µg/mL

MPA Gluuronide: Priority 2 < 35 µg/mL

**Synonyms:**

- CellCept
- Cell Cept
- MPA
- MPA glucuronide
- mycophenolic acid glucuronide

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks, frozen 2 weeks.

**Reported:**

Set up daily. Turnaround 2 days

**CPT Codes:**

83789-90

# Mycoplasma pneumoniae Antibody

LAB656

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enzyme Immunoassay

**Reported:**

Test set up 5x per week. Turnaround 3-5 days

**Synonyms:**

- M. pneumoniae Ab

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month

## PROCESSING

**Test Code:**

MYCOP

**Test Group:**

Mycoplasma

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate sample. Order Quest test # 54619N

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month

## RESULT INTERPRETATION

**Units:**

Index

**Reference Interval:**

&lt; 0.5 Index

## ADMINISTRATIVE

**CPT Codes:**

86738-90

**LOINC Codes:**  
5253-0

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
MYCOP

**Test Group:**  
Mycoplasma

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Enzyme Immunoassay

**Collect:**  
Gold top or Red top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

**Specimen Preparation:**  
Refrigerate sample. Order Quest test # 54619N

**Units:**  
Index

**Reference Interval:**  
< 0.5 Index

**Synonyms:**  

- M. pneumoniae Ab

**Stability (from collection to initiation):**  
Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month

**Reported:**  
Test set up 5x per week. Turnaround 3-5 days

**CPT Codes:**  
86738-90

**LOINC Codes:**  
5253-0

# Mycoplasma pneumoniae DNA

LAB5088

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

Real time PCR

**Additional Information:**

Organisms may be detected by PCR prior to detection by immunological methods. This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute. It has not been cleared or approved by the U.S. FDA

**Synonyms:**

- M. pneumoniae
- P319

## COLLECTION

**Sample Type:**

Bronchial lavage/wash, sputum, NP swab, or CSF

**Collect:**

Bronchial lavage/wash, sputum: Sterile screw-cap container  
NP swab: Flocked swab in Universal Transport Medium (UTM)  
CSF: Sterile container

**Amount to Collect:**

Bronchial lavage/wash, sputum: 1 mL  
NP swab: One swab in UTM  
CSF: 1 mL

**Preferred Volume:**

Bronchial lavage/wash, sputum: 1 mL  
NP swab: One swab in UTM  
CSF: 1 mL

**Minimum Volume:**

Bronchial lavage/wash, sputum: 0.3 mL  
NP swab: One swab in UTM  
CSF: 0.5 mL

**Stability (from collection to initiation):**

Room temperature 48 hours, refrigerated 14 days, frozen 30 days

## PROCESSING

**Test Code:**

MYCODNA

**Test Group:**

Mycoplasma

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Order Quest test # 15498XRefrigerate sample during transport and freeze at -70°C on receipt at China Basin.

**Preferred Volume:**

Bronchial lavage/wash, sputum: 1 mL  
NP swab: One swab in UTM  
CSF: 1 mL

**Minimum Volume:**

Bronchial lavage/wash, sputum: 0.3 mL  
NP swab: One swab in UTM  
CSF: 0.5 mL

**Stability (from collection to initiation):**

Room temperature 48 hours, refrigerated 14 days, frozen 30 days



**RESULT INTERPRETATION****Reference Interval:**

Not detected

**Additional Information:**

Organisms may be detected by PCR prior to detection by immunological methods. This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute. It has not been cleared or approved by the U.S. FDA

**ADMINISTRATIVE****CPT Codes:**

87581-90

**LOINC Codes:**

29257-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MYCODNA

**Test Group:**

Mycoplasma

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

Real time PCR

**Collect:**

Bronchial lavage/wash, sputum: Sterile screw-cap container  
 NP swab: Flocked swab in Universal Transport Medium (UTM)  
 CSF: Sterile container

**Amount to Collect:**

Bronchial lavage/wash, sputum: 1 mL  
 NP swab: One swab in UTM  
 CSF: 1 mL

**Sample Type:**

Bronchial lavage/wash, sputum, NP swab, or CSF

**Preferred Volume:**

Bronchial lavage/wash, sputum: 1 mL  
 NP swab: One swab in UTM  
 CSF: 1 mL

**Minimum Volume:**

Bronchial lavage/wash, sputum: 0.3 mL  
 NP swab: One swab in UTM  
 CSF: 0.5 mL

**Specimen Preparation:**

Order Quest test # 15498XRefrigerate sample during transport and freeze at -70°C on receipt at China Basin.

**Reference Interval:**

Not detected

**Synonyms:**

- M. pneumoniae
- P319

**Stability (from collection to initiation):**

Room temperature 48 hours, refrigerated 14 days, frozen 30 days

**Additional Information:**

Organisms may be detected by PCR prior to detection by immunological methods. This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute. It has not been cleared or approved by the U.S. FDA

**CPT Codes:**

87581-90

**LOINC Codes:**  
29257-3

# MYD88 L265P Mutation Detection by PCR, Qualitative

LAB6255

## ORDERING

**Ordering Recommendations:**

Detection of the MYD88 L265P mutation is useful in the diagnosis of lymphoplasmacytic lymphoma/Waldenström Macroglobulinemia. This mutation results in a gain of function that drives lymphomagenesis by promoting cell survival.

**Available Stat:**

No

**Performing Lab:**

Genomic Services - Molecular Diagnostics

**Performed:**

Run 1x per week, or as needed, day shift only

**Methodology:**

PCR and allele-specific hybridization

**Reported:**

7-10 days

**Additional Information:**

MYD88 L265P mutations are present in the majority of LPL cases

- Includes Waldenström macroglobulinemia

- Marker for risk of progression from monoclonal gammopathy of undetermined significance (MGUS) IgM to Waldenström macroglobulinemia

- Mutation also detected in a low percentage of chronic lymphocytic leukemia (CLL) and diffuse large B-cell lymphoma (DLBCL) patients

Structure/Function

MYD88 gene encodes for myeloid differentiation primary response 88 (MYD88), an adaptor protein that acts as a signal transducer in the interleukin-1 and toll-like receptor signaling pathways

MYD88 L265P mutation augments cell survival through increased NF-κB activity and JAK-STAT3 signaling

Limitations:

This assay has 1% DNA sensitivity of the MYD88 L265P mutation in a background of 99% DNA without the mutation.

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- Lymphoplasmacytic lymphoma
- Waldenström macroglobulinemia

## COLLECTION

**Sample Type:**

Blood, bone marrow aspirate and FFPE sections

**Collect:**

Lavender top (EDTA)

**Preferred Volume:**

Blood: 3 mL

Bone marrow aspirate: 1 mL

FFPE: 10 micron sections x5 on uncharged, unstained, glass slides plus one H&E stained section

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 0.5 mL

FFPE: 10 micron sections x3 on uncharged, unstained, glass slides plus one H&E stained section

**Remarks:**

Do not collect the sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen at -20°C Unacceptable.

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Heparinized sample submitted.

**PROCESSING****Test Code:**

MYD88

**Performing Lab:**

Genomic Services - Molecular Diagnostics

**Specimen Preparation:**

Do not centrifuge. Refrigerate sample but do not freeze. Ship room temperature.

**Preferred Volume:**

Blood: 3 mL

Bone marrow aspirate: 1 mL

FFPE: 10 micron sections x5 on uncharged, unstained, glass slides plus one H&amp;E stained section

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 0.5 mL

FFPE: 10 micron sections x3 on uncharged, unstained, glass slides plus one H&amp;E stained section

**Unacceptable Conditions:**

Heparinized sample submitted.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen at -20C Unacceptable.

**Storage/Transport Temperature:**

Room temperature

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

MYD88 L265P mutations are present in the majority of LPL cases

•Includes Waldenström's macroglobulinemia

•Marker for risk of progression from monoclonal gammopathy of undetermined significance (MGUS) IgM to

Waldenström's macroglobulinemia

•Mutation also detected in a low percentage of chronic lymphocytic leukemia (CLL) and diffuse large B-cell lymphoma (DLBCL) patients

Structure/Function

MYD88 gene encodes for myeloid differentiation primary response 88 (MYD88), an adaptor protein that acts as a signal transducer in the interleukin-1 and toll-like receptor signaling pathways

MYD88 L265P mutation augments cell survival through increased NF-KB activity and JAK-STAT3 signaling

Limitations:

This assay has 1% DNA sensitivity of the MYD88 L265P mutation in a background of 99% DNA without the mutation.

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

**ADMINISTRATIVE****CPT Codes:**

81305

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

82140-5

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Detection of the MYD88 L265P mutation is useful in the diagnosis of lymphoplasmacytic lymphoma/Waldenström Macroglobulinemia. This mutation results in a gain of function that drives lymphomagenesis by promoting cell survival.

**Test Code:**

MYD88

**Performing Lab:**

Genomic Services - Molecular Diagnostics

**Performed:**

Run 1x per week, or as needed, day shift only

**Methodology:**

PCR and allele-specific hybridization

**Remarks:**

Do not collect the sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top (EDTA)

**Sample Type:**

Blood, bone marrow aspirate and FFPE sections

**Preferred Volume:**

Blood: 3 mL

Bone marrow aspirate: 1 mL

FFPE: 10 micron sections x5 on uncharged, unstained, glass slides plus one H&E stained section

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 0.5 mL

FFPE: 10 micron sections x3 on uncharged, unstained, glass slides plus one H&E stained section

**Unacceptable Conditions:**

Heparinized sample submitted.

**Specimen Preparation:**

Do not centrifuge. Refrigerate sample but do not freeze. Ship room temperature.

**Reference Interval:**

Negative

**Synonyms:**

- Lymphoplasmacytic lymphoma
- Waldenstrom macroglobulinemia

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen at -20C Unacceptable.

**Reported:**

7-10 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

MYD88 L265P mutations are present in the majority of LPL cases

•Includes Waldenström's macroglobulinemia

•Marker for risk of progression from monoclonal gammopathy of undetermined significance (MGUS) IgM to Waldenström's macroglobulinemia

•Mutation also detected in a low percentage of chronic lymphocytic leukemia (CLL) and diffuse large B-cell lymphoma (DLBCL) patients

Structure/Function

MYD88 gene encodes for myeloid differentiation primary response 88 (MYD88), an adaptor protein that acts as a signal transducer in the interleukin-1 and toll-like receptor signaling pathways

MYD88 L265P mutation augments cell survival through increased NF-KB activity and JAK-STAT3 signaling

Limitations:

This assay has 1% DNA sensitivity of the MYD88 L265P mutation in a background of 99% DNA without the mutation.

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

**CPT Codes:**

81305

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

82140-5

# Myelin Associated Glycoprotein (MAG) Antibody, IgM

LAB3509

## ORDERING

**Approval Required:**

Use restricted to Neurology service.

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

EIA

**Reported:**

Performed 2x per week. Turn around 5-7 days

**Additional Information:**

MAG (myelin-associated glycoprotein) antibodies are commonly associated with demyelinating sensory-motor neuropathies.

**Synonyms:**

- myelin associated glycoprotein
- MAG
- MAG ANTIBODY

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

MAGM

**Collect:**

Red top (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 week, frozen at -20C 1 month.

**Rejection Criteria:**

Received at room temperature

## PROCESSING

**Test Code:**

MAGM

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate sample. Order Quest # 34134N

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Rejection Criteria:**

Received at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 week, frozen at -20C 1 month.

## RESULT INTERPRETATION

**Units:**

titer

**Reference Interval:**

Normal: &lt; 1:1600

Moderately Elevated: 1:1600-1:3200

Highly Elevated: &gt;= 1:6400

**Additional Information:**

MAG (myelin-associated glycoprotein) antibodies are commonly associated with demyelinating sensory-motor neuropathies.

**ADMINISTRATIVE****CPT Codes:**

83520-90

**LOINC Codes:**

39087-2

**COMPLETE VIEW****Approval Required:**

Use restricted to Neurology service.

**Available Stat:**

No

**Test Code:**

MAGM

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

EIA

**Collect:**

Red top (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Rejection Criteria:**

Received at room temperature

**Specimen Preparation:**

Refrigerate sample. Order Quest # 34134N

**Units:**

titer

**Reference Interval:**

Normal: &lt; 1:1600

Moderately Elevated: 1:1600-1:3200

Highly Elevated: &gt;= 1:6400

**Synonyms:**

- myelin associated glycoprotein
- MAG
- MAG ANTIBODY

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 week, frozen at -20C 1 month.

**Reported:**

Performed 2x per week. Turn around 5-7 days

**Additional Information:**

MAG (myelin-associated glycoprotein) antibodies are commonly associated with demyelinating sensory-motor neuropathies.

**CPT Codes:**

83520-90

**LOINC Codes:**

39087-2



# Myelodysplastic Syndrome FISH Panel

CYMDS, BCYMDS

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Monday - Friday day shift

**Methodology:**

Fluorescence in situ Hybridization (FISH)

**Reported:**

1-2 weeks

**Additional Information:**

Includes FISH probes for the following markers: Trisomy 8, Deletion 20Q, Monosomy 5, Deletion 5q, Monosomy 7.

The individual FISH markers are orderable separately

**Synonyms:**

- M5D5Q
- M7D7Q
- TRIS8
- DEL20Q
- Myelodysplasia
- pre-leukemia
- Trisomy 8
- Deletion 20Q
- Monosomy 5
- Deletion 5q
- Monosomy 7
- Deletion 7q
- MDS
- CYMDS
- BCYMDS

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow aspirate or bone marrow biopsy core

**Collect:**

Dark green top

**Amount to Collect:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow core: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow core: 1 cm

**Remarks:**

Transport samples at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Frozen, cracked or mislabeled containers

## PROCESSING

**Test Code:**

BCYMDS: Blood  
CYMDS: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Do not centrifuge, store a room temperature. Transport samples to Cytogenetics as soon as possible.

**Preferred Volume:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
?Bone marrow core: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
Bone marrow aspirate: 1 mL  
?Bone marrow core: 1 cm

**Unacceptable Conditions:**

Frozen, cracked or mislabeled containers

**Stability (from collection to initiation):**

Room temperature 2 days

**RESULT INTERPRETATION****Additional Information:**

Includes FISH probes for the following markers: Trisomy 8, Deletion 20Q, Monosomy 5, Deletion 5q, Monosomy 7.

The individual FISH markers are orderable separately

**ADMINISTRATIVE****CPT Codes:**

88271 x6, 88275 x4

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BCYMDS: Blood  
CYMDS: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Monday - Friday day shift

**Methodology:**

Fluorescence in situ Hybridization (FISH)

**Remarks:**

Transport samples at room temperature

**Collect:**

Dark green top

**Amount to Collect:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Sample Type:**

Heparinized whole blood, bone marrow aspirate or bone marrow biopsy core

**Preferred Volume:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
?Bone marrow core: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
Bone marrow aspirate: 1 mL  
?Bone marrow core: 1 cm

**Unacceptable Conditions:**

Frozen, cracked or mislabeled containers

**Specimen Preparation:**

Do not centrifuge, store a room temperature. Transport samples to Cytogenetics as soon as possible.

**Synonyms:**

- M5D5Q
- M7D7Q
- TRIS8
- DEL20Q
- Myelodysplasia
- pre-leukemia
- Trisomy 8
- Deletion 20Q
- Monosomy 5
- Deletion 5q
- Monosomy 7
- Deletion 7q
- MDS
- CYMDS
- BCMDS

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**Additional Information:**

Includes FISH probes for the following markers: Trisomy 8, Deletion 20Q, Monosomy 5, Deletion 5q, Monosomy 7.

The individual FISH markers are orderable separately

**CPT Codes:**

88271 x6, 88275 x4

**LDT or Modified FDA:**

Yes

# Myeloid Multigene Panel

MYEBL, MYENB

## ORDERING

### Ordering Recommendations:

Determine DNA variants and their allele frequencies in genes commonly mutated in myeloid malignancies and related disorders, at diagnosis, relapse and during remission. This assay serves as a primary approach and a complement to morphology, immunophenotyping by flow cytometry and cytogenetic workups.

### Performing Lab:

Genomic Services - Molecular Diagnostics

### Performed:

Run 1x per week, or as needed, day shift only

### Methodology:

DNA extraction and Next Generation DNA sequencing (NGS) on the Illumina platform

### Reported:

6-14 days

### Additional Information:

This Myeloid Multi Gene Panel (MMGP) Next Generation Sequencing test detects and determines the variant allele frequency (VAF) of DNA variants in exons and flanking splice sites in 52 genes (listed below) that are commonly mutated in myeloid malignancies. Pathogenicity of the detected DNA variants are reported based on established criteria in databases such as ClinVar and COSMIC, while Variants of Unknown Significance (VUS) are reported based on their potential disruption of gene and/or protein function and whether they are unlisted or occur at very low allelic frequencies in general population databases such as GnomAD.

This assay is particularly relevant for the detection of DNA variants at diagnosis of suspected myeloid malignancies and for minimal residual disease (MRD) monitoring at relapse and during remission. The sensitivity of mutation detection of this assay routinely down to 1% variant allele frequency (VAF) includes FLT3-ITD and other variants, which can also be reported at < 1% when monitoring for previously detected variants in the same patient.

#### Myeloid Multi Gene Panel

ABL1, ASXL1, BCOR, BCORL1, BRAF, CALR, CBL, CDKN2A, CEBPA, CSF3R, CUX1, DDX41, DNMT3A, ETV6, EZH2, FLT3, GATA2, GNAS, HRAS, IDH1, IDH2, JAK2, JAK3, KIT, KMT2A, KRAS, MPL, NF1, NPM1, NRAS, PHF6, PIGA, PPM1D, PRPF8, PTEN, PTPN11, RAD21, RRAS2, RUNX1, SETBP1, SF3B1, SH2B3, SMC3, SRSF2, STAG2, STAT3, STAT5B, TET2, TP53, U2AF1, WT1 and ZRSR2.

### Reflex Testing:

To determine the FLT3 ITD allele ratio, an automatic reflex FLT3 assay by capillary electrophoresis (CE) will be ordered (with an additional charge) if a FLT3 ITD is detected and the FLT3 CE assay was not previously ordered on the same specimen. To skip this reflex test, please call the lab directly at (415)514-8488 or email ClinLabMDx@ucsf.edu.

### Synonyms:

- MYEBL
- MYENB
- Acute myeloid leukemia (AML)
- Chronic myeloid leukemia (CML)
- Myeloproliferative disorders (MPD)
- Myelodysplastic syndromes (MDS)
- Next Generation Sequencing (NGS)

## COLLECTION

### Sample Type:

Tumor sample: EDTA whole blood, Bone marrow aspirate and FFPE tissue

Germline sample: Buccal swabs

### Collect:

Lavender top (EDTA)

### Preferred Volume:

Tumor Sample

Blood: 3 mL

Bone marrow aspirate: 3 mL

FFPE: 10 micron sections x5 on uncharged, unstained, glass slides

Germline Sample

Collect 4-6 cytobrushes/cotton swabs on each side of the mouth, place swabs in transport tubes, 2 swabs per tube.

**Minimum Volume:**

Tumor Sample  
Blood: 2 mL  
Bone marrow aspirate: 2 mL  
FFPE: 10 micron sections x3 on uncharged, unstained, glass slides

**Germline Sample**

Collect 2-4 cytobrushes/cotton swabs on each side of the mouth, place swabs in transport tubes, 2 swabs per tube.

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C unacceptable.

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Heparinized sample submitted.

**PROCESSING****Test Code:**

MYEBL: Blood  
MYENB: Non-blood

**Performing Lab:**

Genomic Services - Molecular Diagnostics

**Preferred Volume:**

Tumor Sample  
Blood: 3 mL  
Bone marrow aspirate: 3 mL  
FFPE: 10 micron sections x5 on uncharged, unstained, glass slides

**Germline Sample**

Collect 4-6 cytobrushes/cotton swabs on each side of the mouth, place swabs in transport tubes, 2 swabs per tube.

**Minimum Volume:**

Tumor Sample  
Blood: 2 mL  
Bone marrow aspirate: 2 mL  
FFPE: 10 micron sections x3 on uncharged, unstained, glass slides

**Germline Sample**

Collect 2-4 cytobrushes/cotton swabs on each side of the mouth, place swabs in transport tubes, 2 swabs per tube.

**Unacceptable Conditions:**

Heparinized sample submitted.

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C unacceptable.

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

This Myeloid Multi Gene Panel (MMGP) Next Generation Sequencing test detects and determines the variant allele frequency (VAF) of DNA variants in exons and flanking splice sites in 52 genes (listed below) that are commonly mutated in myeloid malignancies. Pathogenicity of the detected DNA variants are reported based on established criteria in databases such as ClinVar and COSMIC, while Variants of Unknown Significance (VUS) are reported based on their potential disruption of gene and/or protein function and whether they are unlisted or occur at very low allelic frequencies in general population databases such as GnomAD.

This assay is particularly relevant for the detection of DNA variants at diagnosis of suspected myeloid malignancies and for minimal residual disease (MRD) monitoring at relapse and during remission. The sensitivity of mutation detection of this assay routinely down to 1% variant allele frequency (VAF) includes FLT3-ITD and other variants, which can also be reported at < 1% when monitoring for previously detected variants in the same patient.

**Myeloid Multi Gene Panel**

ABL1, ASXL1, BCOR, BCORL1, BRAF, CALR, CBL, CDKN2A, CEBPA, CSF3R, CUX1, DDX41, DNMT3A, ETV6, EZH2, FLT3, GATA2, GNAS, HRAS, IDH1, IDH2, JAK2, JAK3, KIT, KMT2A, KRAS, MPL, NF1, NPM1, NRAS, PHF6, PIGA, PPM1D, PRPF8, PTEN, PTPN11, RAD21, RRAS2, RUNX1, SETBP1, SF3B1, SH2B3, SMC3, SRSF2, STAG2, STAT3, STAT5B, TET2, TP53, U2AF1, WT1 and ZRSR2.

**ADMINISTRATIVE****CPT Codes:**

81450

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Ordering Recommendations:**

Determine DNA variants and their allele frequencies in genes commonly mutated in myeloid malignancies and related disorders, at diagnosis, relapse and during remission. This assay serves as a primary approach and a complement to morphology, immunophenotyping by flow cytometry and cytogenetic workups.

**Test Code:**

MYEBL: Blood

MYENB: Non-blood

**Performing Lab:**

Genomic Services - Molecular Diagnostics

**Performed:**

Run 1x per week, or as needed, day shift only

**Methodology:**

DNA extraction and Next Generation DNA sequencing (NGS) on the Illumina platform

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top (EDTA)

**Sample Type:**

Tumor sample: EDTA whole blood, Bone marrow aspirate and FFPE tissue

Germline sample: Buccal swabs

**Preferred Volume:**

Tumor Sample

Blood: 3 mL

Bone marrow aspirate: 3 mL

FFPE: 10 micron sections x5 on uncharged, unstained, glass slides

Germline Sample

Collect 4-6 cytobrushes/cotton swabs on each side of the mouth, place swabs in transport tubes, 2 swabs per tube.

**Minimum Volume:**

Tumor Sample

Blood: 2 mL

Bone marrow aspirate: 2 mL

FFPE: 10 micron sections x3 on uncharged, unstained, glass slides

Germline Sample

Collect 2-4 cytobrushes/cotton swabs on each side of the mouth, place swabs in transport tubes, 2 swabs per tube.

**Unacceptable Conditions:**

Heparinized sample submitted.

**Reference Interval:**

Negative

**Synonyms:**

- MYEBL
- MYENB
- Acute myeloid leukemia (AML)
- Chronic myeloid leukemia (CML)
- Myeloproliferative disorders (MPD)
- Myelodysplastic syndromes (MDS)
- Next Generation Sequencing (NGS)

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C unacceptable.

**Reported:**

6-14 days

**Reflex Testing:**

To determine the FLT3 ITD allele ratio, an automatic reflex FLT3 assay by capillary electrophoresis (CE) will be ordered (with an additional charge) if a FLT3 ITD is detected and the FLT3 CE assay was not previously ordered on the same specimen. To skip this reflex test, please call the lab directly at (415)514-8488 or email ClinLabMDx@ucsf.edu.

**Additional Information:**

This Myeloid Multi Gene Panel (MMGP) Next Generation Sequencing test detects and determines the variant allele frequency (VAF) of DNA variants in exons and flanking splice sites in 52 genes (listed below) that are commonly mutated in myeloid malignancies. Pathogenicity of the detected DNA variants are reported based on established criteria in databases such as ClinVar and COSMIC, while Variants of Unknown Significance (VUS) are reported based on their potential disruption of gene and/or protein function and whether they are unlisted or occur at very low allelic frequencies in general population databases such as GnomAD.

This assay is particularly relevant for the detection of DNA variants at diagnosis of suspected myeloid malignancies and for minimal residual disease (MRD) monitoring at relapse and during remission. The sensitivity of mutation detection of this assay routinely down to 1% variant allele frequency (VAF) includes FLT3-ITD and other variants, which can also be reported at < 1% when monitoring for previously detected variants in the same patient.

**Myeloid Multi Gene Panel**

ABL1, ASXL1, BCOR, BCORL1, BRAF, CALR, CBL, CDKN2A, CEBPA, CSF3R, CUX1, DDX41, DNMT3A, ETV6, EZH2, FLT3, GATA2, GNAS, HRAS, IDH1, IDH2, JAK2, JAK3, KIT, KMT2A, KRAS, MPL, NF1, NPM1, NRAS, PHF6, PIGA, PPM1D, PRPF8, PTEN, PTPN11, RAD21, RAS2, RUNX1, SETBP1, SF3B1, SH2B3, SMC3, SRSF2, STAG2, STAT3, STAT5B, TET2, TP53, U2AF1, WT1 and ZRSR2.

**CPT Codes:**

81450

**LDT or Modified FDA:**

Yes

# Myeloid Multigene Panel with RNA fusions

MYEBMX, MYEBLX

## ORDERING

### Ordering Recommendations:

Determine mutations that may be relevant for the diagnosis and/or prognosis of AML, myelodysplastic syndromes, myeloproliferative neoplasms or other overlap disorders.

### Performing Lab:

Genomic Services - Molecular Diagnostics

### Performed:

Run 1x per week, or as needed, day shift only

### Methodology:

DNA & RNA extraction and Next Generation DNA sequencing (NGS)

### Reported:

10-14 days

### Additional Information:

Myeloid malignancies are clonal disorders of hematopoietic stem and progenitor cells that include myelodysplastic syndromes (MDS), myeloproliferative neoplasms (MPN), myelodysplastic/myeloproliferative neoplasms (MDS/MPN), and acute myeloid leukemia (AML). Mutations in specific genes may be clinically relevant for the diagnosis, prognosis and management of myeloid disorders. The exquisite sensitivity of mutation detection by Next Generation Sequencing (NGS) is particularly relevant for the detection of minimal residual disease (MRD) at various stages of treatment and during remission. This test can serve as a primary or complement flow and cytogenetic workup of myeloid malignancies. It can also detect over 200 RNA fusions that have been known to be associated with myeloid disorders.

Genes on the NGS Panel

ABL1, ASXL1, BRAF, CALR, CBL, CEBPA, CSF3R, DNMT3A, ETV6, EZH2, FLT3, HRAS, IDH1, IDH2, JAK2, KIT, KRAS, MPL, NPM1, NRAS, PTPN11, RUNX1, SETBP1, SF3B1, SRSF2, TET2, TP53, U2AF1, WT1, & ZRSR2

### Reflex Testing:

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

### Synonyms:

- MYEBMX
- MYEBLX
- Acute myeloid leukemia (AML)
- Aplastic anemia (AA)
- Chronic myeloid leukemias (CML)
- Myeloproliferative disorders (MPD)
- Myelodysplastic syndromes (MDS)

## COLLECTION

### Sample Type:

Blood and bone marrow aspirate

### Collect:

Lavender top (EDTA)

### Preferred Volume:

Blood: 3 mL

Bone marrow aspirate: 3 mL

### Minimum Volume:

Blood: 2 mL

Bone marrow aspirate: 2 mL

### Remarks:

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

### Stability (from collection to initiation):

Refrigerated 3 days, frozen at -20C unacceptable.

### Storage/Transport Temperature:

Refrigerated

### Unacceptable Conditions:

Heparinized sample submitted.

## PROCESSING

### Test Code:

MYEBMX: Non blood

MYEBLX: Blood



**Performing Lab:**

Genomic Services - Molecular Diagnostics

**Specimen Preparation:**

Do not centrifuge. Refrigerate sample but do not freeze. Ship refrigerated.

**Preferred Volume:**

Blood: 3 mL

Bone marrow aspirate: 3 mL

**Minimum Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

**Unacceptable Conditions:**

Heparinized sample submitted.

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen at -20C unacceptable.

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Additional Information:**

Myeloid malignancies are clonal disorders of hematopoietic stem and progenitor cells that include myelodysplastic syndromes (MDS), myeloproliferative neoplasms (MPN), myelodysplastic/myeloproliferative neoplasms (MDS/MPN), and acute myeloid leukemia (AML). Mutations in specific genes may be clinically relevant for the diagnosis, prognosis and management of myeloid disorders. The exquisite sensitivity of mutation detection by Next Generation Sequencing (NGS) is particularly relevant for the detection of minimal residual disease (MRD) at various stages of treatment and during remission. This test can serve as a primary or complement flow and cytogenetic workup of myeloid malignancies. It can also detect over 200 RNA fusions that have been known to be associated with myeloid disorders.

Genes on the NGS Panel

ABL1, ASXL1, BRAF, CALR, CBL, CEBPA, CSF3R, DNMT3A, ETV6, EZH2, FLT3, HRAS, IDH1, IDH2, JAK2, KIT, KRAS, MPL, NPM1, NRAS, PTPN11, RUNX1, SETBP1, SF3B1, SRSF2, TET2, TP53, U2AF1, WT1, & ZRSR2

**ADMINISTRATIVE****CPT Codes:**

81450, 81455

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Ordering Recommendations:**

Determine mutations that may be relevant for the diagnosis and/or prognosis of AML, myelodysplastic syndromes, myeloproliferative neoplasms or other overlap disorders.

**Test Code:**

MYEBMX: Non blood

MYEBLX: Blood

**Performing Lab:**

Genomic Services - Molecular Diagnostics

**Performed:**

Run 1x per week, or as needed, day shift only

**Methodology:**

DNA &amp; RNA extraction and Next Generation DNA sequencing (NGS)

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top (EDTA)

**Sample Type:**

Blood and bone marrow aspirate

**Preferred Volume:**

Blood: 3 mL

Bone marrow aspirate: 3 mL

**Minimum Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

**Unacceptable Conditions:**

Heparinized sample submitted.

**Specimen Preparation:**

Do not centrifuge. Refrigerate sample but do not freeze. Ship refrigerated.

**Synonyms:**

- MYEBMX
- MYEBLX
- Acute myeloid leukemia (AML)
- Aplastic anemia (AA)
- Chronic myeloid leukemias (CML)
- Myeloproliferative disorders (MPD)
- Myelodysplastic syndromes (MDS)

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen at -20C unacceptable.

**Reported:**

10-14 days

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

Myeloid malignancies are clonal disorders of hematopoietic stem and progenitor cells that include myelodysplastic syndromes (MDS), myeloproliferative neoplasms (MPN), myelodysplastic/myeloproliferative neoplasms (MDS/MPN), and acute myeloid leukemia (AML). Mutations in specific genes may be clinically relevant for the diagnosis, prognosis and management of myeloid disorders. The exquisite sensitivity of mutation detection by Next Generation Sequencing (NGS) is particularly relevant for the detection of minimal residual disease (MRD) at various stages of treatment and during remission. This test can serve as a primary or complement flow and cytogenetic workup of myeloid malignancies. It can also detect over 200 RNA fusions that have been known to be associated with myeloid disorders.

Genes on the NGS Panel

ABL1, ASXL1, BRAF, CALR, CBL, CEBPA, CSF3R, DNMT3A, ETV6, EZH2, FLT3, HRAS, IDH1, IDH2, JAK2, KIT, KRAS, MPL, NPM1, NRAS, PTPN11, RUNX1, SETBP1, SF3B1, SRSF2, TET2, TP53, U2AF1, WT1, & ZRSR2

**CPT Codes:**

81450, 81455

**LDT or Modified FDA:**

Yes

# Myeloperoxidase detection by flow cytometry

MPO

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Saturday (day shift)

**Methodology:**

Flow cytometry

**Reported:**

Results phoned within 48 hours. Written interpretive report sent within 7 days.

**Additional Information:**

This test is generally only performed when results from the peroxidase stain performed in the Hematology section are negative or equivocal. This test is performed as part of the Leukemia/Lymphoma markers evaluation.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- MPO
- Leukemia phenotyping
- flow cytometry

## COLLECTION

**Sample Type:**

EDTA whole blood, Marrow, Unfixed tissue

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

Amount of specimen needed varies call Immunology, x3-1712, for consultation.

## PROCESSING

**Test Code:**

MPO

**Performing Lab:**

Immunology

**Specimen Preparation:**

Typically ordered by Immunology only, if order received on a requisition contact Immunology to confirm.

This test is often confused with the test for Anti-Neutrophil antibodies (ANCA). Clarify what the requester is actually asking for.

Do not refrigerate

**Preferred Volume:**

Amount of specimen needed varies call Immunology, x3-1712, for consultation.

## RESULT INTERPRETATION

**Additional Information:**

This test is generally only performed when results from the peroxidase stain performed in the Hematology section are negative or equivocal. This test is performed as part of the Leukemia/Lymphoma markers evaluation.

## ADMINISTRATIVE

**CPT Codes:**

88346

**LDT or Modified FDA:**

Yes

**LOINC Codes:**  
32759-3

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
MPO

**Performing Lab:**  
Immunology

**Performed:**  
Monday-Saturday (day shift)

**Methodology:**  
Flow cytometry

**Collect:**  
Lavender top

**Amount to Collect:**  
3 mL blood

**Sample Type:**  
EDTA whole blood, Marrow, Unfixed tissue

**Preferred Volume:**  
Amount of specimen needed varies call Immunology, x3-1712, for consultation.

**Specimen Preparation:**  
Typically ordered by Immunology only, if order received on a requisition contact Immunology to confirm.

This test is often confused with the test for Anti-Neutrophil antibodies (ANCA). Clarify what the requester is actually asking for.

Do not refrigerate

**Synonyms:**

- MPO
- Leukemia phenotyping
- flow cytometry

**Reported:**  
Results phoned within 48 hours. Written interpretive report sent within 7 days.

**Reflex Testing:**  
An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**  
This test is generally only performed when results from the peroxidase stain performed in the Hematology section are negative or equivocal. This test is performed as part of the Leukemia/Lymphoma markers evaluation.

**CPT Codes:**  
88346

**LDT or Modified FDA:**  
Yes

**LOINC Codes:**  
32759-3

# Myoglobin, Urine

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Electrochemiluminescent Immunoassay

**Reported:**

Within 24 hours

**Synonyms:**

- Rhabdomyolysis
- myoglobinuria
- Urine myoglobin
- MOLT

## COLLECTION

**Sample Type:**

Random urine; ARUP Standard Transport Tube prefilled with Sodium Carbonate (ARUP) supply #48096

**Label Abbreviation:**

MOLT

**Collect:**

Random or 24-hour urine. Refrigerate during collection.

**Preferred Volume:**

4 mL

**Minimum Volume:**

0.5 mL

**Stability (from collection to initiation):**

pH 8-9: Ambient: 4 hours; Refrigerated: 72 hours; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**Rejection Criteria:**

Test received in non-Myoglobin Transport Tube. pH &lt; 8.0, past stability or unrefrigerated

## PROCESSING

**Test Code:**

MOLT

**ARUP Test Code:**

0020223

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Thoroughly mix entire collection, then, perform one of the two processing options below:

Option 1: Immediately after collection, adjust pH to 8-9 by adding 10 percent Na<sub>2</sub>CO<sub>3</sub>. Transfer 1 mL aliquot urine to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Option 2: Immediately after collection, transfer a maximum of 4 mL urine to an ARUP Standard Transport Tube prefilled with Sodium Carbonate (ARUP) supply #48096). (Min: 0.5 mL) Available online through eSupply using ARUP Connect or contact ARUP Client Services at (800) 522-2787.

**Preferred Volume:**

4 mL

**Minimum Volume:**

0.5 mL

**Rejection Criteria:**

Test received in non-Myoglobin Transport Tube. pH &lt; 8.0, past stability or unrefrigerated

**Stability (from collection to initiation):**

pH 8-9: Ambient: 4 hours; Refrigerated: 72 hours; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

0-1 mg/L

**Interpretive Data:**

Patients with urine myoglobin greater than 15 mg/L are at risk of acute renal failure. Usual results are less than 1 mg/L. Results between 1 and 15 mg/L are associated with vigorous exercise, myocardial infarct, mild muscle injury, and other conditions.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

83874

**LOINC:**

- 2641-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT

**ARUP Test Code:**

0020223

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Electrochemiluminescent Immunoassay

**Collect:**

Random or 24-hour urine. Refrigerate during collection.

**Sample Type:**

Random urine; ARUP Standard Transport Tube prefilled with Sodium Carbonate (ARUP) supply #48096

**Preferred Volume:**

4 mL

**Minimum Volume:**

0.5 mL

**Rejection Criteria:**

Test received in non-Myoglobin Transport Tube. pH &lt; 8.0, past stability or unrefrigerated

**Specimen Preparation:**

Thoroughly mix entire collection, then, perform one of the two processing options below:

Option 1: Immediately after collection, adjust pH to 8-9 by adding 10 percent Na<sub>2</sub>CO<sub>3</sub>. Transfer 1 mL aliquot urine to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Option 2: Immediately after collection, transfer a maximum of 4 mL urine to an ARUP Standard Transport Tube prefilled with Sodium Carbonate (ARUP) supply #48096. (Min: 0.5 mL) Available online through eSupply using ARUP Connect or contact ARUP Client Services at (800) 522-2787.

**Reference Interval:**

0-1 mg/L

**Interpretive Data:**

Patients with urine myoglobin greater than 15 mg/L are at risk of acute renal failure. Usual results are less than 1 mg/L. Results between 1 and 15 mg/L are associated with vigorous exercise, myocardial infarct, mild muscle injury, and other conditions.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Rhabdomyolysis
- myoglobinuria
- Urine myoglobin
- MOLT

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

pH 8-9: Ambient: 4 hours; Refrigerated: 72 hours; Frozen: 1 month

**Reported:**

Within 24 hours

**CPT Codes:**

83874

**LOINC:**

- 2641-9

# N Methylhistamine Random

LAB6161

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

LC-MS/MS

**Reported:**

3-7 days

**Additional Information:**

Screening for and monitoring of mastocytosis and disorders of systemic mast-cell activation, such as anaphylaxis and other forms of severe systemic allergic reactions

Monitoring therapeutic progress in conditions that are associated with secondary, localized, low-grade persistent, mast-cell proliferation and activation such as interstitial cystitis

**Synonyms:**

- 1-Methylhistamine
- Histamine Metabolites
- Urinary N-Methylhistamine

## COLLECTION

**Sample Type:**

Urine

**Collect:**

Urine container

**Amount to Collect:**

5 mL

**Preferred Volume:**

5 mL

**Minimum Volume:**

3 mL

**Remarks:**

No preservative required.

**Stability (from collection to initiation):**

Refrigerated (preferred): 8 days

Frozen: 14 days

Ambient: 24 hours

## PROCESSING

**Test Code:**

NMHIN

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Aliquot and freeze specimen. Transport to CB frozen. Order Mayo test code NMHIN.

**Preferred Volume:**

5 mL

**Minimum Volume:**

3 mL

**Stability (from collection to initiation):**

Refrigerated (preferred): 8 days

Frozen: 14 days

Ambient: 24 hours

## RESULT INTERPRETATION



**Units:**

mcg/g Cr

**Reference Interval:**

30-200

**Additional Information:**

Screening for and monitoring of mastocytosis and disorders of systemic mast-cell activation, such as anaphylaxis and other forms of severe systemic allergic reactions

Monitoring therapeutic progress in conditions that are associated with secondary, localized, low-grade persistent, mast-cell proliferation and activation such as interstitial cystitis

**ADMINISTRATIVE****CPT Codes:**

82542-90

**LOINC Codes:**

44340-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

NMHIN

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

LC-MS/MS

**Remarks:**

No preservative required.

**Collect:**

Urine container

**Amount to Collect:**

5 mL

**Sample Type:**

Urine

**Preferred Volume:**

5 mL

**Minimum Volume:**

3 mL

**Specimen Preparation:**

Aliquot and freeze specimen. Transport to CB frozen. Order Mayo test code NMHIN.

**Units:**

mcg/g Cr

**Reference Interval:**

30-200

**Synonyms:**

- 1-Methylhistamine
- Histamine Metabolites
- Urinary N-Methylhistamine

**Stability (from collection to initiation):**

Refrigerated (preferred): 8 days

Frozen: 14 days

Ambient: 24 hours

**Reported:**

3-7 days

**Additional Information:**

Screening for and monitoring of mastocytosis and disorders of systemic mast-cell activation, such as anaphylaxis and other forms of severe systemic allergic reactions

Monitoring therapeutic progress in conditions that are associated with secondary, localized, low-grade persistent, mast-cell proliferation and activation such as interstitial cystitis

**CPT Codes:**

82542-90

**LOINC Codes:**

44340-8

# N-acetylaspargate quantitation

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

UC San Diego

**Methodology:**

GC-MS

**Reported:**

7 days

**Additional Information:**

Gross elevations may be useful in the diagnosis of Canavan disease.

**References:**

Matalon R. 1997 Canavan disease: diagnosis and molecular analysis Genet. Test 1:21-25

Matalon R, Michals K, Sebesta D, Deanching M, Gashkoff P, Casanova J. 1988. Aspartoacylase deficiency and N-acetylaspargic aciduria in patients with Canavan disease. Amer. J. Med Genet. 29:463-471.

## COLLECTION

**Sample Type:**

Random urine w/out preservative

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

20 mL urine

**Minimum Volume:**

5 mL urine

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

UC San Diego

**Specimen Preparation:**

Freeze at -20C and ship on dry ice

**Preferred Volume:**

20 mL urine

**Minimum Volume:**

5 mL urine

## RESULT INTERPRETATION

**Additional Information:**

Gross elevations may be useful in the diagnosis of Canavan disease.

**References:**

Matalon R. 1997 Canavan disease: diagnosis and molecular analysis Genet. Test 1:21-25

Matalon R, Michals K, Sebesta D, Deanching M, Gashkoff P, Casanova J. 1988. Aspartoacylase deficiency and N-acetylaspargic aciduria in patients with Canavan disease. Amer. J. Med Genet. 29:463-471.

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

UC San Diego

**Sendout:**

Yes

**Methodology:**

GC-MS

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine w/out preservative

**Preferred Volume:**

20 mL urine

**Minimum Volume:**

5 mL urine

**Specimen Preparation:**

Freeze at -20C and ship on dry ice

**Reported:**

7 days

**Additional Information:**

Gross elevations may be useful in the diagnosis of Canavan disease.

**References:**

Matalon R. 1997 Canavan disease: diagnosis and molecular analysis Genet. Test 1:21-25

Matalon R, Michals K, Sebesta D, Deanching M, Gashkoff P, Casanova J. 1988. Aspartoacylase deficiency and N-acetylaspartic aciduria in patients with Canavan disease. Amer. J. Med Genet. 29:463-471.

# Naive and memory T-cell subsets, CD45RA/CD45RO quantitation for Peripheral Blood by Flow Cytometry

LAB3231

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift). Samples must arrive in hospital lab by 11am to get onto latest 11:45am courier.

**Methodology:**

Flow cytometry

**Reported:**

2-3 days

**Additional Information:**

T-cell subsets (CD3/CD4/CD8 Test code:THS) or Lymphocyte subsets (T/B/NK-cell Test code: TBNK) MUST be ordered together with this test in order to calculate absolute cell counts.

**Reflex Testing:**

If none is ordered on the same sample, lab will automatically order Lymphocyte subsets (T/B/NK-cell which will be charged separately.

**Synonyms:**

- CD45RO
- CD45RA
- CD45RA/RO
- CD45RA/CD45RO
- flow cytometry

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 ml blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:**

Collect only Monday - Friday. Do not draw samples for this test on weekends and UCSF observed holidays. Samples drawn on Friday and the day before holidays must be received in the hospital lab by 11am (to get onto latest 11:45am courier) or they cannot be processed.

**Stability (from collection to initiation):**

Room temperature 48 hrs

**Unacceptable Conditions:**

Refrigerated sample. Sample &gt; 48 hours old.

## PROCESSING

**Test Code:**

RARO

**Test Group:**

CD

**Performing Lab:**

Immunology

**Specimen Preparation:**

DO NOT refrigerate, store at room temperature and ship to China Basin.

Order TBNK on a sample collected within 24 hours of RARO sample, if not already ordered on the same sample.

Samples received on weekends and UCSF holidays will not be processed or saved. Samples received on Fridays or on the day before holiday must be received in hospital lab by 11am (to get onto latest 11:45am courier) or it cannot be processed or saved.

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Refrigerated sample. Sample > 48 hours old.

**Stability (from collection to initiation):**

Room temperature 48 hrs

**RESULT INTERPRETATION****Units:**

% and  $\times 10^6$  cells/L

**Reference Interval:**

$\geq 18$  year olds:

| Subset        | Percentage                          | Absolute                      |
|---------------|-------------------------------------|-------------------------------|
| CD4+ CD45 RA+ | 3-59% of CD4 T cells of CD4 T-cells | 48-632 $\times 10^6$ cells/L  |
| CD4+ CD45 RO+ | 31-76% of CD4 T cells               | 220-833 $\times 10^6$ cells/L |
| CD8+ CD45 RA+ | 15-75% of CD8 T cells               | 27-457 $\times 10^6$ cells/L  |
| CD8+ CD45 RO+ | 11-65% of CD8 T cells               | 48-400 $\times 10^6$ cells/L  |

For pediatric ranges please see following ranges established by Mayo Clinic - Department of Laboratory Medicine and Pathology; Rochester, MN 55905 (Laboratory Test Abstract Form - F 006284)

**Pediatric:**

|               |                       |                               |
|---------------|-----------------------|-------------------------------|
| CD4+ CD45 RA+ | 21-75% of CD4 T cells | 138-893 $\times 10^6$ cells/L |
| CD4+ CD45 RO+ | 11-44% of CD4 T cells | 56-411 $\times 10^6$ cells/L  |
| CD8+ CD45 RA+ | 23-88% of CD8 T cells | 83-653 $\times 10^6$ cells/L  |
| CD8+ CD45 RO+ | 2-26% of CD8 T cells  | 10-142 $\times 10^6$ cells/L  |

**Additional Information:**

T-cell subsets (CD3/CD4/CD8 Test code: THS) or Lymphocyte subsets (T/B/NK-cell Test code: TBNK) MUST be ordered together with this test in order to calculate absolute cell counts.

**ADMINISTRATIVE****CPT Codes:**

88184; 88185 x 5

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

20631-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

RARO

**Test Group:**

CD

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift). Samples must arrive in hospital lab by 11am to get onto latest 11:45am courier.

**Methodology:**

Flow cytometry

**Remarks:**

Collect only Monday - Friday. Do not draw samples for this test on weekends and UCSF observed holidays. Samples drawn on Friday and the day before holidays must be received in the hospital lab by 11am (to get onto latest 11:45am courier) or they cannot be processed.

**Collect:**

Lavender top

**Amount to Collect:**

3 ml blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Refrigerated sample. Sample > 48 hours old.

**Specimen Preparation:**

DO NOT refrigerate, store at room temperature and ship to China Basin.

Order TBNK on a sample collected within 24 hours of RARO sample, if not already ordered on the same sample.

Samples received on weekends and UCSF holidays will not be processed or saved. Samples received on Fridays or on the day before holiday must be received in hospital lab by 11am (to get onto latest 11:45am courier) or it cannot be processed or saved.

**Units:**

% and  $\times 10^6$  cells/L

**Reference Interval:**

$\geq 18$  year olds:

| Subset        | Percentage                          | Absolute                      |
|---------------|-------------------------------------|-------------------------------|
| CD4+ CD45 RA+ | 3-59% of CD4 T cells of CD4 T-cells | 48-632 $\times 10^6$ cells/L  |
| CD4+ CD45 RO+ | 31-76% of CD4 T cells               | 220-833 $\times 10^6$ cells/L |
| CD8+ CD45 RA+ | 15-75% of CD8 T cells               | 27-457 $\times 10^6$ cells/L  |
| CD8+ CD45 RO+ | 11-65% of CD8 T cells               | 48-400 $\times 10^6$ cells/L  |

For pediatric ranges please see following ranges established by Mayo Clinic - Department of Laboratory Medicine and Pathology; Rochester, MN 55905 (Laboratory Test Abstract Form - F 006284)

**Pediatric:**

|               |                       |                               |
|---------------|-----------------------|-------------------------------|
| CD4+ CD45 RA+ | 21-75% of CD4 T cells | 138-893 $\times 10^6$ cells/L |
| CD4+ CD45 RO+ | 11-44% of CD4 T cells | 56-411 $\times 10^6$ cells/L  |
| CD8+ CD45 RA+ | 23-88% of CD8 T cells | 83-653 $\times 10^6$ cells/L  |
| CD8+ CD45 RO+ | 2-26% of CD8 T cells  | 10-142 $\times 10^6$ cells/L  |

**Synonyms:**

- CD45RO
- CD45RA
- CD45RA/RO
- CD45RA/CD45RO
- flow cytometry

**Stability (from collection to initiation):**

Room temperature 48 hrs

**Reported:**

2-3 days

**Reflex Testing:**

If none is ordered on the same sample, lab will automatically order Lymphocyte subsets (T/B/NK-cell which will be charged separately).

**Additional Information:**

T-cell subsets (CD3/CD4/CD8 Test code:THS) or Lymphocyte subsets (T/B/NK-cell Test code: TBNK) MUST be ordered together with this test in order to calculate absolute cell counts.

**CPT Codes:**

88184; 88185 x 5

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

20631-8



# Neisseria gonorrhoeae Culture, Any Site

LAB5565

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily, all shifts

**Methodology:**

Culture

**Reported:**

Up to 3 days

**Additional Information:**

Nucleic acid detection is a sensitive method for diagnosis of CT / NG infections and is the recommended method for most patients. Culture for *Neisseria gonorrhoeae* can be ordered to assess clinical treatment failure (where DNA may persist post-treatment), cases of suspected sexual abuse, or for sample types other than cervical, urethral, rectal, pharyngeal, vaginal and urine (e.g. eye swab, tissue, extra-genital infection sites).

**Reflex Testing:**

Gram stain is performed on specimens other than endocervical, vaginal, rectal, and throat, and is billed separately.

**Synonyms:**

- Bacterial culture
- *N. gonorrhoeae*
- *Neisseria gonorrhoeae*
- STD
- Sexually transmitted disease
- GC Cx

## COLLECTION

**Sample Type:**

Swab of genital, rectal, throat, and other sites

**Collect:**

E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

**Remarks:**

Male urethra: Use a wire swab. Insert the swab and twirl it gently for a few seconds. Place swab in liquid Amies elution medium (E-swab) or Amies transport medium with charcoal.

Other sites: Use the swab supplied in the E-swab (liquid Amies elution medium) or Amies transport medium with charcoal collection kits. For cervical or rectal samples insert the swab and twirl it gently for a few seconds. Swab throat for throat specimens.

Specimens should be held at room temperature and transported to the laboratory for inoculation within 6 hours of collection.

**Stability (from collection to initiation):**

6 hours in appropriate transport media. Samples received 6-12 hours after collection may be compromised.

**Unacceptable Conditions:**

Refrigerated samples, samples delivered to lab >12 hours after collection, swabs not received in transport medium

## PROCESSING

**Test Code:**

P128

**Test Group:**

Gonococcus

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Maintain sample at room temperature

**Unacceptable Conditions:**

Refrigerated samples, samples delivered to lab >12 hours after collection, swabs not received in transport medium

**Stability (from collection to initiation):**

6 hours in appropriate transport media. Samples received 6-12 hours after collection may be compromised.

**RESULT INTERPRETATION****Reference Interval:**

No *Neisseria gonorrhoeae* isolated

**Critical Values:**

Positive culture from sterile sites only

**Additional Information:**

Nucleic acid detection is a sensitive method for diagnosis of CT / NG infections and is the recommended method for most patients. Culture for *Neisseria gonorrhoeae* can be ordered to assess clinical treatment failure (where DNA may persist post-treatment), cases of suspected sexual abuse, or for sample types other than cervical, urethral, rectal, pharyngeal, vaginal and urine (e.g. eye swab, tissue, extra-genital infection sites).

**ADMINISTRATIVE****CPT Codes:**

87081, 87205 (gram stain)

**LOINC Codes:**

698-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P128

**Test Group:**

Gonococcus

**Performing Lab:**

Microbiology

**Performed:**

Daily, all shifts

**Methodology:**

Culture

**Remarks:**

Male urethra: Use a wire swab. Insert the swab and twirl it gently for a few seconds. Place swab in liquid Amies elution medium (E-swab) or Amies transport medium with charcoal.

Other sites: Use the swab supplied in the E-swab (liquid Amies elution medium) or Amies transport medium with charcoal collection kits. For cervical or rectal samples insert the swab and twirl it gently for a few seconds. Swab throat for throat specimens.

Specimens should be held at room temperature and transported to the laboratory for inoculation within 6 hours of collection.

**Collect:**

E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

**Sample Type:**

Swab of genital, rectal, throat, and other sites

**Unacceptable Conditions:**

Refrigerated samples, samples delivered to lab >12 hours after collection, swabs not received in transport medium

**Specimen Preparation:**

Maintain sample at room temperature

**Reference Interval:**

No *Neisseria gonorrhoeae* isolated

**Critical Values:**

Positive culture from sterile sites only

**Synonyms:**

- Bacterial culture
- N. gonorrhoeae
- Neisseria gonorrhoeae
- STD
- Sexually transmitted disease
- GC Cx

**Stability (from collection to initiation):**

6 hours in appropriate transport media. Samples received 6-12 hours after collection may be compromised.

**Reported:**

Up to 3 days

**Reflex Testing:**

Gram stain is performed on specimens other than endocervical, vaginal, rectal, and throat, and is billed separately.

**Additional Information:**

Nucleic acid detection is a sensitive method for diagnosis of CT / NG infections and is the recommended method for most patients. Culture for Neisseria gonorrhoeae can be ordered to assess clinical treatment failure (where DNA may persist post-treatment), cases of suspected sexual abuse, or for sample types other than cervical, urethral, rectal, pharyngeal, vaginal and urine (e.g. eye swab, tissue, extra-genital infection sites).

**CPT Codes:**

87081, 87205 (gram stain)

**LOINC Codes:**

698-1

# Neonatal Alloimmune Neutropenia - Parental evaluation

MOLT

## ORDERING

### Approval Required:

REQUIRED PATIENT INSURANCE INFORMATION AND AUTHORIZATION FROM HEALTH INSURANCE PROVIDER BEFORE COLLECTION OF SAMPLES. Contact Send Outs Section of the Clinical Lab 3-1349.

As test methodology and requirements are undergoing changes, provider should first confirm sample requirements with Versiti Lab to coordinate sample collection. Provider should complete the Versiti Platelet and Neutrophil Immunology Lab requisition and order the appropriate test(s):

1. Neonatal Alloimmune Neutropenia (NAN)(5125/5126): This test panel includes Neutrophil Genotyping - HNA-1,3,4 and 5 on the mother and father as well as Neutrophil Antibody Identification and HLA antibody Screen on the mother.
2. Neutrophil Antibody Screen (5102): This includes screen tests for the detection and identification of neutrophil antibodies.
3. Neutrophil Antigen Genotyping Panel (or HNA-1, HNA-3, HNA-4, HNA-5): Genotyping for HNA-1,3,4 and 5 or individual antigen(s).

Provider should place a Miscellaneous Outside Laboratory Test (MOLT) order in Apex.

### Available Stat:

No

### Performing Lab:

Versiti via Blood Center of Wisconsin

### Methodology:

Flow cytometry, PCR

### Reported:

1-2 weeks

### Additional Information:

In NAN, the mother is immunized by fetal neutrophil antigens inherited from the father. Maternal IgG antibodies cross the placenta and destroy fetal neutrophils. The most common neutrophil alloantigen incompatibilities are HNA-1a, -1b, -1c and NB1. Unlike its erythrocyte counterpart, hemolytic disease of the newborn, NAN can occur during the first pregnancy and has been estimated to occur once in every 500 live births. Antibodies can be detected in the maternal serum by testing with a panel of normal donor neutrophils. Testing with the father's neutrophils is necessary to detect antibodies to low frequency antigens. Neutrophil genotyping of both parents can be useful for confirming maternal antibody specificity and in providing counseling regarding future pregnancies.

### Synonyms:

- NAIN
- NAN
- Neutrophil Antibody Screen
- Neutrophil Antigen Genotyping

### Supplemental Test Request Form Required:

Yes

## COLLECTION

### Sample Type:

EDTA Whole Blood and serum

### Collect:

Mother: Lavender top (EDTA, 6mL) x2 and Red top (6mL) x 3  
 Father: Lavender top (EDTA, 6mL) x2

### Amount to Collect:

Mother: 10mL EDTA whole blood and 10mL serum  
 Father: 10mL EDTA whole blood

### Minimum Volume:

Mother: 5mL EDTA whole blood and 5mL serum  
 Father: 5mL EDTA whole blood

**Remarks:**

Specimen requirements here are specific for the Neonatal Alloimmune Neutropenia (NAN) panel. Please refer to the back of the Versiti requisition for specimen requirements specific to Neutrophil Antibody Screen or Neutrophil Antigen Genotyping only requests.

Specimens are accepted 8 AM - 5 PM Monday through Thursday and 8 AM - 12 Noon on Friday.

Provider must fill out the Versiti requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimens to Central Processing.

**Pediatric Collection:**

Mother: 3 mL EDTA Whole Blood and 3mL Serum

Father: 2mL EDTA Whole Blood

**Stability (from collection to initiation):**

7 days within draw date

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Frozen whole blood. Received > 7 days from draw date. Not refrigerated.

**PROCESSING****Test Code:**

MOLT

**Test Group:**

Neonatal Alloimmune Neutropenia

**Sendout:**

Yes

**Performing Lab:**

Versiti via Blood Center of Wisconsin

**Specimen Preparation:**

Provider must fill out the outside lab (Blood Center of Wisconsin) requisition form.

<https://www.versiti.org/Custom/Files/Versiti/7a/7ab41667-0451-476f-b554-2802fcb05e2c.pdf>

Submit form, APEX MOLT order requisition and specimens to Central Processing.

Store refrigerated. Send samples refrigerated. Do not freeze whole blood. Samples must be received within 7 days of draw date.

**Minimum Volume:**

Mother: 5mL EDTA whole blood and 5mL serum

Father: 5mL EDTA whole blood

**Unacceptable Conditions:**

Frozen whole blood. Received > 7 days from draw date. Not refrigerated.

**Stability (from collection to initiation):**

7 days within draw date

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Critical Values:**

Positive

**Additional Information:**

In NAN, the mother is immunized by fetal neutrophil antigens inherited from the father. Maternal IgG antibodies cross the placenta and destroy fetal neutrophils. The most common neutrophil alloantigen incompatibilities are HNA-1a, -1b, -1c and NB1. Unlike its erythrocyte counterpart, hemolytic disease of the newborn, NAN can occur during the first pregnancy and has been estimated to occur once in every 500 live births. Antibodies can be detected in the maternal serum by testing with a panel of normal donor neutrophils. Testing with the father's neutrophils is necessary to detect antibodies to low frequency antigens. Neutrophil genotyping of both parents can be useful for confirming maternal antibody specificity and in providing counseling regarding future pregnancies.

**ADMINISTRATIVE****CPT Codes:**

NAN: 81479x2, 86021, 86849, 86808  
 Neutrophil Antibody Screen: 86021  
 Neutrophil Antigen Genotyping Panel: 81479  
 HNA-1 Genotyping: 81479  
 HNA-3 Genotyping: 81479  
 HNA-4 Genotyping: 81479  
 HNA-5 Genotyping: 81479

**COMPLETE VIEW****Approval Required:**

REQUIRED PATIENT INSURANCE INFORMATION AND AUTHORIZATION FROM HEALTH INSURANCE PROVIDER BEFORE COLLECTION OF SAMPLES. Contact Send Outs Section of the Clinical Lab 3-1349.

As test methodology and requirements are undergoing changes, provider should first confirm sample requirements with Versiti Lab to coordinate sample collection. Provider should complete the Versiti Platelet and Neutrophil Immunology Lab requisition and order the appropriate test(s):

1. Neonatal Alloimmune Neutropenia (NAN)(5125/5126): This test panel includes Neutrophil Genotyping - HNA-1,3,4 and 5 on the mother and father as well as Neutrophil Antibody Identification and HLA antibody Screen on the mother.
2. Neutrophil Antibody Screen (5102): This includes screen tests for the detection and identification of neutrophil antibodies.
3. Neutrophil Antigen Genotyping Panel (or HNA-1, HNA-3, HNA-4, HNA-5): Genotyping for HNA-1,3,4 and 5 or individual antigen(s).

Provider should place a Miscellaneous Outside Laboratory Test (MOLT) order in Apex.

**Available Stat:**

No

**Test Code:**

MOLT

**Test Group:**

Neonatal Alloimmune Neutropenia

**Performing Lab:**

Versiti via Blood Center of Wisconsin

**Sendout:**

Yes

**Methodology:**

Flow cytometry, PCR

**Pediatric Collection:**

Mother: 3 mL EDTA Whole Blood and 3mL Serum  
 Father: 2mL EDTA Whole Blood

**Remarks:**

Specimen requirements here are specific for the Neonatal Alloimmune Neutropenia (NAN) panel. Please refer to the back of the Versiti requisition for specimen requirements specific to Neutrophil Antibody Screen or Neutrophil Antigen Genotyping only requests.

Specimens are accepted 8 AM - 5 PM Monday through Thursday and 8 AM - 12 Noon on Friday.

Provider must fill out the Versiti requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimens to Central Processing.

**Collect:**

Mother: Lavender top (EDTA, 6mL) x2 and Red top (6mL) x 3  
 Father: Lavender top (EDTA, 6mL) x2

**Amount to Collect:**

Mother: 10mL EDTA whole blood and 10mL serum  
 Father: 10mL EDTA whole blood

**Sample Type:**

EDTA Whole Blood and serum

**Minimum Volume:**

Mother: 5mL EDTA whole blood and 5mL serum  
 Father: 5mL EDTA whole blood

**Unacceptable Conditions:**

Frozen whole blood. Received > 7 days from draw date. Not refrigerated.

**Specimen Preparation:**

Provider must fill out the outside lab (Blood Center of Wisconsin) requisition form.

<https://www.versiti.org/Custom/Files/Versiti/7a/7ab41667-0451-476f-b554-2802fcb05e2c.pdf>

Submit form, APEX MOLT order requisition and specimens to Central Processing.

Store refrigerated. Send samples refrigerated. Do not freeze whole blood. Samples must be received within 7 days of draw date.

**Reference Interval:**

Negative

**Critical Values:**

Positive

**Synonyms:**

- NAIN
- NAN
- Neutrophil Antibody Screen
- Neutrophil Antigen Genotyping

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

7 days within draw date

**Reported:**

1-2 weeks

**Additional Information:**

In NAN, the mother is immunized by fetal neutrophil antigens inherited from the father. Maternal IgG antibodies cross the placenta and destroy fetal neutrophils. The most common neutrophil alloantigen incompatibilities are HNA-1a, -1b, -1c and NB1. Unlike its erythrocyte counterpart, hemolytic disease of the newborn, NAN can occur during the first pregnancy and has been estimated to occur once in every 500 live births. Antibodies can be detected in the maternal serum by testing with a panel of normal donor neutrophils. Testing with the father's neutrophils is necessary to detect antibodies to low frequency antigens. Neutrophil genotyping of both parents can be useful for confirming maternal antibody specificity and in providing counseling regarding future pregnancies.

**CPT Codes:**

NAN: 81479x2, 86021, 86849, 86808  
 Neutrophil Antibody Screen: 86021  
 Neutrophil Antigen Genotyping Panel: 81479  
 HNA-1 Genotyping: 81479  
 HNA-3 Genotyping: 81479  
 HNA-4 Genotyping: 81479  
 HNA-5 Genotyping: 81479

**Supplemental Test Request Form Required:**

Yes

# Neonatal Alloimmune Thrombocytopenia - Parental evaluation

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Versiti via Blood Center of Wisconsin

**Methodology:**

ELISA, Flow cytometry, PCR

**Reported:**

1-2 weeks

**Additional Information:**

Mothers with normal platelet counts may deliver a baby with low platelet counts. There is a possibility of neonatal alloimmune thrombocytopenia (NATP) in which the mother lacks a platelet antigen that the baby inherits from the father. A maternal antibody is formed against the father's platelet antigen that crosses the placenta and causes the fetus to be thrombocytopenic.

**Synonyms:**

- NAIT
- anti-platelet antibodies
- platelet specific antibodies
- PIA1
- Bak
- Pen
- NAT
- NATP
- flow cytometry

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**
ACD whole blood **AND** Serum
**Label Abbreviation:**

MOLT

**Collect:**

Mother: Yellow top (ACD) x3 and Red top x3

Father: Yellow top (ACD) x3

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

Mother: 30 ml ACD-A whole blood AND 10 ML serum

Father: 30 ml ACD-A whole blood

**Minimum Volume:**

Mother: 25.5 mL ACD whole blood and 10 mL serum

Father: 25.5 mL ACD whole blood

**Remarks:**

Specimens are only accepted 8 AM-5 PM Monday through Thursday and 8 AM-12 Noon on Friday.

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimen to Central Processing

**Unacceptable Conditions:**

Samples collected outside of stated time frames.

**Rejection Criteria:**

Sample &gt; 4 days old when received

## PROCESSING



**Test Code:**

MOLT

**Test Group:**

Neonatal Alloimmune Thrombocytopenia

**Sendout:**

Yes

**Performing Lab:**

Versiti via Blood Center of Wisconsin

**Specimen Preparation:**

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimen to Central Processing

Store refrigerated. Send samples refrigerated. Samples must be received within 4 days of draw date.

**Preferred Volume:**

Mother: 30 ml ACD-A whole blood AND 10 ML serum

Father: 30 ml ACD-A whole blood

**Minimum Volume:**

Mother: 25.5 mL ACD whole blood and 10 mL serum

Father: 25.5 mL ACD whole blood

**Unacceptable Conditions:**

Samples collected outside of stated time frames.

**Rejection Criteria:**

Sample &gt; 4 days old when received

**RESULT INTERPRETATION****Additional Information:**

Mothers with normal platelet counts may deliver a baby with low platelet counts. There is a possibility of neonatal alloimmune thrombocytopenia (NATP) in which the mother lacks a platelet antigen that the baby inherits from the father. A maternal antibody is formed against the father's platelet antigen that crosses the placenta and causes the fetus to be thrombocytopenic.

**ADMINISTRATIVE****CPT Codes:**

83891-90 x2, 83900-90 x2, 83901-90 x10, 83912-90 x2, 83896-90 x36, 86022-90 x16

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT

**Test Group:**

Neonatal Alloimmune Thrombocytopenia

**Performing Lab:**

Versiti via Blood Center of Wisconsin

**Sendout:**

Yes

**Methodology:**

ELISA, Flow cytometry, PCR

**Remarks:**

Specimens are only accepted 8 AM-5 PM Monday through Thursday and 8 AM-12 Noon on Friday.

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimen to Central Processing

**Collect:**

Mother: Yellow top (ACD) x3 and Red top x3  
Father: Yellow top (ACD) x3

**Amount to Collect:**

See preferred volume

**Sample Type:**

ACD whole blood **AND** Serum

**Preferred Volume:**

Mother: 30 ml ACD-A whole blood AND 10 ML serum  
Father: 30 ml ACD-A whole blood

**Minimum Volume:**

Mother: 25.5 mL ACD whole blood and 10 mL serum  
Father: 25.5 mL ACD whole blood

**Rejection Criteria:**

Sample > 4 days old when received

**Unacceptable Conditions:**

Samples collected outside of stated time frames.

**Specimen Preparation:**

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimen to Central Processing

Store refrigerated. Send samples refrigerated. Samples must be received within 4 days of draw date.

**Synonyms:**

- NAIT
- anti-platelet antibodies
- platelet specific antibodies
- PIA1
- Bak
- Pen
- NAT
- NATP
- flow cytometry

**Reported:**

1-2 weeks

**Additional Information:**

Mothers with normal platelet counts may deliver a baby with low platelet counts. There is a possibility of neonatal alloimmune thrombocytopenia (NATP) in which the mother lacks a platelet antigen that the baby inherits from the father. A maternal antibody is formed against the father's platelet antigen that crosses the placenta and causes the fetus to be thrombocytopenic.

**CPT Codes:**

83891-90 x2, 83900-90 x2, 83901-90 x10, 83912-90 x2, 83896-90 x36, 86022-90 x16

**Supplemental Test Request Form Required:**

Yes

# Neonatal Alloimmune Thrombocytopenia-Fetal evaluation

MOLT

## ORDERING

### Approval Required:

**REQUIRES PATIENT INSURANCE INFORMATION AND AUTHORIZATION FROM HEALTH INSURANCE PROVIDER BEFORE COLLECTION OF SAMPLES.** Contact Send Outs Section of the Clinical Lab 3-1349.

As test methodology and requirements are undergoing changes, provider should first confirm sample requirements with Versiti Lab and also contact UCSF cytogenetics laboratory to coordinate sample collection and expansion. Provider should complete the Versiti Platelet and Neutrophil Immunology Lab requisition and order the appropriate test. Provider should place a Miscellaneous Outside Laboratory Test (MOLT) order in APEX.

### Available Stat:

No

### Performing Lab:

Versiti Platelet and Neutrophil Immunology Laboratory, Wisconsin

### Methodology:

PCR

### Reported:

1 week

### Synonyms:

- Fetal platelet antigen genotyping
- NAIT
- anti-platelet antibodies
- platelet specific antibodies
- PIA1
- Bak
- Pen
- NAT
- NATP

### Supplemental Test Request Form Required:

Yes

## COLLECTION

### Sample Type:

Fetal: Amniotic Fluid, CVS, Cultured Amniocytes or Cultured CVS

### Collect:

Orange top polypropylene x2

### Amount to Collect:

Please confirm sample requirements with Versiti Lab before proceeding:

30 mL amniotic fluid. Discard first 2 mL of fluid. Sample should be collected in two 15 mL orange screw top polypropylene tubes (less if early amniocentesis). If the sample is grossly bloody, the results may be inconclusive and a repeat sample will be requested.

### Preferred Volume:

7-15 mL Amniotic Fluid or 5-10 mg CVS, backup culture of Amniocytes or CVS is highly recommended; Two T25 flasks Cultured Amniocytes or CVS (5x10<sup>6</sup> minimum)

### Minimum Volume:

Call Versiti Laboratory

### Remarks:

See information under "Approval Required" BEFORE collecting sample

Specimens are only accepted 8 AM-5 PM Monday through Thursday and 8 AM-12 Noon on Friday.

Provider must fill out the Versiti requisition form.

[https://media.versiti.org/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX "MOLT" order requisition and specimen to Central Processing

### Stability (from collection to initiation):

24 hrs from time media is added to cell culture.

**PROCESSING****Test Code:**

MOLT

**Test Group:**

Platelet Antigen Genotyping

**Sendout:**

Yes

**Performing Lab:**

Versiti Platelet and Neutrophil Immunology Laboratory, Wisconsin

**Specimen Preparation:**

Please confirm sample requirements with Versiti Lab:

Keep samples at room temperature. DO NOT CENTRIFUGE for any reason.

Send all tubes and completed paperwork immediately to the Cytogenetics Laboratory at China Basin. Cytogenetics Laboratory will expand amniocytes to two T25 flasks and arrange shipping to Versiti (previously known as Blood Center of Wisconsin) through the send out department at China Basin. A minimum of 5 x 10e6 cultured amniotic cells are required.

Shipping instructions: Please confirm with Versiti Lab:

Cultured cells: Media should be added to the flasks by Cytogenetics, sealed to avoid leakage and shipped at room temperature or refrigerated.

Package specimens and ship at room temperature by Federal Express Monday - Thursday only.

All samples should reach Versiti within 24 hours of addition of media and no later than 1 pm on Friday. Mark box with Keep at Room Temperature and UP arrows to indicate the box must be maintained upright during shipment. Mark OVERNIGHT on Federal Express form.

**Shipping Address:**

Versiti Wisconsin - Platelet & Neutrophil Laboratory  
638 North 18th Street  
Milwaukee, WI 53233 2121

Please call the laboratory (800-245-3117 extension 6255) for advice if you plan to ship samples near a major holiday.

**Preferred Volume:**

7-15 ml Amniotic Fluid or 5-10 mg CVS, backup culture of Amniocytes or CVS is highly recommended; Two T25 flasks  
Cultured Amniocytes or CVS (5x10e6 minimum)

**Minimum Volume:**

Call Versiti Laboratory

**Stability (from collection to initiation):**

24 hrs from time media is added to cell culture.

**ADMINISTRATIVE****CPT Codes:**

Genotyping panel: 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112

**Individual antigen systems:**

HPA-1: 81105  
HPA-2: 81106  
HPA-3: 81107  
HPA-4: 81108  
HPA-5: 81109  
HPA-6: 81110  
HPA-9: 81111  
HPA-15: 81112

**COMPLETE VIEW****Approval Required:**

**REQUIRES PATIENT INSURANCE INFORMATION AND AUTHORIZATION FROM HEALTH INSURANCE PROVIDER BEFORE COLLECTION OF SAMPLES.** Contact Send Outs Section of the Clinical Lab 3-1349.

As test methodology and requirements are undergoing changes, provider should first confirm sample requirements with Versiti Lab and also contact UCSF cytogenetics laboratory to coordinate sample collection and expansion. Provider should complete the Versiti Platelet and Neutrophil Immunology Lab requisition and order the appropriate test. Provider should place a Miscellaneous Outside Laboratory Test (MOLT) order in APEX.

**Available Stat:**

No

**Test Code:**

MOLT

**Test Group:**

Platelet Antigen Genotyping

**Performing Lab:**

Versiti Platelet and Neutrophil Immunology Laboratory, Wisconsin

**Sendout:**

Yes

**Methodology:**

PCR

**Remarks:**

See information under "Approval Required" BEFORE collecting sample

Specimens are only accepted 8 AM-5 PM Monday through Thursday and 8 AM-12 Noon on Friday.

Provider must fill out the Versiti requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX "MOLT" order requisition and specimen to Central Processing

**Collect:**

Orange top polypropylene x2

**Amount to Collect:**

Please confirm sample requirements with Versiti Lab before proceeding:

30 mL amniotic fluid. Discard first 2 mL of fluid. Sample should be collected in two 15 mL orange screw top polypropylene tubes (less if early amniocentesis). If the sample is grossly bloody, the results may be inconclusive and a repeat sample will be requested.

**Sample Type:**

Fetal: Amniotic Fluid, CVS, Cultured Amniocytes or Cultured CVS

**Preferred Volume:**

7-15 mL Amniotic Fluid or 5-10 mg CVS, backup culture of Amniocytes or CVS is highly recommended; Two T25 flasks Cultured Amniocytes or CVS (5x10<sup>6</sup> minimum)

**Minimum Volume:**

Call Versiti Laboratory

**Specimen Preparation:**

Please confirm sample requirements with Versiti Lab:

Keep samples at room temperature. DO NOT CENTRIFUGE for any reason.

Send all tubes and completed paperwork immediately to the Cytogenetics Laboratory at China Basin. Cytogenetics Laboratory will expand amniocytes to two T25 flasks and arrange shipping to Versiti (previously known as Blood Center of Wisconsin) through the send out department at China Basin. A minimum of 5 x 10<sup>6</sup> cultured amniotic cells are required.

Shipping instructions: Please confirm with Versiti Lab:

Cultured cells: Media should be added to the flasks by Cytogenetics, sealed to avoid leakage and shipped at room temperature or refrigerated.

Package specimens and ship at room temperature by Federal Express Monday - Thursday only.

All samples should reach Versiti within 24 hours of addition of media and no later than 1 pm on Friday. Mark box with Keep at Room Temperature and UP arrows to indicate the box must be maintained upright during shipment. Mark OVERNIGHT on Federal Express form.

**Shipping Address:**

Versiti Wisconsin - Platelet & Neutrophil Laboratory  
638 North 18th Street  
Milwaukee, WI 53233 2121

Please call the laboratory (800-245-3117 extension 6255) for advice if you plan to ship samples near a major holiday.

**Synonyms:**

- Fetal platelet antigen genotyping
- NAIT
- anti-platelet antibodies
- platelet specific antibodies
- PIA1
- Bak
- Pen
- NAT
- NATP

**Stability (from collection to initiation):**

24 hrs from time media is added to cell culture.

**Reported:**

1 week

**CPT Codes:**

Genotyping panel: 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112

Individual antigen systems:

HPA-1: 81105

HPA-2: 81106

HPA-3: 81107

HPA-4: 81108

HPA-5: 81109

HPA-6: 81110

HPA-9: 81111

HPA-15: 81112

**Supplemental Test Request Form Required:**

Yes

# Neonatal Screen

LAB3326

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Provided through the California Department of Public Health

**Reported:**

9-12 days

**Additional Information:**

A Newborn Screening Specimen Collection Form must be completed by the ordering provider prior to specimen collection. For information on how to obtain these forms from CADPH please click [here](#).

For information regarding the specific disorders detectable by newborn screening please click [here](#).

IF AN ABNORMALITY IS DETECTED There is no direct patient charge for a neonate recalled by the state Screening Program or for the parents; contact the Newborn Screening Area Service Center for the San Francisco region at Stanford University Medical Center (650) 812-0353 for instructions. If this patient is being followed at UCSF, contact the Genetics Counselor for the Biochemical Genetics Service, x69997. Beeper Monday-Friday 8-5 PM 719-6813 or the Genetics Fellow on-call evening/weekends 719-9075.

**Synonyms:**

- Cord blood
- newborn screen
- state screening
- Guthrie spots
- NBS

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Blood

**Collect:**

Filter paper

**Preferred Volume:**

5 completely filled blood spots

Recommend that one full EDTA (Lavender top) vacutainer of cord blood be submitted to be held by the blood bank should further testing be required.

**Remarks:**

A Newborn Screening Specimen Collection Form must be completed by the ordering provider prior to specimen collection. For information on how to obtain these forms from CADPH please click [here](#).

Draw > 12 hours after birth or immediately prior to an earlier blood transfusion.

Do not use capillary tubes for collection of the blood spot specimen and do not collect from a site other than a heel stick: deviations from the standard collection method of direct spotting of heel stick blood onto the filter paper can give false-negative results.

It is advised to submit a sample of cord blood in a Lavender top tube (label it "NSP") to the blood bank for follow-up hemoglobinopathy testing if required.

## PROCESSING

**Test Code:**

NNEO

**Sendout:**

Yes

**Performing Lab:**

Provided through the California Department of Public Health

**Specimen Preparation:**

1. Collect all received NNEO forms.
2. Fill in each NNEO sample information into the transport log (MRN/Newborn's Name/Sex/ TRF number)
3. Place GLS shipping transport tracking number on the GLS envelope and tracking number on yellow copy
4. File yellow copy in NNEO binder
5. Place original transport log in GLS shipping envelope with NNEO forms
6. Seal envelope for GLS pickup at 5pm (Monday-Saturday) in room M2339.
7. GLS courier to sign transport log for confirmation of pickup.

**Preferred Volume:**

5 completely filled blood spots

Recommend that one full EDTA (Lavender top) vacutainer of cord blood be submitted to be held by the blood bank should further testing be required.

**RESULT INTERPRETATION****Units:**

See normals

**Reference Interval:**

Acylcarnitine profile:

|                    |               |
|--------------------|---------------|
| FC                 | 12-220 µmol/L |
| FC/(C16+C18) ratio | 0-100         |
| C-2                | 5-85 µmol/L   |
| C-3                | 0-6.5 µmol/L  |
| CO3/CO2 ratio      | 0.025         |
| C-3DC              | 0-0.3 µmol/L  |
| C-4                | 0-1.8 µmol/L  |
| C-4DC              | 0-2.6 µmol/L  |
| C-5                | 0-1.2 µmol/L  |
| C5:1               | 0-0.4 µmol/L  |
| C-5OH              | 0-1.2 µmol/L  |
| C-5DC              | 0-0.35 µmol/L |
| C-6                | 0-0.7 µmol/L  |
| C-8                | 0-0.5 µmol/L  |
| CO8/C10 ratio      | Not given     |
| C-8.1              | 0-0.9 µmol/L  |
| C-10               | 0-0.6 µmol/L  |
| C10:1              | 0-0.45 µmol/L |
| C-12               | 0-2 µmol/L    |
| C-12:1             | Not given     |
| C-14               | 0-1.1 µmol/L  |
| C14:1              | 0-0.8 µmol/L  |
| C14:1/C12:1 ratio  | Not given     |
| C-14OH             | 0-0.4 µmol/L  |
| C-16               | 0-10 µmol/L   |
| C-16:1             | 0-1.2 µmol/L  |
| C-16OH             | 0-0.3 µmol/L  |
| C-18               | 0-3.5 µmol/L  |
| C-18:1             | 0-4 µmol/L    |
| C-18:2             | Not given     |
| C-18OH             | 0-0.4 µmol/L  |
| C18:1OH            | 0-0.35 µmol/L |

Amino acids:

|         |              |
|---------|--------------|
| Glycine | Not given    |
| Alanine | 0-900 µmol/L |
| Valine  | Not given    |



|                              |              |
|------------------------------|--------------|
| Leucine/Isoleucine           | 0-200 µmol/L |
| Leucine/Alanine ratio        | 0-1.5        |
| Phenylalanine                | 0-140 µmol/L |
| Phenylalanine/Tyrosine ratio | 0-2.3        |
| Tyrosine                     | 0-700 µmol/L |
| Methionine                   | 0-100 µmol/L |
| Citrulline                   | 0-90 µmol/L  |
| Citrulline/Arginine ratio    | Not given    |
| Ornithine                    | 0-500 µmol/L |
| Ornithine/Citrulline ratio   | Not given    |
| Arginine                     | 0-200 µmol/L |
| Arginine/Ornithine ratio     | Not given    |
| Proline                      | 0-100 µmol/L |
| 5-Oxoproline                 | Not given    |

## Other analytes:

|                                        |                   |
|----------------------------------------|-------------------|
| Immunoreactive trypsinogen             | < 62 ng/mL        |
| Biotinidase                            | > 10 ERU          |
| Gal-1-Uridyl Transferase               | > 50 enzyme units |
| TSH                                    | 0-25 mIU/L        |
| 17 Hydroxyprogesterone                 | < 180 nmol/L      |
| T-cell Receptor Excision Circle (TREC) | > 25 copies/µL    |

**Additional Information:**

A Newborn Screening Specimen Collection Form must be completed by the ordering provider prior to specimen collection. For information on how to obtain these forms from CADPH please click [here](#).

For information regarding the specific disorders detectable by newborn screening please click [here](#).

IF AN ABNORMALITY IS DETECTED There is no direct patient charge for a neonate recalled by the state Screening Program or for the parents; contact the Newborn Screening Area Service Center for the San Francisco region at Stanford University Medical Center (650) 812-0353 for instructions. If this patient is being followed at UCSF, contact the Genetics Counselor for the Biochemical Genetics Service, x69997. Beeper Monday-Friday 8-5 PM 719-6813 or the Genetics Fellow on-call evening/weekends 719-9075.

**ADMINISTRATIVE****CPT Codes:**

S3620

**LOINC Codes:**

54089-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

NNEO

**Performing Lab:**

Provided through the California Department of Public Health

**Sendout:**

Yes

**Remarks:**

A Newborn Screening Specimen Collection Form must be completed by the ordering provider prior to specimen collection. For information on how to obtain these forms from CADPH please click [here](#).

Draw > 12 hours after birth or immediately prior to an earlier blood transfusion.

Do not use capillary tubes for collection of the blood spot specimen and do not collect from a site other than a heel stick: deviations from the standard collection method of direct spotting of heel stick blood onto the filter paper can give false-negative results.

It is advised to submit a sample of cord blood in a Lavender top tube (label it "NSP") to the blood bank for follow-up hemoglobinopathy testing if required.

**Collect:**

Filter paper

**Sample Type:**

Blood

**Preferred Volume:**

5 completely filled blood spots

Recommend that one full EDTA (Lavender top) vacutainer of cord blood be submitted to be held by the blood bank should further testing be required.

**Specimen Preparation:**

1. Collect all received NNEO forms.
2. Fill in each NNEO sample information into the transport log (MRN/Newborn's Name/Sex/ TRF number)
3. Place GLS shipping transport tracking number on the GLS envelope and tracking number on yellow copy
4. File yellow copy in NNEO binder
5. Place original transport log in GLS shipping envelope with NNEO forms
6. Seal envelope for GLS pickup at 5pm (Monday-Saturday) in room M2339.
7. GLS courier to sign transport log for confirmation of pickup.

**Units:**

See normals

**Reference Interval:**

Acylcarnitine profile:

|                    |               |
|--------------------|---------------|
| FC                 | 12-220 µmol/L |
| FC/(C16+C18) ratio | 0-100         |
| C-2                | 5-85 µmol/L   |
| C-3                | 0-6.5 µmol/L  |
| CO3/CO2 ratio      | 0.025         |
| C-3DC              | 0-0.3 µmol/L  |
| C-4                | 0-1.8 µmol/L  |
| C-4DC              | 0-2.6 µmol/L  |
| C-5                | 0-1.2 µmol/L  |
| C5:1               | 0-0.4 µmol/L  |
| C-5OH              | 0-1.2 µmol/L  |
| C-5DC              | 0-0.35 µmol/L |
| C-6                | 0-0.7 µmol/L  |
| C-8                | 0-0.5 µmol/L  |
| CO8/C10 ratio      | Not given     |
| C-8.1              | 0-0.9 µmol/L  |
| C-10               | 0-0.6 µmol/L  |
| C10:1              | 0-0.45 µmol/L |
| C-12               | 0-2 µmol/L    |
| C-12:1             | Not given     |
| C-14               | 0-1.1 µmol/L  |
| C14:1              | 0-0.8 µmol/L  |
| C14:1/C12:1 ratio  | Not given     |
| C-14OH             | 0-0.4 µmol/L  |
| C-16               | 0-10 µmol/L   |
| C-16:1             | 0-1.2 µmol/L  |
| C-16OH             | 0-0.3 µmol/L  |

|         |               |
|---------|---------------|
| C-18    | 0-3.5 µmol/L  |
| C-18:1  | 0-4 µmol/L    |
| C-18:2  | Not given     |
| C-18OH  | 0-0.4 µmol/L  |
| C18:1OH | 0-0.35 µmol/L |

## Amino acids:

|                              |              |
|------------------------------|--------------|
| Glycine                      | Not given    |
| Alanine                      | 0-900 µmol/L |
| Valine                       | Not given    |
| Leucine/Isoleucine           | 0-200 µmol/L |
| Leucine/Alanine ratio        | 0-1.5        |
| Phenylalanine                | 0-140 µmol/L |
| Phenylalanine/Tyrosine ratio | 0-2.3        |
| Tyrosine                     | 0-700 µmol/L |
| Methionine                   | 0-100 µmol/L |
| Citrulline                   | 0-90 µmol/L  |
| Citrulline/Arginine ratio    | Not given    |
| Ornithine                    | 0-500 µmol/L |
| Ornithine/Citrulline ratio   | Not given    |
| Arginine                     | 0-200 µmol/L |
| Arginine/Ornithine ratio     | Not given    |
| Proline                      | 0-100 µmol/L |
| 5-Oxoproline                 | Not given    |

## Other analytes:

|                                        |                   |
|----------------------------------------|-------------------|
| Immunoreactive trypsinogen             | < 62 ng/mL        |
| Biotinidase                            | > 10 ERU          |
| Gal-1-Uridyl Transferase               | > 50 enzyme units |
| TSH                                    | 0-25 mIU/L        |
| 17 Hydroxyprogesterone                 | < 180 nmol/L      |
| T-cell Receptor Excision Circle (TREC) | > 25 copies/µL    |

## Synonyms:

- Cord blood
- newborn screen
- state screening
- Guthrie spots
- NBS

## Reported:

9-12 days

## Additional Information:

A Newborn Screening Specimen Collection Form must be completed by the ordering provider prior to specimen collection. For information on how to obtain these forms from CADPH please click [here](#).

For information regarding the specific disorders detectable by newborn screening please click [here](#).

IF AN ABNORMALITY IS DETECTED There is no direct patient charge for a neonate recalled by the state Screening Program or for the parents; contact the Newborn Screening Area Service Center for the San Francisco region at Stanford University Medical Center (650) 812-0353 for instructions. If this patient is being followed at UCSF, contact the Genetics Counselor for the Biochemical Genetics Service, x69997. Beeper Monday-Friday 8-5 PM 719-6813 or the Genetics Fellow on-call evening/weekends 719-9075.

## CPT Codes:

S3620

## LOINC Codes:

54089-8

**Supplemental Test Request Form Required:**  
Yes

# Neuron Specific Enolase, CSF

LAB3506

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Immunochemiluminometric assay

**Reported:**

Performed 2x per week. Turnaround 5-7 days

**Synonyms:**

- NSE
- NEURON SPECIFIC ENOLASE, CSF
- CJD (CREUTZFELDT-JAKOB DISEASE)

## COLLECTION

**Sample Type:**

CSF

**Label Abbreviation:**

NSECSF

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

0.5 mL CSF

**Preferred Volume:**

0.5 mL CSF

**Minimum Volume:**

0.1 mL CSF

## PROCESSING

**Test Code:**

NSECSF

**Test Group:**

Neuron Specific Enolase

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Non-B&amp;T patients: Refrigerate CSF. Order Mayo test #81796.

B&amp;T patients: Freeze CSF. Order LabCorp #829032

**Preferred Volume:**

0.5 mL CSF

**Minimum Volume:**

0.1 mL CSF

## RESULT INTERPRETATION

**Units:**

ng/mL

**Reference Interval:**

Normal: &lt; 20 ng/mL

Mildly elevated: 20-35 ng/mL

Indicative of CJD: &gt; 35 ng/ml

## ADMINISTRATIVE

**CPT Codes:**  
83520-90

**LOINC Codes:**  
44802-7

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
NSECSF

**Test Group:**  
Neuron Specific Enolase

**Performing Lab:**  
Mayo

**Sendout:**  
Yes

**Methodology:**  
Immunochemiluminometric assay

**Collect:**  
CSF tube or sterile collection tube

**Amount to Collect:**  
0.5 mL CSF

**Sample Type:**  
CSF

**Preferred Volume:**  
0.5 mL CSF

**Minimum Volume:**  
0.1 mL CSF

**Specimen Preparation:**  
Non-B&T patients: Refrigerate CSF. Order Mayo test #81796.

B&T patients: Freeze CSF. Order LabCorp #829032

**Units:**  
ng/mL

**Reference Interval:**  
Normal: < 20 ng/mL  
Mildly elevated: 20-35 ng/mL  
Indicative of CJD: > 35 ng/mL

**Synonyms:**

- NSE
- NEURON SPECIFIC ENOLASE, CSF
- CJD (CREUTZFELDT-JAKOB DISEASE)

**Reported:**  
Performed 2x per week. Turnaround 5-7 days

**CPT Codes:**  
83520-90

**LOINC Codes:**  
44802-7

# Neuron Specific Enolase, serum

LAB3409

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

EIA

**Reported:**

Performed 2x per week Turnaround time 3-6 days.

**Additional Information:**

Neuron Specific Enolase cannot be used as a diagnostic test without confirmation by another established test or procedure. Values obtained by different laboratories are generally not comparable. This test is performed using the Can Ag. EIA method.

Test is useful in monitoring disease progression and therapy in patients with small cell lung cancer and neuroendocrine tumors Neuroblastoma, Medullary Thyroid Ca, Pheochromocytoma and other malignancies that can secrete NSE such as Pancreatic Islet Cell Cancer

**Synonyms:**

- NSE
- 34476

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

NSE

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Hemolysis, or plasma sample.

## PROCESSING

**Test Code:**

NSE

**Test Group:**

Neuron Specific Enolase

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Order Quest Test # 22251P

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Hemolysis, or plasma sample.

## RESULT INTERPRETATION

**Units:**

µg/L (mcg/L)

**Reference Interval:**

| Age             | Normal range  |
|-----------------|---------------|
| Newborn         | 4.8-19.5 µg/L |
| 12-17 years     | <= 12.0 µg/L  |
| >= 18 year olds | < 8.6 µg/L    |

**Additional Information:**

Neuron Specific Enolase cannot be used as a diagnostic test without confirmation by another established test or procedure. Values obtained by different laboratories are generally not comparable. This test is performed using the Can Ag. EIA method.

Test is useful in monitoring disease progression and therapy in patients with small cell lung cancer and neuroendocrine tumors Neuroblastoma, Medullary Thyroid Ca, Pheochromocytoma and other malignancies that can secrete NSE such as Pancreatic Islet Cell Cancer

**ADMINISTRATIVE****CPT Codes:**

83520-90

**LOINC Codes:**

57371-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

NSE

**Test Group:**

Neuron Specific Enolase

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

EIA

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Hemolysis, or plasma sample.

**Specimen Preparation:**

Order Quest Test # 22251P

**Units:**

µg/L (mcg/L)

**Reference Interval:**

| Age             | Normal range  |
|-----------------|---------------|
| Newborn         | 4.8-19.5 µg/L |
| 12-17 years     | <= 12.0 µg/L  |
| >= 18 year olds | < 8.6 µg/L    |

**Synonyms:**

- NSE
- 34476



**Reported:**

Performed 2x per week Turnaround time 3-6 days.

**Additional Information:**

Neuron Specific Enolase cannot be used as a diagnostic test without confirmation by another established test or procedure. Values obtained by different laboratories are generally not comparable. This test is performed using the Can Ag. EIA method.

Test is useful in monitoring disease progression and therapy in patients with small cell lung cancer and neuroendocrine tumors Neuroblastoma, Medullary Thyroid Ca, Pheochromocytoma and other malignancies that can secrete NSE such as Pancreatic Islet Cell Cancer

**CPT Codes:**

83520-90

**LOINC Codes:**

57371-7

# Neutrophil Antibodies by Flow Cytometry

LAB5483

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Flow cytometry

**Reported:**

5 -7 days

**Additional Information:**

Used for possible immune neutropenia unrelated to transfusion. For Granulomatosis with polyangiitis (GPA), see Neutrophil Cytoplasmic Antibodies.

Neutrophil-associated IgG and IgM are quantitated after incubating the patient's serum with formalin-fixed neutrophils. The test does NOT distinguish specific anti-neutrophil immunoglobulins from antibodies directed against HLA antigens.

**Synonyms:**

- Anti-Neutrophil Antibodies
- flow cytometry

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

NEUAB

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

## PROCESSING

**Test Code:**

NEUAB

**Test Group:**

Neutrophil Antibodies

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze at -20C and ship to China Basin

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

## RESULT INTERPRETATION

**Reference Interval:**

None detected

**Additional Information:**

Used for possible immune neutropenia unrelated to transfusion. For Granulomatosis with polyangiitis (GPA), see Neutrophil Cytoplasmic Antibodies.

Neutrophil-associated IgG and IgM are quantitated after incubating the patient's serum with formalin-fixed neutrophils. The test does NOT distinguish specific anti-neutrophil immunoglobulins from antibodies directed against HLA antigens.

**ADMINISTRATIVE****CPT Codes:**

86021-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

NEUAB

**Test Group:**

Neutrophil Antibodies

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Flow cytometry

**Collect:**

Red top (Gold top **NOT** acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Specimen Preparation:**

Freeze at -20C and ship to China Basin

**Reference Interval:**

None detected

**Synonyms:**

- Anti-Neutrophil Antibodies
- flow cytometry

**Reported:**

5 -7 days

**Additional Information:**

Used for possible immune neutropenia unrelated to transfusion. For Granulomatosis with polyangiitis (GPA), see Neutrophil Cytoplasmic Antibodies.

Neutrophil-associated IgG and IgM are quantitated after incubating the patient's serum with formalin-fixed neutrophils. The test does NOT distinguish specific anti-neutrophil immunoglobulins from antibodies directed against HLA antigens.

**CPT Codes:**

86021-90

# Neutrophil Cytoplasmic Antibodies

LAB3199

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday (day shift)

**Methodology:**

Chemiluminescence

**Reported:**

2-8 days

**Additional Information:**

This test may be useful in discriminating among the various vasculitides. Cytoplasmic (c-ANCA) antibodies giving diffuse cytoplasmic staining are directed against Proteinase-3, and are suggestive of a spectrum of diseases which includes granulomatosis with polyangiitis (GPA), polyarteritis nodosa, Churg-Strauss syndrome, and primary necrotizing and crescentic glomerulonephritis. Perinuclear (p-ANCA) staining is due to antibodies to myeloperoxidase (MPO) and other antigens such as elastase and lactoferrin, and is less specific.

**Synonyms:**

- ANCA
- Anti-Neutrophil Antibodies
- anti-MPO
- Myeloperoxidase antibodies
- anti-myeloperoxidase
- Proteinase-3 Antibody
- anti-Proteinase-3 Antibody
- PR3
- anti-PR3

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Avoid hemolysis

**Unacceptable Conditions:**

Grossly Hemolyzed, Lipemic or Icteric

## PROCESSING

**Test Code:**

ANCA

**Test Group:**

Neutrophil Antibodies

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze serum at -20°C.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly Hemolyzed, Lipemic or Icteric

**RESULT INTERPRETATION****Units:**

Chemiluminescence units (CU)

**Reference Interval:**

Myeloperoxidase Antibody (MPO) and Proteinase-3 Antibody (PR3):

Negative: &lt; 20.0 CU

Positive: &gt;= 20.0 CU

**Additional Information:**

This test may be useful in discriminating among the various vasculitides. Cytoplasmic (c-ANCA) antibodies giving diffuse cytoplasmic staining are directed against Proteinase-3, and are suggestive of a spectrum of diseases which includes granulomatosis with polyangiitis (GPA), polyarteritis nodosa, Churg-Strauss syndrome, and primary necrotizing and crescentic glomerulonephritis. Perinuclear (p-ANCA) staining is due to antibodies to myeloperoxidase (MPO) and other antigens such as elastase and lactoferrin, and is less specific.

**ADMINISTRATIVE****CPT Codes:**

86036 X 2

**LOINC Codes:**

45151-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ANCA

**Test Group:**

Neutrophil Antibodies

**Performing Lab:**

Immunology

**Performed:**

Monday (day shift)

**Methodology:**

Chemiluminescence

**Remarks:**

Avoid hemolysis

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly Hemolyzed, Lipemic or Icteric

**Specimen Preparation:**

Freeze serum at -20°C.

**Units:**

Chemiluminescence units (CU)

**Reference Interval:**

Myeloperoxidase Antibody (MPO) and Proteinase-3 Antibody (PR3):

Negative: &lt; 20.0 CU

Positive: &gt;= 20.0 CU

**Synonyms:**

- ANCA
- Anti-Neutrophil Antibodies
- anti-MPO
- Myeloperoxidase antibodies
- anti-myeloperoxidase
- Proteinase-3 Antibody
- anti-Proteinase-3 Antibody
- PR3
- anti-PR3

**Reported:**

2-8 days

**Additional Information:**

This test may be useful in discriminating among the various vasculitides. Cytoplasmic (c-ANCA) antibodies giving diffuse cytoplasmic staining are directed against Proteinase-3, and are suggestive of a spectrum of diseases which includes granulomatosis with polyangiitis (GPA), polyarteritis nodosa, Churg-Strauss syndrome, and primary necrotizing and crescentic glomerulonephritis. Perinuclear (p-ANCA) staining is due to antibodies to myeloperoxidase (MPO) and other antigens such as elastase and lactoferrin, and is less specific.

**CPT Codes:**

86036 X 2

**LOINC Codes:**

45151-8

# Neutrophil Oxidative Index by Flow Cytometry

LAB3782

## ORDERING

**Approval Required:**

Yes, Contact Immunology at x3-1712

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Tuesday, Wednesday only (day shift) by appointment. Contact Immunology at x3-1712

**Methodology:**

Flow Cytometry

**Reported:**

6-10 days

**Additional Information:**

This more sensitive assay replaces the NBT test in detecting defects in the generation of peroxide by the monophosphate shunt, and is capable of detecting the carrier state.

The neutrophil oxidative index and the net fluorescence are compared with those of a healthy control and the results are interpreted in a separate report.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- NBT
- Nitro-blue tetrazolium
- CGD
- Chronic granulomatous disease
- NOI
- flow cytometry

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Collect:**

Dark Green top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL whole blood

**Minimum Volume:**

2 mL whole blood

**Remarks:**

By appointment only with Immunology, call x3-1712

Sample should be delivered to the laboratory IMMEDIATELY and no later than 1000 on the day of testing. The specimen must reach the Immunology laboratory within FOUR hours of collection.

**Unacceptable Conditions:**

Unscheduled samples will be rejected. Samples greater than 4 hours old will be rejected. Samples delivered to processing lab > 30 min after collection or after 10:00 AM Monday-Friday will be rejected.

## PROCESSING

**Test Code:**

NOI

**Performing Lab:**

Immunology

**Specimen Preparation:**

Sample must be kept at room temperature and DO NOT centrifuge. Notify Immunology at x3-1712 after sample is drawn. Deliver to Immunology at China Basin as soon as possible.

**Preferred Volume:**

3 mL whole blood

**Minimum Volume:**

2 mL whole blood

**Unacceptable Conditions:**

Unscheduled samples will be rejected. Samples greater than 4 hours old will be rejected. Samples delivered to processing lab > 30 min after collection or after 10:00 AM Monday-Friday will be rejected.

**RESULT INTERPRETATION****Additional Information:**

This more sensitive assay replaces the NBT test in detecting defects in the generation of peroxide by the monophosphate shunt, and is capable of detecting the carrier state.

The neutrophil oxidative index and the net fluorescence are compared with those of a healthy control and the results are interpreted in a separate report.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

86352

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

32631-4

**COMPLETE VIEW****Approval Required:**

Yes, Contact Immunology at x3-1712

**Available Stat:**

No

**Test Code:**

NOI

**Performing Lab:**

Immunology

**Performed:**

Tuesday, Wednesday only (day shift) by appointment. Contact Immunology at x3-1712

**Methodology:**

Flow Cytometry

**Remarks:**

By appointment only with Immunology, call x3-1712

Sample should be delivered to the laboratory IMMEDIATELY and no later than 1000 on the day of testing. The specimen must reach the Immunology laboratory within FOUR hours of collection.

**Collect:**

Dark Green top

**Amount to Collect:**

3 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

3 mL whole blood

**Minimum Volume:**

2 mL whole blood

**Unacceptable Conditions:**

Unscheduled samples will be rejected. Samples greater than 4 hours old will be rejected. Samples delivered to processing lab > 30 min after collection or after 10:00 AM Monday-Friday will be rejected.



**Specimen Preparation:**

Sample must be kept at room temperature and DO NOT centrifuge. Notify Immunology at x3-1712 after sample is drawn. Deliver to Immunology at China Basin as soon as possible.

**Synonyms:**

- NBT
- Nitro-blue tetrazolium
- CGD
- Chronic granulomatous disease
- NOI
- flow cytometry

**Reported:**

6-10 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

This more sensitive assay replaces the NBT test in detecting defects in the generation of peroxide by the monophosphate shunt, and is capable of detecting the carrier state.

The neutrophil oxidative index and the net fluorescence are compared with those of a healthy control and the results are interpreted in a separate report.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

86352

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

32631-4

# Nicotine and Cotinine, Urine

LAB5521

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Additional Information:**

This assay is used for the detection of nicotine and cotinine in serum and plasma to determine the tobacco exposure status of the individual. Nicotine has a short half-life of approximately forty minutes; its presence may indicate recent tobacco exposure. Cotinine, the major nicotine metabolite, has a half-life of 24 hours and is detectable for several days after cessation of tobacco exposure.

**Synonyms:**

- cigarette
- smoking
- tobacco

## COLLECTION

**Sample Type:**

Random urine

**Label Abbreviation:**

NICUR

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks, frozen 1 month

## PROCESSING

**Test Code:**

NICUR

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and refrigerate sample. Transport to CB refrigerated. Order Quest test code 90646

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks, frozen 1 month

## RESULT INTERPRETATION

**Units:**

ng/mL

**Reference Interval:**

Nicotine:  
Smokers: 200-700 ng/mL  
Non-Smokers:  $\leq 17$  ng/mL

Cotinine:  
Smokers: 300-1300 ng/mL  
Non-Smokers:  $\leq 20$  ng/mL

**Additional Information:**

This assay is used for the detection of nicotine and cotinine in serum and plasma to determine the tobacco exposure status of the individual. Nicotine has a short half-life of approximately forty minutes; Its presence may indicate recent tobacco exposure. Cotinine, the major nicotine metabolite, has a half-life of 24 hours and is detectable for several days after cessation of tobacco exposure.

**ADMINISTRATIVE****CPT Codes:**

80323

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

NICUR

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Specimen Preparation:**

Aliquot and refrigerate sample. Transport to CB refrigerated. Order Quest test code 90646

**Units:**

ng/mL

**Reference Interval:**

Nicotine:  
Smokers: 200-700 ng/mL  
Non-Smokers:  $\leq 17$  ng/mL

Cotinine:  
Smokers: 300-1300 ng/mL  
Non-Smokers:  $\leq 20$  ng/mL

**Synonyms:**

- cigarette
- smoking
- tobacco

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks, frozen 1 month

**Additional Information:**

This assay is used for the detection of nicotine and cotinine in serum and plasma to determine the tobacco exposure status of the individual. Nicotine has a short half-life of approximately forty minutes; Its presence may indicate recent tobacco exposure. Cotinine, the major nicotine metabolite, has a half-life of 24 hours and is detectable for several days after cessation of tobacco exposure.

**CPT Codes:**  
80323

# N-methyl-D-Aspartate Receptor (NMDAR) Antibody, IgG by CBA-IFA, CSF With Reflex to Titer

LAB6177

## ORDERING

**Ordering Recommendations:**

Confirm diagnosis of anti-NMDAR encephalitis. May be used in monitoring treatment response in individuals who are antibody positive.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

**Reported:**

1-5 days

**Synonyms:**

- anti-GluN1
- Anti-NMDA CSF
- anti-NR1
- Glutamate Receptor Antibodies
- N-Methyl D-Aspartate Ab CSF
- NMDA R
- NMDA Receptor Ab CSF
- NMDC

## COLLECTION

**Label Abbreviation:**

NMDC

**Collect:**

CSF.

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Contaminated, hemolyzed, or severely lipemic specimens.

## PROCESSING

**Test Code:**

NMDC

**ARUP Test Code:**

2005164

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 0.5 mL CSF to an ARUP standard transport tube. (Min: 0.15 mL)

**Unacceptable Conditions:**

Contaminated, hemolyzed, or severely lipemic specimens.

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**

Less than 1:1

**Interpretive Data:**

NMDA receptor antibody is found in a subset of patients with autoimmune limbic encephalitis and may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response. In addition, positive results have been reported in patients with nonautoimmune phenotypes. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis. Results should be interpreted in correlation with the patients clinical history and other laboratory findings.

This indirect fluorescent antibody assay utilizes full-length GluN1 transfected cell lines for the detection and semiquantification of NMDA receptor IgG antibody.

**ADMINISTRATIVE****CPT Codes:**

86255; if reflexed, add 86256

**LOINC:**

- 80220-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Confirm diagnosis of anti-NMDAR encephalitis. May be used in monitoring treatment response in individuals who are antibody positive.

**Test Code:**

NMDC

**ARUP Test Code:**

2005164

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

**Collect:**

CSF.

**Unacceptable Conditions:**

Contaminated, hemolyzed, or severely lipemic specimens.

**Specimen Preparation:**

Transfer 0.5 mL CSF to an ARUP standard transport tube. (Min: 0.15 mL)

**Reference Interval:**

Less than 1:1

**Interpretive Data:**

NMDA receptor antibody is found in a subset of patients with autoimmune limbic encephalitis and may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response. In addition, positive results have been reported in patients with nonautoimmune phenotypes. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis. Results should be interpreted in correlation with the patients clinical history and other laboratory findings.

This indirect fluorescent antibody assay utilizes full-length GluN1 transfected cell lines for the detection and semiquantification of NMDA receptor IgG antibody.

**Synonyms:**

- anti-GluN1
- Anti-NMDA CSF
- anti-NR1
- Glutamate Receptor Antibodies
- N-Methyl D-Aspartate Ab CSF
- NMDA R
- NMDA Receptor Ab CSF
- NMDC

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Reported:**

1-5 days

**CPT Codes:**

86255; if reflexed, add 86256

**LOINC:**

- 80220-7

**Notes:**

If NMDA CSF antibody IgG is positive, then an NMDA CSF antibody IgG titer is reported. Additional charges apply.

# N-methyl-D-Aspartate Receptor (NMDAR) Antibody, IgG by CBA-IFA, Serum With Reflex to Titer

LAB5500

## ORDERING

**Ordering Recommendations:**

Confirm diagnosis of anti-NMDAR encephalitis. May be used in monitoring treatment response in individuals who are antibody positive.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

**Reported:**

1-5 days

**Synonyms:**

- Anti-GluN1
- Anti-NMDA
- Anti-NR1
- Glutamate Receptor Antibodies
- N-Methyl D-Aspartate Ab
- NMDA R
- NMDA Receptor Ab
- NMDA Reflex
- NMDA Titer
- NMDS

## COLLECTION

**Label Abbreviation:**

NMDS

**Collect:**

Serum separator tube or red tube.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

CSF or plasma. Contaminated, hemolyzed, or severely lipemic specimens.

## PROCESSING

**Test Code:**

NMDS

**ARUP Test Code:**

2004221

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.15 mL)

**Unacceptable Conditions:**

CSF or plasma. Contaminated, hemolyzed, or severely lipemic specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Storage/Transport Temperature:**

Refrigerated.



**RESULT INTERPRETATION****Reference Interval:**

Less than 1:10

**Interpretive Data:**

NMDA receptor antibody is found in a subset of patients with autoimmune limbic encephalitis and may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response. In addition, positive results have been reported in patients with nonautoimmune phenotypes. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis. Results should be interpreted in correlation with the patient's clinical history and other laboratory findings. Serum testing should be paired with CSF testing for improved diagnostic sensitivity.

This indirect fluorescent antibody assay utilizes full-length GluN1 transfected cell lines for the detection and semiquantification of NMDA receptor IgG antibody.

**ADMINISTRATIVE****CPT Codes:**

86255; if reflexed, add 86256

**LOINC:**

- 80221-5

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Confirm diagnosis of anti-NMDAR encephalitis. May be used in monitoring treatment response in individuals who are antibody positive.

**Test Code:**

NMDS

**ARUP Test Code:**

2004221

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

**Collect:**

Serum separator tube or red tube.

**Unacceptable Conditions:**

CSF or plasma. Contaminated, hemolyzed, or severely lipemic specimens.

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.15 mL)

**Reference Interval:**

Less than 1:10

**Interpretive Data:**

NMDA receptor antibody is found in a subset of patients with autoimmune limbic encephalitis and may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response. In addition, positive results have been reported in patients with nonautoimmune phenotypes. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis. Results should be interpreted in correlation with the patient's clinical history and other laboratory findings. Serum testing should be paired with CSF testing for improved diagnostic sensitivity.

This indirect fluorescent antibody assay utilizes full-length GluN1 transfected cell lines for the detection and semiquantification of NMDA receptor IgG antibody.

**Synonyms:**

- Anti-GluN1
- Anti-NMDA
- Anti-NR1
- Glutamate Receptor Antibodies
- N-Methyl D-Aspartate Ab
- NMDA R
- NMDA Receptor Ab
- NMDA Reflex
- NMDA Titer
- NMDS

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Reported:**

1-5 days

**CPT Codes:**

86255; if reflexed, add 86256

**LOINC:**

- 80221-5

**Notes:**

If NMDA antibody IgG is positive, then an NMDA antibody IgG titer is reported. Additional charges apply.

# NMO/AQP-4 Antibody, IgG

LAB5331

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

ELISA

**Reported:**

1-2 weeks

**Additional Information:**

Neuromyelitis optica (NMO, sometimes called Devic disease) is a severe, relapsing, autoimmune, inflammatory and demyelinating central nervous system disease that predominantly affects optic nerves and the spinal cord. The disorder is now recognized as a spectrum of autoimmunity targeting the astrocytic water channel aquaporin-4 (AQP4). NMO spectrum disorders (NMOSD) may involve the brain and brainstem with symptoms of encephalopathy (particularly in children). The initial symptoms may be bouts of intractable nausea and vomiting. Magnetic resonance imaging typically reveals large inflammatory spinal cord lesions involving 3 or more vertebral segments. During acute attacks, the cerebrospinal fluid contains inflammatory cells, but usually lacks evidence of intrathecal IgG synthesis. The clinical course is characterized by relapses of optic neuritis or transverse myelitis, or both.

Prior to introducing a serological biomarker for NMO, the disorder was thought to be confined exclusively to the optic nerves and spinal cord, that the clinical course was monophasic and that NMO was a subset of multiple sclerosis (MS). The discovery of a highly specific disease marker for NMO (NMO-IgG/AQP4-IgG) helped to define the full clinical spectrum of NMOSD and to distinguish these disorders from MS. Attacks are often severe resulting in a rapid accumulation of disability (blindness and paraplegia). Within 5 years, 50% of patients lose functional vision in at least 1 eye or are unable to walk independently. Many patients with NMOSD are misdiagnosed as having MS. Importantly, the prognosis and optimal treatments for the 2 diseases differ. NMOSD typically has a worse natural history than MS, with frequent and early relapses. Treatments for NMOSD include corticosteroids and plasmapheresis for acute attacks and mycophenolate mofetil, azathioprine and rituximab for relapse prevention. Beta-interferon, a treatment promoted for MS, exacerbates NMOSD. Therefore, early diagnosis and initiation of NMO-appropriate immunosuppressant treatment is important to optimize the clinical outcome by preventing further attacks.

Detection of AQP4-IgG by enzyme-linked immunosorbent assay allows distinction of NMOSD (65%-77% are positive) from MS (0% positive), and is indicative of a relapsing disease, mandating initiation of immunosuppression, even after the first attack, thereby reducing attack frequency and disability in the future.

**Synonyms:**

- Devic disease
- Neuromyelitis optica
- NMO spectrum disorders
- TRANSVERSE MYELITIS ANTIBODY
- OPTIC NEURITIS ANTIBODY
- NMO-IGG
- DEVIC'S ANTIBODY
- AQUAPORIN
- AQP

## COLLECTION

**Sample Type:**

Serum or CSF

**Label Abbreviation:**

NMOSRM

**Collect:**

Red top, Gold top, CSF tube or sterile collection tube

**Amount to Collect:**

6 mL blood

3 mL CSF

**Preferred Volume:**

3 mL serum or CSF

**Minimum Volume:**

2 mL serum or CSF

**Stability (from collection to initiation):**

Frozen, 2 weeks

**PROCESSING****Test Code:**

NMO

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Freeze serum and ship to China Basin frozen

Mayo order NMOFS

**Preferred Volume:**

3 mL serum or CSF

**Minimum Volume:**

2 mL serum or CSF

**Stability (from collection to initiation):**

Frozen, 2 weeks

**RESULT INTERPRETATION****Units:**

U/mL

**Reference Interval:**

&lt; 1.6 U/mL

**Additional Information:**

Neuromyelitis optica (NMO, sometimes called Devic disease) is a severe, relapsing, autoimmune, inflammatory and demyelinating central nervous system disease that predominantly affects optic nerves and the spinal cord. The disorder is now recognized as a spectrum of autoimmunity targeting the astrocytic water channel aquaporin-4 (AQP4). NMO spectrum disorders (NMOSD) may involve the brain and brainstem with symptoms of encephalopathy (particularly in children). The initial symptoms may be bouts of intractable nausea and vomiting. Magnetic resonance imaging typically reveals large inflammatory spinal cord lesions involving 3 or more vertebral segments. During acute attacks, the cerebrospinal fluid contains inflammatory cells, but usually lacks evidence of intrathecal IgG synthesis. The clinical course is characterized by relapses of optic neuritis or transverse myelitis, or both.

Prior to introducing a serological biomarker for NMO, the disorder was thought to be confined exclusively to the optic nerves and spinal cord, that the clinical course was monophasic and that NMO was a subset of multiple sclerosis (MS). The discovery of a highly specific disease marker for NMO (NMO-IgG/AQP4-IgG) helped to define the full clinical spectrum of NMOSD and to distinguish these disorders from MS. Attacks are often severe resulting in a rapid accumulation of disability (blindness and paraplegia). Within 5 years, 50% of patients lose functional vision in at least 1 eye or are unable to walk independently. Many patients with NMOSD are misdiagnosed as having MS. Importantly, the prognosis and optimal treatments for the 2 diseases differ. NMOSD typically has a worse natural history than MS, with frequent and early relapses. Treatments for NMOSD include corticosteroids and plasmapheresis for acute attacks and mycophenolate mofetil, azathioprine and rituximab for relapse prevention. Beta-interferon, a treatment promoted for MS, exacerbates NMOSD. Therefore, early diagnosis and initiation of NMO-appropriate immunosuppressant treatment is important to optimize the clinical outcome by preventing further attacks.

Detection of AQP4-IgG by enzyme-linked immunosorbent assay allows distinction of NMOSD (65%-77% are positive) from MS (0% positive), and is indicative of a relapsing disease, mandating initiation of immunosuppression, even after the first attack, thereby reducing attack frequency and disability in the future.

**ADMINISTRATIVE****CPT Codes:**

83520-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

NMO

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**

Red top, Gold top, CSF tube or sterile collection tube

**Amount to Collect:**

6 mL blood

3 mL CSF

**Sample Type:**

Serum or CSF

**Preferred Volume:**

3 mL serum or CSF

**Minimum Volume:**

2 mL serum or CSF

**Specimen Preparation:**

Freeze serum and ship to China Basin frozen

Mayo order NMOFS

**Units:**

U/mL

**Reference Interval:**

&lt; 1.6 U/mL

**Synonyms:**

- Devic disease
- Neuromyelitis optica
- NMO spectrum disorders
- TRANSVERSE MYELITIS ANTIBODY
- OPTIC NEURITIS ANTIBODY
- NMO-IGG
- DEVIC'S ANTIBODY
- AQUAPORIN
- AQP

**Stability (from collection to initiation):**

Frozen, 2 weeks

**Reported:**

1-2 weeks

**Additional Information:**

Neuromyelitis optica (NMO, sometimes called Devic disease) is a severe, relapsing, autoimmune, inflammatory and demyelinating central nervous system disease that predominantly affects optic nerves and the spinal cord. The disorder is now recognized as a spectrum of autoimmunity targeting the astrocytic water channel aquaporin-4 (AQP4). NMO spectrum disorders (NMOSD) may involve the brain and brainstem with symptoms of encephalopathy (particularly in children). The initial symptoms may be bouts of intractable nausea and vomiting. Magnetic resonance imaging typically reveals large inflammatory spinal cord lesions involving 3 or more vertebral segments. During acute attacks, the cerebrospinal fluid contains inflammatory cells, but usually lacks evidence of intrathecal IgG synthesis. The clinical course is characterized by relapses of optic neuritis or transverse myelitis, or both.

Prior to introducing a serological biomarker for NMO, the disorder was thought to be confined exclusively to the optic nerves and spinal cord, that the clinical course was monophasic and that NMO was a subset of multiple sclerosis (MS). The discovery of a highly specific disease marker for NMO (NMO-IgG/AQP4-IgG) helped to define the full clinical spectrum of NMOSD and to distinguish these disorders from MS. Attacks are often severe resulting in a rapid accumulation of disability (blindness and paraplegia). Within 5 years, 50% of patients lose functional vision in at least 1 eye or are unable to walk independently. Many patients with NMOSD are misdiagnosed as having MS. Importantly, the prognosis and optimal treatments for the 2 diseases differ. NMOSD typically has a worse natural history than MS, with frequent and early relapses. Treatments for NMOSD include corticosteroids and plasmapheresis for acute attacks and mycophenolate mofetil, azathioprine and rituximab for relapse prevention. Beta-interferon, a treatment promoted for MS, exacerbates NMOSD. Therefore, early diagnosis and initiation of NMO-appropriate immunosuppressant treatment is important to optimize the clinical outcome by preventing further attacks.

Detection of AQP4-IgG by enzyme-linked immunosorbent assay allows distinction of NMOSD (65%-77% are positive) from MS (0% positive), and is indicative of a relapsing disease, mandating initiation of immunosuppression, even after the first attack, thereby reducing attack frequency and disability in the future.

**CPT Codes:**

83520-90

# Non-Invasive Prenatal Screening

NIPS

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Methodology:**

Massively parallel sequencing

**Reported:**

7 days

## COLLECTION

**Sample Type:**

Whole blood

**Collect:**

Streck Cell-Free DNA Blood tube

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

15 mL

**Minimum Volume:**

10 mL

**Remarks:**

Draw two Streck Cell-Free DNA Blood tube. Fully completed requisition.

**Stability (from collection to initiation):**

5 days

**Unacceptable Conditions:**

Gestational age &lt;10 weeks; incorrect or expired blood tube; quantity not sufficient for analysis; specimen received more than five days from collection; excessive hemolysis; frozen specimens

## PROCESSING

**Test Code:**

NIPS

**Performing Lab:**

Cytogenetics

**Specimen Preparation:**

Do not aliquot. Maintain at ambient temperature.

**Preferred Volume:**

15 mL

**Minimum Volume:**

10 mL

**Unacceptable Conditions:**

Gestational age &lt;10 weeks; incorrect or expired blood tube; quantity not sufficient for analysis; specimen received more than five days from collection; excessive hemolysis; frozen specimens

**Stability (from collection to initiation):**

5 days

## ADMINISTRATIVE

**CPT Codes:**

81420

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

NIPS

**Performing Lab:**

Cytogenetics

**Methodology:**

Massively parallel sequencing

**Remarks:**

Draw two Streck Cell-Free DNA Blood tube. Fully completed requisition.

**Collect:**

Streck Cell-Free DNA Blood tube

**Amount to Collect:**

See Preferred Volume

**Sample Type:**

Whole blood

**Preferred Volume:**

15 mL

**Minimum Volume:**

10 mL

**Unacceptable Conditions:**

Gestational age <10 weeks; incorrect or expired blood tube; quantity not sufficient for analysis; specimen received more than five days from collection; excessive hemolysis; frozen specimens

**Specimen Preparation:**

Do not aliquot. Maintain at ambient temperature.

**Stability (from collection to initiation):**

5 days

**Reported:**

7 days

**CPT Codes:**

81420

# Norovirus RNA

P380

## ORDERING

**Ordering Recommendations:**

Patient testing for norovirus is included in Gastrointestinal Pathogen Panel PCR. Norovirus PCR may be ordered and sent by the microbiology laboratory in conjunction with Infection Control as part of exposure workup.

**Available Stat:**

No

**Performing Lab:**

Viracor

**Methodology:**

RT-PCR, Qualitative

**Reported:**

Turnaround time 2-5 days

**Additional Information:**

This assay differentiates between Norovirus Group I and Group II. Genogroup I and Genogroup II assays show slight cross-reactivity with high titers of Norovirus Genotype IV RNA.

**Synonyms:**

- Norwalk-like virus

## COLLECTION

**Sample Type:**

Stool

**Collect:**

Clean container (urine cup)

**Amount to Collect:**

2 mL

**Preferred Volume:**

2 mL

**Minimum Volume:**

Pea size of formed stool or 2 mL of liquid stool

**Remarks:**

Submit stool sample in clean container. Do NOT collect stool in preservative.

**Stability (from collection to initiation):**

Room temp or refrigerated 96 hours, frozen 1 month.

**Rejection Criteria:**

Stool received in preservative

## PROCESSING

**Test Code:**

P380

**Sendout:**

Yes

**Performing Lab:**

Viracor

**Specimen Preparation:**

Specimen sent out by Microbiology. Freeze specimen and ship frozen. Seal lid of container with parafilm to prevent leakage during transit. Order Viracor test # 2400

**Preferred Volume:**

2 mL

**Minimum Volume:**

Pea size of formed stool or 2 mL of liquid stool

**Rejection Criteria:**

Stool received in preservative

**Stability (from collection to initiation):**

Room temp or refrigerated 96 hours, frozen 1 month.

## RESULT INTERPRETATION



**Reference Interval:**

Not detected

**Additional Information:**

This assay differentiates between Norovirus Group I and Group II. Genogroup I and Genogroup II assays show slight cross-reactivity with high titers of Norovirus Genotype IV RNA.

**ADMINISTRATIVE****CPT Codes:**

87798-90 x2

**LOINC Codes:**

56748-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Patient testing for norovirus is included in Gastrointestinal Pathogen Panel PCR. Norovirus PCR may be ordered and sent by the microbiology laboratory in conjunction with Infection Control as part of exposure workup.

**Test Code:**

P380

**Performing Lab:**

Viracor

**Sendout:**

Yes

**Methodology:**

RT-PCR, Qualitative

**Remarks:**

Submit stool sample in clean container. Do NOT collect stool in preservative.

**Collect:**

Clean container (urine cup)

**Amount to Collect:**

2 mL

**Sample Type:**

Stool

**Preferred Volume:**

2 mL

**Minimum Volume:**

Pea size of formed stool or 2 mL of liquid stool

**Rejection Criteria:**

Stool received in preservative

**Specimen Preparation:**

Specimen sent out by Microbiology. Freeze specimen and ship frozen. Seal lid of container with parafilm to prevent leakage during transit. Order Viracor test # 2400

**Reference Interval:**

Not detected

**Synonyms:**

- Norwalk-like virus

**Stability (from collection to initiation):**

Room temp or refrigerated 96 hours, frozen 1 month.

**Reported:**

Turnaround time 2-5 days

**Additional Information:**

This assay differentiates between Norovirus Group I and Group II. Genogroup I and Genogroup II assays show slight cross-reactivity with high titers of Norovirus Genotype IV RNA.

**CPT Codes:**

87798-90 x2

**LOINC Codes:**

56748-7

# Nortriptyline Level

LAB807

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Liquid Chromatography Tandem Mass Spectrometry

**Reported:**

Test performed Monday-Saturday. Turnaround time: 2-5 days.

**Synonyms:**

- Aventyl

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

NRT

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

8 mL blood

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top

## PROCESSING

**Test Code:**

NRT

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

If both Nortriptyline and Amitriptyline (Elavil) are requested, order Amitriptyline (AMTR) only.

Separate serum promptly. Refrigerate. Order Quest # 272

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top

## RESULT INTERPRETATION

**Units:**

µg/L (mcg/L)

**Reference Interval:**

Therapeutic: 50-150 µg/L

Potentially toxic: &gt; 500 µg/L

**Critical Values:**

Quest Priority-1: &gt;= 500 µg/L

**ADMINISTRATIVE****CPT Codes:**

80335-90

**LOINC Codes:**

3872-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

NRT

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Liquid Chromatography Tandem Mass Spectrometry

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

8 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top

**Specimen Preparation:**

If both Nortriptyline and Amitriptyline (Elavil) are requested, order Amitriptyline (AMTR) only.

Separate serum promptly. Refrigerate. Order Quest # 272

**Units:**

µg/L (mcg/L)

**Reference Interval:**

Therapeutic: 50-150 µg/L

Potentially toxic: &gt; 500 µg/L

**Critical Values:**

Quest Priority-1: &gt;= 500 µg/L

**Synonyms:**

- Aventyl

**Reported:**

Test performed Monday-Saturday. Turnaround time: 2-5 days.

**CPT Codes:**

80335-90

**LOINC Codes:**

3872-9

# NPM1 Exon 12 Mutations, Qualitative PCR

LAB5409

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1st and 3rd Tuesday of every month, day shift only

**Methodology:**

Fluorescent PCR with analysis by capillary electrophoresis

**Reported:**

10-14 days

**Additional Information:**

Mutations in exon 12 of NPM1 are the most frequent molecular alterations in AML with normal karyotype, found in 60% of AML cases (one third of adult cases). This mutation causes mislocalization of NPM1 and its aberrant accumulation in the cytoplasm. NPM1 mutations are associated with other recurrent genetic changes, including chromosome abnormalities such as +8, +4, del(9q), and additional gene mutations, most importantly in FLT3.

Prognosis of cytogenetically normal AML with NPM1 mutations, particularly in the absence of FLT3 internal tandem duplication (ITD) mutation, is favorable when treated with high dose daunorubicin chemotherapy (Patel et al, N Engl J Med. 2012).

Results from this test do not exclude the presence of NPM1 mutations below the detection limit of this assay (2.5%), or the presence of other NPM1 mutations not detected by this assay. Results of this test should be interpreted within the clinical context to determine whether additional testing is necessary. This test is not intended to detect minimal residual disease.

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- Nucleophosmin
- nucleolar phosphoprotein B23
- numatrin
- NPM-1

## COLLECTION

**Sample Type:**

Blood, bone marrow aspirate, FFPE sections

**Collect:**

Lavender top (EDTA)

**Amount to Collect:**

Blood: 5 mL

Bone marrow aspirate: 3 mL

FFPE: 10 micron sections x5 on uncharged, unstained, glass slides plus one H&amp;E stained section

**Preferred Volume:**

Blood: 5 mL

Bone marrow aspirate: 3 mL

?FFPE: 10 micron sections x5 on uncharged, unstained, glass slides plus one H&amp;E stained section

**Minimum Volume:**

Blood: 2 mL

Bone marrow aspirate: 3 mL

?FFPE: 10 micron sections x3 on uncharged, unstained, glass slides plus one H&amp;E stained section

**Remarks:**

Avoid hemolysis. Due to stability issues these samples should only be collected at UCSF Monday through noon Friday.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen unacceptable.

**PROCESSING****Test Code:**

NPM1

**Test Group:**

AML molecular markers

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Do not freeze blood or bone marrow samples. Ship to CB as soon as possible.

**Preferred Volume:**

Blood: 5 mL

Bone marrow aspirate: 3 mL

?FFPE: 10 micron sections x5 on uncharged, unstained, glass slides plus one H&amp;E stained section

**Minimum Volume:**

Blood: 2 mL

Bone marrow aspirate: 3 mL

?FFPE: 10 micron sections x3 on uncharged, unstained, glass slides plus one H&amp;E stained section

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen unacceptable.

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Mutations in exon 12 of NPM1 are the most frequent molecular alterations in AML with normal karyotype, found in 60% of AML cases (one third of adult cases). This mutation causes mislocalization of NPM1 and its aberrant accumulation in the cytoplasm. NPM1 mutations are associated with other recurrent genetic changes, including chromosome abnormalities such as +8, +4, del(9q), and additional gene mutations, most importantly in FLT3.

Prognosis of cytogenetically normal AML with NPM1 mutations, particularly in the absence of FLT3 internal tandem duplication (ITD) mutation, is favorable when treated with high dose daunorubicin chemotherapy (Patel et al, N Engl J Med. 2012).

Results from this test do not exclude the presence of NPM1 mutations below the detection limit of this assay (2.5%), or the presence of other NPM1 mutations not detected by this assay. Results of this test should be interpreted within the clinical context to determine whether additional testing is necessary. This test is not intended to detect minimal residual disease.

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

**ADMINISTRATIVE****CPT Codes:**

81310

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

NPM1

**Test Group:**

AML molecular markers

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1st and 3rd Tuesday of every month, day shift only

**Methodology:**

Fluorescent PCR with analysis by capillary electrophoresis

**Remarks:**

Avoid hemolysis. Due to stability issues these samples should only be collected at UCSF Monday through noon Friday.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top (EDTA)

**Amount to Collect:**

Blood: 5 mL

Bone marrow aspirate: 3 mL

FFPE: 10 micron sections x5 on uncharged, unstained, glass slides plus one H&E stained section

**Sample Type:**

Blood, bone marrow aspirate, FFPE sections

**Preferred Volume:**

Blood: 5 mL

Bone marrow aspirate: 3 mL

?FFPE: 10 micron sections x5 on uncharged, unstained, glass slides plus one H&E stained section

**Minimum Volume:**

Blood: 2 mL

Bone marrow aspirate: 3 mL

?FFPE: 10 micron sections x3 on uncharged, unstained, glass slides plus one H&E stained section

**Specimen Preparation:**

Do not freeze blood or bone marrow samples. Ship to CB as soon as possible.

**Reference Interval:**

Negative

**Synonyms:**

- Nucleophosmin
- nucleolar phosphoprotein B23
- numatrin
- NPM-1

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen unacceptable.

**Reported:**

10-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

Mutations in exon 12 of NPM1 are the most frequent molecular alterations in AML with normal karyotype, found in 60% of AML cases (one third of adult cases). This mutation causes mislocalization of NPM1 and its aberrant accumulation in the cytoplasm. NPM1 mutations are associated with other recurrent genetic changes, including chromosome abnormalities such as +8, +4, del(9q), and additional gene mutations, most importantly in FLT3.

Prognosis of cytogenetically normal AML with NPM1 mutations, particularly in the absence of FLT3 internal tandem duplication (ITD) mutation, is favorable when treated with high dose daunorubicin chemotherapy (Patel et al, N Engl J Med. 2012).

Results from this test do not exclude the presence of NPM1 mutations below the detection limit of this assay (2.5%), or the presence of other NPM1 mutations not detected by this assay. Results of this test should be interpreted within the clinical context to determine whether additional testing is necessary. This test is not intended to detect minimal residual disease.

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

**CPT Codes:**

81310

**LDT or Modified FDA:**

Yes

# N-Telopeptide, 24 hour urine

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enhanced Chemiluminescence

**Reported:**

Test run Tuesday-Sunday Turnaround time: 2-6 days.

**Additional Information:**

This assay reflects breakdown of bone matrix by collagenase. A value within the premenopausal range does not exclude osteoporosis or the need for therapy.

Results are primarily of use in monitoring the response to treatment. A decline of  $\geq 30\%$  following 6 months of estrogen replacement therapy is indicative of a positive therapeutic response in postmenopausal women and in 88% of women was associated with maintained or increased bone mineral density

Ref: Chestnut CH et al. Amer J Med 1997;192:29

**Synonyms:**

- Collagen-Crosslinked
- Bone markers
- osteoporosis

## COLLECTION

**Sample Type:**

24 hour urine collection

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Remarks:**

For 24 hour specimen keep container refrigerated during collection.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 5 days, frozen at -20C 1 month

**Unacceptable Conditions:**

Preserved or acidified sample. 24 hour collection container not refrigerated during collection.

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot 2 mL and freeze at -20C. Order Quest #36421X

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Unacceptable Conditions:**

Preserved or acidified sample. 24 hour collection container not refrigerated during collection.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 5 days, frozen at -20C 1 month

**RESULT INTERPRETATION****Units:**

nmol BCE/mmol creatinine

**Reference Interval:**

|                                      |                               |
|--------------------------------------|-------------------------------|
| >= 18 year old premenopausal females | 5-79 nmol BCE/mmol creatinine |
|--------------------------------------|-------------------------------|

&gt;= 18 year old males:

|             |                               |
|-------------|-------------------------------|
| 18-29 years | 5-88 nmol BCE/mmol creatinine |
| 30-39 years | 7-51 nmol BCE/mmol creatinine |
| 40-49 years | 5-47 nmol BCE/mmol creatinine |
| 50-60 years | 6-43 nmol BCE/mmol creatinine |

**Additional Information:**

This assay reflects breakdown of bone matrix by collagenase. A value within the premenopausal range does not exclude osteoporosis or the need for therapy.

Results are primarily of use in monitoring the response to treatment. A decline of >= 30% following 6 months of estrogen replacement therapy is indicative of a positive therapeutic response in postmenopausal women and in 88% of women was associated with maintained or increased bone mineral density

Ref: Chestnut CH et al. Amer J Med 1997;192:29

**ADMINISTRATIVE****CPT Codes:**

82523-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Enhanced Chemiluminescence

**Remarks:**

For 24 hour specimen keep container refrigerated during collection.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Unacceptable Conditions:**

Preserved or acidified sample. 24 hour collection container not refrigerated during collection.

**Specimen Preparation:**

Aliquot 2 mL and freeze at -20C. Order Quest #36421X



**Units:**

nmol BCE/mmol creatinine

**Reference Interval:**

|                                      |                               |
|--------------------------------------|-------------------------------|
| >= 18 year old premenopausal females | 5-79 nmol BCE/mmol creatinine |
|--------------------------------------|-------------------------------|

&gt;= 18 year old males:

|             |                               |
|-------------|-------------------------------|
| 18-29 years | 5-88 nmol BCE/mmol creatinine |
| 30-39 years | 7-51 nmol BCE/mmol creatinine |
| 40-49 years | 5-47 nmol BCE/mmol creatinine |
| 50-60 years | 6-43 nmol BCE/mmol creatinine |

**Synonyms:**

- Collagen-Crosslinked
- Bone markers
- osteoporosis

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 5 days, frozen at -20C 1 month

**Reported:**

Test run Tuesday-Sunday Turnaround time: 2-6 days.

**Additional Information:**

This assay reflects breakdown of bone matrix by collagenase. A value within the premenopausal range does not exclude osteoporosis or the need for therapy.

Results are primarily of use in monitoring the response to treatment. A decline of >= 30% following 6 months of estrogen replacement therapy is indicative of a positive therapeutic response in postmenopausal women and in 88% of women was associated with maintained or increased bone mineral density

Ref: Chestnut CH et al. Amer J Med 1997;192:29

**CPT Codes:**

82523-90

# N-Telopeptide, Urine, Random

LAB3397

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enhanced Chemiluminescence

**Reported:**

Test run Tuesday-Sunday Turnaround time: 2-6 days.

**Additional Information:**

This assay reflects breakdown of bone matrix by collagenase. A value within the premenopausal range does not exclude osteoporosis or the need for therapy.

Results are primarily of use in monitoring the response to treatment. A decline of  $\geq 30\%$  following 6 months of estrogen replacement therapy is indicative of a positive therapeutic response in postmenopausal women and in 88% of women was associated with maintained or increased bone mineral density

Ref: Chestnut CH et al. Amer J Med 1997;192:29

**Synonyms:**

- Collagen-Crosslinked
- Bone markers
- osteoporosis

## COLLECTION

**Sample Type:**

Random urine

**Label Abbreviation:**

NTX

**Collect:**

Urine cup

**Amount to Collect:**

Random urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Remarks:**

The preferred sample is a second void urine. have patient void first morning urine and collected second void.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 5 days, frozen at -20C 1 month

**Unacceptable Conditions:**

Preserved or acidified sample.

## PROCESSING

**Test Code:**

NTX

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot 2 mL and freeze at -20C. Order Quest #36167X

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Unacceptable Conditions:**

Preserved or acidified sample.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 5 days, frozen at -20C 1 month

**RESULT INTERPRETATION****Units:**

nmol BCE/mmol creatinine (BCE = Bone Collagen Equivalents)

**Reference Interval:**

Pediatric:

|                   |                                 |
|-------------------|---------------------------------|
| 0-6 months        | 2-32 nmol BCE/mmol creatinine   |
| 7-11 months       | 2-36 nmol BCE/mmol creatinine   |
| 1-2 years         | 2-128 nmol BCE/mmol creatinine  |
| 3-8 years         | 2-149 nmol BCE/mmol creatinine  |
| 9-12 years        | 2-183 nmol BCE/mmol creatinine  |
| 12-18 years male  | 20-370 nmol BCE/mmol creatinine |
| > 12 years female | 20-320 nmol BCE/mmol creatinine |

|                       |                               |
|-----------------------|-------------------------------|
| Premenopausal Females | 4-64 nmol BCE/mmol creatinine |
|-----------------------|-------------------------------|

Males:

|             |                                |
|-------------|--------------------------------|
| 18-29 years | 12-99 nmol BCE/mmol creatinine |
| 30-59 years | 9-60 nmol BCE/mmol creatinine  |

**Additional Information:**

This assay reflects breakdown of bone matrix by collagenase. A value within the premenopausal range does not exclude osteoporosis or the need for therapy.

Results are primarily of use in monitoring the response to treatment. A decline of  $\geq 30\%$  following 6 months of estrogen replacement therapy is indicative of a positive therapeutic response in postmenopausal women and in 88% of women was associated with maintained or increased bone mineral density

Ref: Chestnut CH et al. Amer J Med 1997;192:29

**ADMINISTRATIVE****CPT Codes:**

82523-90

**LOINC Codes:**

14115-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

NTX

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Enhanced Chemiluminescence

**Remarks:**

The preferred sample is a second void urine. have patient void first morning urine and collected second void.

**Collect:**

Urine cup

**Amount to Collect:**

Random urine

**Sample Type:**

Random urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Unacceptable Conditions:**

Preserved or acidified sample.

**Specimen Preparation:**

Aliquot 2 mL and freeze at -20C. Order Quest #36167X

**Units:**

nmol BCE/mmol creatinine (BCE = Bone Collagen Equivalents)

**Reference Interval:**

Pediatric:

|                   |                                 |
|-------------------|---------------------------------|
| 0-6 months        | 2-32 nmol BCE/mmol creatinine   |
| 7-11 months       | 2-36 nmol BCE/mmol creatinine   |
| 1-2 years         | 2-128 nmol BCE/mmol creatinine  |
| 3-8 years         | 2-149 nmol BCE/mmol creatinine  |
| 9-12 years        | 2-183 nmol BCE/mmol creatinine  |
| 12-18 years male  | 20-370 nmol BCE/mmol creatinine |
| > 12 years female | 20-320 nmol BCE/mmol creatinine |

|                       |                               |
|-----------------------|-------------------------------|
| Premenopausal Females | 4-64 nmol BCE/mmol creatinine |
|-----------------------|-------------------------------|

Males:

|             |                                |
|-------------|--------------------------------|
| 18-29 years | 12-99 nmol BCE/mmol creatinine |
| 30-59 years | 9-60 nmol BCE/mmol creatinine  |

**Synonyms:**

- Collagen-Crosslinked
- Bone markers
- osteoporosis

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 5 days, frozen at -20C 1 month

**Reported:**

Test run Tuesday-Sunday Turnaround time: 2-6 days.

**Additional Information:**

This assay reflects breakdown of bone matrix by collagenase. A value within the premenopausal range does not exclude osteoporosis or the need for therapy.

Results are primarily of use in monitoring the response to treatment. A decline of  $\geq 30\%$  following 6 months of estrogen replacement therapy is indicative of a positive therapeutic response in postmenopausal women and in 88% of women was associated with maintained or increased bone mineral density

Ref: Chestnut CH et al. Amer J Med 1997;192:29

**CPT Codes:**

82523-90

**LOINC Codes:**

14115-0

# NTRK3 Break Apart Rearrangement FISH

BNTRK3, NTRK3

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon-Fri 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7-14 days

**Synonyms:**

- BNTRK3
- NTRK3
- NTRK3 15q25.3 BA FISH

## COLLECTION

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Collect:**

Blood: Dark Green Top Sodium Heparin tube for Blood

Bone marrow: Dark Green Top Sodium Heparin tube for Bone Marrow, Sterile container with medium for Bone Core

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room Temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

Blood: BNTRK3

Bone marrow: NTRK3

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room Temperature

**ADMINISTRATIVE****CPT Codes:**

88271x2, 88275x1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

Blood: BNTRK3

Bone marrow: NTRK3

**Performing Lab:**

Cytogenetics

**Performed:**

Mon-Fri 9 am to 5 pm

**Methodology:**

FISH

**Collect:**

Blood: Dark Green Top Sodium Heparin tube for Blood

Bone marrow: Dark Green Top Sodium Heparin tube for Bone Marrow, Sterile container with medium for Bone Core

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Synonyms:**

- BNTRK3
- NTRK3
- NTRK3 15q25.3 BA FISH

**Storage/Transport Temperature:**

Room Temperature

**Stability (from collection to initiation):**

2 days

**Reported:**

7-14 days

**CPT Codes:**

88271x2, 88275x1

# Nucleated Bone Marrow Cell Count

BMNC

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Reported:**

15 min

**Additional Information:**

Available stat for determining the adequacy of bone marrow collection for storage and transplantation

## COLLECTION

**Sample Type:**

Heparinized Bone marrow

**Collect:**

Dark green top

## PROCESSING

**Test Code:**

BMNC

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Deliver immediately to Hematology.

## RESULT INTERPRETATION

**Reference Interval:**

Anticoagulated bone marrow sample (usually heparinized and submitted in a Red top)

**Additional Information:**

Available stat for determining the adequacy of bone marrow collection for storage and transplantation

## ADMINISTRATIVE

**CPT Codes:**

85048

**LOINC Codes:**

55792-6

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

BMNC

**Performing Lab:**

Parnassus Hematology

**Performed:**

Test available 24 hours per day 7 days per week

**Collect:**

Dark green top

**Sample Type:**

Heparinized Bone marrow

**Specimen Preparation:**

Deliver immediately to Hematology.

**Reference Interval:**

Anticoagulated bone marrow sample (usually heparinized and submitted in a Red top)

**Reported:**

15 min

**Additional Information:**

Available stat for determining the adequacy of bone marrow collection for storage and transplantation

**CPT Codes:**

85048

**LOINC Codes:**

55792-6



# NUP 98 Break-apart Rearrangement FISH

NUP98, BNUP98

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7-14 days

**Synonyms:**

- NUP98
- BNUP98
- NUP98 11p15 Break-apart FISH

## COLLECTION

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Collect:**

Blood and bone marrow aspirate: Dark green top (sodium heparin)

Bone marrow core: Sterile container

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

Blood: BNUP98

Bone marrow: NUP98

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**  
Room temperature

## ADMINISTRATIVE

**CPT Codes:**  
88271x2, 88275x1

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
Blood: BNUP98  
Bone marrow: NUP98

**Performing Lab:**  
Cytogenetics

**Performed:**  
Monday - Friday, 9 am to 5 pm

**Methodology:**  
FISH

**Collect:**  
Blood and bone marrow aspirate: Dark green top (sodium heparin)  
Bone marrow core: Sterile container

**Amount to Collect:**  
See Preferred Volume

**Sample Type:**  
Blood, bone marrow aspirate, bone marrow core

**Preferred Volume:**  
Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Minimum Volume:**  
Blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow core: 1 cm

**Unacceptable Conditions:**  
Clotted samples. Samples received refrigerated or frozen.

**Synonyms:**

- NUP98
- BNUP98
- NUP98 11p15 Break-apart FISH

**Storage/Transport Temperature:**  
Room temperature

**Stability (from collection to initiation):**  
2 days

**Reported:**  
7-14 days

**CPT Codes:**  
88271x2, 88275x1

# Occult Blood, Fecal by Immunoassay

LAB3210

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Twice a week (Monday and Thursday day shift)

**Methodology:**

Immunologic turbidimetry

**Reported:**

1-4 days

**Additional Information:**

This test replaces the prior guaiac card method and offers increased sensitivity and specificity. Screening for colorectal cancer should no longer be performed by the guaiac method and cards submitted for this purpose will be rejected. Due to the increased sensitivity of this test only a single test is usually performed (compared with 3 guaiac cards). If multiple samples are received together, only one sample will be tested.

Samples should be tested within 12 days of collection. If the patient does not enter a collection date, the comment 'Collection date unknown' will be entered. Samples greater than 12 days old will be rejected by the lab. Repeat testing may be indicated if sample stability is exceeded.

Screening for occult fecal blood is a Medicare benefit for patient > 50 years old at intervals of at least 11 full months and with the written order of a physician. More frequent testing in the absence of a specific relevant diagnosis is not considered screening, is not covered by Medicare and may result in charges to the patient.

**Synonyms:**

- FIT test
- Immuno-occult blood

## COLLECTION

**Sample Type:**

Stool

**Collect:**

Stool sampling bottle from kit

**Remarks:**

Kits are available in some clinics and from the Laboratory collection sites in the ACC and at Mission Bay, 2330 Post St. and the Mount Zion Cancer center.

For inpatient collection kit supply, please order through PMM (McKesson Supply Chain Management).  
PMM# 44780 - KIT COLOSCREEN TEST TAKE HOME OCPU-UCSF  
20 Kits per PK

**Stability (from collection to initiation):**

Inoculated sample bottle stable for 12 days at room temperature. Refrigerated 1 month.

**Unacceptable Conditions:**

Samples must be received by the laboratory within **12 Days** of collection. Samples > 12 days old when received will not be tested.

## PROCESSING

**Test Code:**

FOBT

**Performing Lab:**

Immunology

**Unacceptable Conditions:**

Samples must be received by the laboratory within **12 Days** of collection. Samples > 12 days old when received will not be tested.

**Stability (from collection to initiation):**

Inoculated sample bottle stable for 12 days at room temperature. Refrigerated 1 month.

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

This test replaces the prior guaiac card method and offers increased sensitivity and specificity. Screening for colorectal cancer should no longer be performed by the guaiac method and cards submitted for this purpose will be rejected. Due to the increased sensitivity of this test only a single test is usually performed (compared with 3 guaiac cards). If multiple samples are received together, only one sample will be tested.

Samples should be tested within 12 days of collection. If the patient does not enter a collection date, the comment 'Collection date unknown' will be entered. Samples greater than 12 days old will be rejected by the lab. Repeat testing may be indicated if sample stability is exceeded.

Screening for occult fecal blood is a Medicare benefit for patient > 50 years old at intervals of at least 11 full months and with the written order of a physician. More frequent testing in the absence of a specific relevant diagnosis is not considered screening, is not covered by Medicare and may result in charges to the patient.

**ADMINISTRATIVE****CPT Codes:**

82274

**LOINC Codes:**

29771-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FOBT

**Performing Lab:**

Immunology

**Performed:**

Twice a week (Monday and Thursday day shift)

**Methodology:**

Immunologic turbidimetry

**Remarks:**

Kits are available in some clinics and from the Laboratory collection sites in the ACC and at Mission Bay, 2330 Post St. and the Mount Zion Cancer center.

For inpatient collection kit supply, please order through PMM (McKesson Supply Chain Management).

PMM# 44780 - KIT COLOSCREEN TEST TAKE HOME OCPU-UCSF

20 Kits per PK

**Collect:**

Stool sampling bottle from kit

**Sample Type:**

Stool

**Unacceptable Conditions:**

Samples must be received by the laboratory within **12 Days** of collection. Samples > 12 days old when received will not be tested.

**Reference Interval:**

Negative

**Synonyms:**

- FIT test
- Immuno-occult blood

**Stability (from collection to initiation):**

Inoculated sample bottle stable for 12 days at room temperature. Refrigerated 1 month.

**Reported:**

1-4 days

**Additional Information:**

This test replaces the prior guaiac card method and offers increased sensitivity and specificity. Screening for colorectal cancer should no longer be performed by the guaiac method and cards submitted for this purpose will be rejected. Due to the increased sensitivity of this test only a single test is usually performed (compared with 3 guaiac cards). If multiple samples are received together, only one sample will be tested.

Samples should be tested within 12 days of collection. If the patient does not enter a collection date, the comment 'Collection date unknown' will be entered. Samples greater than 12 days old will be rejected by the lab. Repeat testing may be indicated if sample stability is exceeded.

Screening for occult fecal blood is a Medicare benefit for patient > 50 years old at intervals of at least 11 full months and with the written order of a physician. More frequent testing in the absence of a specific relevant diagnosis is not considered screening, is not covered by Medicare and may result in charges to the patient.

**CPT Codes:**

82274

**LOINC Codes:**

29771-3

# Oligoclonal Bands in CSF and Serum

LAB4443

## ORDERING

**Ordering Recommendations:**

May be used in the assessment of multiple sclerosis to detect unique IgG oligoclonal bands in cerebrospinal fluid (CSF) in conjunction with a matched serum specimen. The preferred test to assess for multiple sclerosis is Oligoclonal Band Profile (0080440).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Qualitative Isoelectric Focusing / Electrophoresis

**Reported:**

1-3 days

**Synonyms:**

- CSF oligoclonal bands
- Oligoclonal Bands Only
- Oligoclonal IgG, CSF
- Oligoclonal bands, CSF
- OLIGOB
- OLIGS

## COLLECTION

**Sample Type:**

CSF AND Serum

**Label Abbreviation:**

OLIGOB, OLIGS

**Collect:**

CSF AND serum separator tube or plain red.

**Preferred Volume:**

CSF: 1.5 mL

Serum: 1 mL

**Minimum Volume:**

CSF: 0.7 mL

Serum: 0.6 mL

**Remarks:**

Recommendation is for CSF and serum to be collected within 24 hours of each other. Specimens collected outside this timeframe will be accepted at ordering provider's discretion.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Grossly bloody or hemolyzed specimens or severe lipemia

## PROCESSING

**Test Code:**

OLIGOB: CSF

OLIGS: Serum

**ARUP Test Code:**

0081135

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Allow serum to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transport two specimens. Transfer 1.5 mL CSF to an ARUP standard transport tube (Min: 0.7 mL) AND transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.6 mL).

**Preferred Volume:**

CSF: 1.5 mL  
Serum: 1 mL

**Minimum Volume:**

CSF: 0.7 mL  
Serum: 0.6 mL

**Unacceptable Conditions:**

Grossly bloody or hemolyzed specimens or severe lipemia

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

| Components                    | Reference Interval |
|-------------------------------|--------------------|
| Oligoclonal Bands, CSF        | Negative           |
| Oligoclonal Bands Number, CSF | 0 - 1 Bands        |
| Interpretation                | By report          |

**Interpretive Data:**

To ensure accurate result interpretation, it is recommended that both CSF and serum specimens be collected on the same day. If specimens are not collected within this specified timeframe, it is advised to exercise caution when interpreting the results.

**ADMINISTRATIVE****CPT Codes:**

83916

**LOINC:**

- 49852-7
- 49293-4
- 48668-8

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

May be used in the assessment of multiple sclerosis to detect unique IgG oligoclonal bands in cerebrospinal fluid (CSF) in conjunction with a matched serum specimen. The preferred test to assess for multiple sclerosis is Oligoclonal Band Profile (0080440).

**Test Code:**

OLIGOB: CSF  
OLIGS: Serum

**ARUP Test Code:**

0081135

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Qualitative Isoelectric Focusing / Electrophoresis

**Remarks:**

Recommendation is for CSF and serum to be collected within 24 hours of each other. Specimens collected outside this timeframe will be accepted at ordering provider's discretion.

**Collect:**

CSF AND serum separator tube or plain red.

**Sample Type:**

CSF AND Serum

**Preferred Volume:**

CSF: 1.5 mL

Serum: 1 mL

**Minimum Volume:**

CSF: 0.7 mL

Serum: 0.6 mL

**Unacceptable Conditions:**

Grossly bloody or hemolyzed specimens or severe lipemia

**Specimen Preparation:**

Allow serum to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection.

Transport two specimens. Transfer 1.5 mL CSF to an ARUP standard transport tube (Min: 0.7 mL) AND transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.6 mL).

**Reference Interval:**

| Components                    | Reference Interval |
|-------------------------------|--------------------|
| Oligoclonal Bands, CSF        | Negative           |
| Oligoclonal Bands Number, CSF | 0 - 1 Bands        |
| Interpretation                | By report          |

**Interpretive Data:**

To ensure accurate result interpretation, it is recommended that both CSF and serum specimens be collected on the same day. If specimens are not collected within this specified timeframe, it is advised to exercise caution when interpreting the results.

**Synonyms:**

- CSF oligoclonal bands
- Oligoclonal Bands Only
- Oligoclonal IgG, CSF
- Oligoclonal bands, CSF
- OLIGOB
- OLIGS

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 6 months

**Reported:**

1-3 days

**CPT Codes:**

83916

**LOINC:**

- 49852-7
- 49293-4
- 48668-8

**Notes:**

Specimens must be assayed together for interpretation.

This test reports only the number of oligoclonal bands; a patient is considered positive for CSF oligoclonal bands if there are two or more bands in the CSF immunoglobulin region that are not present in the serum. In order to confirm local production of oligoclonal IgG in CSF, a matched serum sample is required. Oligoclonal bands present in CSF, but not in serum, indicate central nervous system production. Oligoclonal bands are performed using isoelectric focusing and immunofixation.



# Oligosaccharides

LAB5269

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Stanford Hospital Clinical Laboratory

**Methodology:**

Mass Spectrometry

**Reported:**

Turnaround time 5-7 days

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Remarks:**

Transport immediately to lab for processing

**Rejection Criteria:**

Received thawed

## PROCESSING

**Test Code:**

OSTLC

**Sendout:**

Yes

**Performing Lab:**

Stanford Hospital Clinical Laboratory

**Specimen Preparation:**

Freeze urine immediately at -20C and transport frozen.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Rejection Criteria:**

Received thawed

## ADMINISTRATIVE

**CPT Codes:**

84375-90

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

OSTLC

**Performing Lab:**

Stanford Hospital Clinical Laboratory

**Sendout:**

Yes

**Methodology:**

Mass Spectrometry

**Remarks:**

Transport immediately to lab for processing

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Rejection Criteria:**

Received thawed

**Specimen Preparation:**

Freeze urine immediately at -20C and transport frozen.

**Reported:**

Turnaround time 5-7 days

**CPT Codes:**

84375-90

# Opiates Screen, Urine

LAB416

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Homogeneous competitive enzyme immunoassay

**Reported:**

Stat 2 hours, Routine 4 hours

**Additional Information:**

Morphine can be detected within 11-54 hours after use and can be detected as long as 11 days after use. (From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205)

A concentration of < 300 µg/L is considered negative by this test. A positive result is ≥ 300 µg/L and indicates the presence of this class of drugs. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This is a presumptive screen for possible heroin or morphine use within the past 1-2 days. It may also detect morphine from the metabolism of codeine or morphine and codeine from the consumption of poppy seeds.

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing. Confirmation test code OPIQNT.

[Click here for List of Cross Reactive Substances](#)

The assay is not sensitive in detecting most prescribed opiates such as hydrocodone, hydromorphone, oxycodone and oxymorphone. A separate oxycodone screen is available at UCSF (test code: OXYU) that detects oxycodone and oxymorphone. If hydrocodone or hydromorphone use is suspected, an opiate confirmation should be ordered from ARUP (test code: OPIQNT).

False negative results may also occur as use of synthetic and some semi-synthetic opiates cannot be ruled out by this assay. Specifically, this assay will not detect use of fentanyl, methadone, meperidine or tramadol. A separate methadone screen is available at UCSF (test code: METHA). If use of opiates not detected by this screen is suspected, immunoassay screens can be ordered from ARUP [e.g. fentanyl (ARUP#2012284), meperidine (ARUP#2012288) or tramadol (ARUP#2012297)].

See also Drug Screening.

**Synonyms:**

- OPI

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 2 weeks

## PROCESSING

**Test Code:**

OPI

**Test Group:**

Opiate

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 2 weeks

**RESULT INTERPRETATION****Reference Interval:**

Negative

Note: a negative result indicates that this class of drugs is not present, or they are present at a concentration below the cut-off concentration of 300 µg/L

**Additional Information:**

Morphine can be detected within 11-54 hours after use and can be detected as long as 11 days after use. (From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205)

A concentration of < 300 µg/L is considered negative by this test. A positive result is ≥ 300 µg/L and indicates the presence of this class of drugs. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This is a presumptive screen for possible heroin or morphine use within the past 1-2 days. It may also detect morphine from the metabolism of codeine or morphine and codeine from the consumption of poppy seeds.

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing. Confirmation test code OPIQNT.

[Click here for List of Cross Reactive Substances](#)

The assay is not sensitive in detecting most prescribed opiates such as hydrocodone, hydromorphone, oxycodone and oxymorphone. A separate oxycodone screen is available at UCSF (test code: OXYU) that detects oxycodone and oxymorphone. If hydrocodone or hydromorphone use is suspected, an opiate confirmation should be ordered from ARUP (test code: OPIQNT).

False negative results may also occur as use of synthetic and some semi-synthetic opiates cannot be ruled out by this assay. Specifically, this assay will not detect use of fentanyl, methadone, meperidine or tramadol. A separate methadone screen is available at UCSF (test code: METHA). If use of opiates not detected by this screen is suspected, immunoassay screens can be ordered from ARUP [e.g. fentanyl (ARUP#2012284), meperidine (ARUP#2012288) or tramadol (ARUP#2012297)].

See also Drug Screening.

**ADMINISTRATIVE****CPT Codes:**

80307

**LOINC Codes:**

19296-3

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

OPI

**Test Group:**

Opiate

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Homogeneous competitive enzyme immunoassay

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Reference Interval:**

Negative

Note: a negative result indicates that this class of drugs is not present, or they are present at a concentration below the cut-off concentration of 300 µg/L

**Synonyms:**

- OPI

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 2 weeks

**Reported:**

Stat 2 hours, Routine 4 hours

**Additional Information:**

Morphine can be detected within 11-54 hours after use and can be detected as long as 11 days after use. (From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205)

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False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing. Confirmation test code OPIQNT.

[Click here for List of Cross Reactive Substances](#)

The assay is not sensitive in detecting most prescribed opiates such as hydrocodone, hydromorphone, oxycodone and oxymorphone. A separate oxycodone screen is available at UCSF (test code: OXYU) that detects oxycodone and oxymorphone. If hydrocodone or hydromorphone use is suspected, an opiate confirmation should be ordered from ARUP (test code: OPIQNT).

False negative results may also occur as use of synthetic and some semi-synthetic opiates cannot be ruled out by this assay. Specifically, this assay will not detect use of fentanyl, methadone, meperidine or tramadol. A separate methadone screen is available at UCSF (test code: METHA). If use of opiates not detected by this screen is suspected, immunoassay screens can be ordered from ARUP [e.g. fentanyl (ARUP#2012284), meperidine (ARUP#2012288) or tramadol (ARUP#2012297)].

See also Drug Screening.

**CPT Codes:**

80307

**LOINC Codes:**

19296-3

# Opiates, Urine, Quantitative

LAB5636

## ORDERING

**Ordering Recommendations:**

Preferred test to follow-up presumptive results. For general screening, Opiates, Urine Screen with Reflex to Quantitation (2005093) is preferred.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-4 days

**Synonyms:**

- 6-Acetylmorphine
- 6-AM
- 6-MAM
- Anexsia
- Avinza
- Codeine
- Combunox
- Depalgos
- DepoDur
- Diacetylmorphine
- Diamorphine
- Dicodid
- Dihydromorphinone
- Dilaudid
- Dimorphine
- Drocode
- Duodin
- Duramorph
- Endocet
- Exalgo
- Heroin
- Histinex
- Hycet
- Hycodan
- Hycomine
- Hycotuss
- Hydrococet
- Hydrocodone
- Hydromet
- Hydromorphone
- Hydrovo
- Kadian
- Kolikodol
- Laudicon
- Loracet
- Lortab
- Mercodinone
- Methyilmorphine
- Morphine
- MS Contin
- MS-Contin
- Norco
- Novahistex
- Numorphan
- Numorphone
- Opana
- Opium
- Oramorph
- Orthoxycol
- Oxycodone

- Oxymorphone
- Pain Management
- Pain Management, Opiates Expanded, Quantitative, with medMATCH, Urine
- Pain Management, Oxycodone, Quantitative, with medMATCH, Urine
- Palladone
- Paracodeine
- Paragoric
- Parzone
- Percocet
- Percodan
- Roxanol
- Roxicet
- Roxicodone
- Roxiprin
- Symtan
- Synkonin
- Targin
- Tussionex
- Tylox
- Vicodin
- Vicoprofen
- Zydone
- OPIQNT

## COLLECTION

**Label Abbreviation:**

OPIQNT

**Collect:**

Random urine.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Storage/Transport Temperature:**

Room temperature.

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

## PROCESSING

**Test Code:**

OPIQNT

**ARUP Test Code:**

0090364

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 0.5 mL with no additives or preservatives urine to an ARUP Standard Transport Tube. (Min: 0.3 mL)

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Storage/Transport Temperature:**

Room temperature.

## RESULT INTERPRETATION

**Reference Interval:**

Effective August 17, 2015

| Drugs Covered    | Cutoff Concentrations |
|------------------|-----------------------|
| Codeine          | 20 ng/mL              |
| Morphine         | 20 ng/mL              |
| 6-acetylmorphine | 10 ng/mL              |
| Hydrocodone      | 20 ng/mL              |
| Norhydrocodone   | 20 ng/mL              |
| Hydromorphone    | 20 ng/mL              |
| Oxycodone        | 20 ng/mL              |
| Noroxycodone     | 20 ng/mL              |
| Oxymorphone      | 20 ng/mL              |
| Noroxymorphone   | 20 ng/mL              |

**Interpretive Data:**

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 20 ng/mL except as specified below:

6-acetylmorphine 10 ng/mL

For medical purposes only; not valid for forensic use.

Identification of specific drug(s) taken by specimen donor is problematic due to common metabolites, some of which are prescription drugs themselves. The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. All drug analytes covered are in the non-glucuronidated (free) forms. The concentration value must be greater than or equal to the cutoff to be reported as positive. A very small amount of an unexpected drug analyte in the presence of a large amount of an expected drug analyte may reflect pharmaceutical impurity. Interpretive questions should be directed to the laboratory.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

80361; 80365 (Alt code: G0480)

**LOINC:**

- 16250-3
- 19593-3
- 16249-5
- 90894-7
- 61422-2
- 16251-1
- 61425-5
- 16998-7
- 16252-9
- 17395-5

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Preferred test to follow-up presumptive results. For general screening, Opiates, Urine Screen with Reflex to Quantitation (2005093) is preferred.

**Test Code:**

OPIQNT

**ARUP Test Code:**

0090364

**Performing Lab:**

ARUP



**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Random urine.

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

**Specimen Preparation:**

Transfer 0.5 mL with no additives or preservatives urine to an ARUP Standard Transport Tube. (Min: 0.3 mL)

**Reference Interval:**

Effective August 17, 2015

| Drugs Covered    | Cutoff Concentrations |
|------------------|-----------------------|
| Codeine          | 20 ng/mL              |
| Morphine         | 20 ng/mL              |
| 6-acetylmorphine | 10 ng/mL              |
| Hydrocodone      | 20 ng/mL              |
| Norhydrocodone   | 20 ng/mL              |
| Hydromorphone    | 20 ng/mL              |
| Oxycodone        | 20 ng/mL              |
| Noroxycodone     | 20 ng/mL              |
| Oxymorphone      | 20 ng/mL              |
| Noroxymorphone   | 20 ng/mL              |

**Interpretive Data:**

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 20 ng/mL except as specified below:

6-acetylmorphine 10 ng/mL

For medical purposes only; not valid for forensic use.

Identification of specific drug(s) taken by specimen donor is problematic due to common metabolites, some of which are prescription drugs themselves. The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. All drug analytes covered are in the non-glucuronidated (free) forms. The concentration value must be greater than or equal to the cutoff to be reported as positive. A very small amount of an unexpected drug analyte in the presence of a large amount of an expected drug analyte may reflect pharmaceutical impurity. Interpretive questions should be directed to the laboratory.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- 6-Acetylmorphine
- 6-AM
- 6-MAM
- Anexsia
- Avinza
- Codeine
- Combunox
- Depalgos
- DepoDur
- Diacetylmorphine
- Diamorphine
- Dicodid
- Dihydromorphenone
- Dilaudid
- Dimorphine
- Drocode
- Duodin
- Duramorph

- Endocet
- Exalgo
- Heroin
- Histinex
- Hycet
- Hycodan
- Hycomine
- Hycotuss
- Hydrococet
- Hydrocodone
- Hydromet
- Hydromorphone
- Hydrovo
- Kadian
- Kolikodol
- Laudicon
- Loracet
- Lortab
- Mercodinone
- MethyImorphine
- Morphine
- MS Contin
- MS-Contin
- Norco
- Novahistex
- Numorphan
- Numorphone
- Opana
- Opium
- Oramorph
- Orthoxycol
- Oxycodone
- Oxymorphone
- Pain Management
- Pain Management, Opiates Expanded, Quantitative, with medMATCH, Urine
- Pain Management, Oxycodone, Quantitative, with medMATCH, Urine
- Palladone
- Paracodeine
- Paragoric
- Parzone
- Percocet
- Percodan
- Roxanol
- Roxicet
- Roxicodone
- Roxiprin
- Symtan
- Synkonin
- Targin
- Tussionex
- Tylox
- Vicodin
- Vicoprofen
- Zydone
- OPIQNT

**Storage/Transport Temperature:**

Room temperature.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

**Reported:**

1-4 days

**CPT Codes:**

80361; 80365 (Alt code: G0480)

**LOINC:**

- 16250-3
- 19593-3
- 16249-5
- 90894-7
- 61422-2
- 16251-1
- 61425-5
- 16998-7
- 16252-9
- 17395-5

# OR Coagulation Panel 1

3049164011

## ORDERING

**Available Stat:**

Yes

**Additional Information:**

Panel contains the following tests: prothrombin time, activated partial thromboplastin time, fibrinogen and thromboelastogram w/heparin neutralization

## COLLECTION

**Collect:**

Blue top filled to full extent of vacuum

## PROCESSING

**Test Code:**

ORCO

**Specimen Preparation:**

Contains the following test codes: PT, PTT, FIB

## RESULT INTERPRETATION

**Additional Information:**

Panel contains the following tests: prothrombin time, activated partial thromboplastin time, fibrinogen and thromboelastogram w/heparin neutralization

## ADMINISTRATIVE

**CPT Codes:**

85384, 85610, 85730

## COMPLETE VIEW

**Available Stat:**

Yes

**Test Code:**

ORCO

**Collect:**

Blue top filled to full extent of vacuum

**Specimen Preparation:**

Contains the following test codes: PT, PTT, FIB

**Additional Information:**

Panel contains the following tests: prothrombin time, activated partial thromboplastin time, fibrinogen and thromboelastogram w/heparin neutralization

**CPT Codes:**

85384, 85610, 85730

# Oral Glucose Tolerance Test (Non-Pregnancy)

LAB3066

## ORDERING

**Ordering Recommendations:**

THIS TEST IS NO LONGER RECOMMENDED FOR ROUTINE USE.

See Additional Information.

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Hexokinase/G-6-PDH

**Additional Information:**

Based on 75 g dose ingested over 5 minutes.

THIS TEST IS NO LONGER RECOMMENDED FOR ROUTINE USE.

When performed it is abbreviated to a single 2 hour post-glucose specimen.

All patients should be screened with a fasting glucose: Do not perform this test if the fasting glucose exceeds 125!

90% of patients whose 2 hour level is > 199 mg/dL have fasting hyperglycemia, obviating the need for tolerance testing.

Reference values from position statement of the American Diabetes Association on Diagnosis and Classification of Diabetes (Diabetes Care, Volume 34, Supplement 1, January 2011).

**Synonyms:**

- Diabetes mellitus

## COLLECTION

**Patient Preparation:**

The patient should be instructed by the care-giver to eat a normal diet containing at least 150 g of carbohydrate and carry out normal physical activity for at least 3 days prior to the morning of the test. An overnight fast of between 8 to 14 hours is required before initial baseline sample collection.

**Sample Type:**

Serum

**Collect:**

Gray top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Remarks:**

Outpatient testing at ACC available 0730-1400 weekdays, Mission Bay from 0700-1400 and at 2330 Post St. 0800-1400 weekdays.

The patient should be seated for the test and should not smoke.

A gray top tube should be used.

For patients < 18 years of age, obtain the patient's weight and give the patient 1.75 g of glucose per kg of body weight. If the weight is in pounds, divide by 2.2 to get kg. Do not provide more than 75 g dose regardless of body weight.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

## PROCESSING

**Test Code:**

OGT, NP120

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

|                                           |               |
|-------------------------------------------|---------------|
| Fasting                                   | 70-99 mg/dL   |
| Normal (post glucose)                     | < 140 mg/dL   |
| Impaired glucose tolerance (post glucose) | 140-199 mg/dL |
| Diabetes mellitus (post glucose)          | > 199 mg/dL * |

\* If confirmed on another day by repeat OGT, or a diagnostic elevation of the fasting or non-fasting glucose.

**Additional Information:**

Based on 75 g dose ingested over 5 minutes.

THIS TEST IS NO LONGER RECOMMENDED FOR ROUTINE USE.

When performed it is abbreviated to a single 2 hour post-glucose specimen.

All patients should be screened with a fasting glucose: Do not perform this test if the fasting glucose exceeds 125!

90% of patients whose 2 hour level is &gt; 199 mg/dL have fasting hyperglycemia, obviating the need for tolerance testing.

Reference values from position statement of the American Diabetes Association on Diagnosis and Classification of Diabetes (Diabetes Care, Volume 34, Supplement 1, January 2011).

**ADMINISTRATIVE****CPT Codes:**

82947

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

THIS TEST IS NO LONGER RECOMMENDED FOR ROUTINE USE.

See Additional Information.

**Test Code:**

OGT, NP120

**Test Group:**

Glucose

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Hexokinase/G-6-PDH

**Patient Preparation:**

The patient should be instructed by the care-giver to eat a normal diet containing at least 150 g of carbohydrate and carry out normal physical activity for at least 3 days prior to the morning of the test. An overnight fast of between 8 to 14 hours is required before initial baseline sample collection.

**Remarks:**

Outpatient testing at ACC available 0730-1400 weekdays, Mission Bay from 0700-1400 and at 2330 Post St. 0800-1400 weekdays.

The patient should be seated for the test and should not smoke.

A gray top tube should be used.

For patients < 18 years of age, obtain the patient's weight and give the patient 1.75 g of glucose per kg of body weight. If the weight is in pounds, divide by 2.2 to get kg. Do not provide more than 75 g dose regardless of body weight.

**Collect:**

Gray top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Units:**

mg/dL

**Reference Interval:**

|                                           |               |
|-------------------------------------------|---------------|
| Fasting                                   | 70-99 mg/dL   |
| Normal (post glucose)                     | < 140 mg/dL   |
| Impaired glucose tolerance (post glucose) | 140-199 mg/dL |
| Diabetes mellitus (post glucose)          | > 199 mg/dL*  |

\* If confirmed on another day by repeat OGT, or a diagnostic elevation of the fasting or non-fasting glucose.

**Synonyms:**

- Diabetes mellitus

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 3 months

**Additional Information:**

Based on 75 g dose ingested over 5 minutes.

THIS TEST IS NO LONGER RECOMMENDED FOR ROUTINE USE.

When performed it is abbreviated to a single 2 hour post-glucose specimen.

All patients should be screened with a fasting glucose: Do not perform this test if the fasting glucose exceeds 125!

90% of patients whose 2 hour level is > 199 mg/dL have fasting hyperglycemia, obviating the need for tolerance testing.

Reference values from position statement of the American Diabetes Association on Diagnosis and Classification of Diabetes (Diabetes Care, Volume 34, Supplement 1, January 2011).

**CPT Codes:**

82947

# Organic Acids, Qualitative, Urine

LAB1059

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Lucille-Packard Children's Hospital

**Methodology:**

GC/MS

**Reported:**

Test batched, twice weekly. Result available: 5 business days.

**Additional Information:**

This qualitative screen identifies abnormalities in over 200 different organic acids, using Gas Chromatography/Mass Spectrometry. Inborn errors of metabolism detected by this test include methymalonic academia, propionic academia, isovaleric academia, Canavan disease and many others.

**Synonyms:**

- Homogentisic Acid

## COLLECTION

**Sample Type:**

Random urine, without preservatives

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

3 mL urine

## PROCESSING

**Test Code:**

OAX

**Sendout:**

Yes

**Performing Lab:**

Lucille-Packard Children's Hospital

**Specimen Preparation:**

Store frozen at -20C. Specimen pickup by Stanford Courier Services Monday-Friday. Maintain specimen in frozen condition to Stanford Hospital Clinical Laboratories.

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

3 mL urine

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

This qualitative screen identifies abnormalities in over 200 different organic acids, using Gas Chromatography/Mass Spectrometry. Inborn errors of metabolism detected by this test include methymalonic academia, propionic academia, isovaleric academia, Canavan disease and many others.

## ADMINISTRATIVE

**CPT Codes:**

83919-90



**LOINC Codes:**  
2676-5

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
OAX

**Performing Lab:**  
Lucille-Packard Children's Hospital

**Sendout:**  
Yes

**Methodology:**  
GC/MS

**Collect:**  
Urine cup

**Amount to Collect:**  
20 mL urine

**Sample Type:**  
Random urine, without preservatives

**Preferred Volume:**  
5 mL urine

**Minimum Volume:**  
3 mL urine

**Specimen Preparation:**  
Store frozen at -20C. Specimen pickup by Stanford Courier Services Monday-Friday. Maintain specimen in frozen condition to Stanford Hospital Clinical Laboratories.

**Reference Interval:**  
Negative

**Synonyms:**

- Homogentisic Acid

**Reported:**  
Test batched, twice weekly. Result available: 5 business days.

**Additional Information:**  
This qualitative screen identifies abnormalities in over 200 different organic acids, using Gas Chromatography/Mass Spectrometry. Inborn errors of metabolism detected by this test include methymalonic academia, propionic academia, isovaleric academia, Canavan disease and many others.

**CPT Codes:**  
83919-90

**LOINC Codes:**  
2676-5

# Orotic Acid, Urine

LAB3507

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Lucille-Packard Childrens Hospital

**Methodology:**

Stable isotope dilution, tandem MS

**Synonyms:**

- orotic acid quantitative
- orotic acid qualitative

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

3 mL urine

**Minimum Volume:**

3 mL urine

**Remarks:**

Bring sample to laboratory immediately for freezing

**Unacceptable Conditions:**

Delivered to lab &gt; 30 min after collection

## PROCESSING

**Test Code:**

OROT

**Sendout:**

Yes

**Performing Lab:**

Lucille-Packard Childrens Hospital

**Specimen Preparation:**

Freeze at -20C and ship frozen to China Basin. Ship on dry ice Monday-Friday only by Stanford Courier to: Stanford University Medical Center Biochemical Genetics Laboratory

**Preferred Volume:**

3 mL urine

**Minimum Volume:**

3 mL urine

**Unacceptable Conditions:**

Delivered to lab &gt; 30 min after collection

## RESULT INTERPRETATION

**Units:**

mmol/mol creatinine

**Reference Interval:**

&lt; 4.4 mmol/mol creatinine

## ADMINISTRATIVE

**CPT Codes:**

83789-90

**LOINC Codes:**

32262-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

OROT

**Performing Lab:**

Lucille-Packard Childrens Hospital

**Sendout:**

Yes

**Methodology:**

Stable isotope dilution, tandem MS

**Remarks:**

Bring sample to laboratory immediately for freezing

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

3 mL urine

**Minimum Volume:**

3 mL urine

**Unacceptable Conditions:**

Delivered to lab &gt; 30 min after collection

**Specimen Preparation:**

Freeze at -20C and ship frozen to China Basin. Ship on dry ice Monday-Friday only by Stanford Courier to: Stanford University Medical Center Biochemical Genetics Laboratory

**Units:**

mmol/mol creatinine

**Reference Interval:**

&lt; 4.4 mmol/mol creatinine

**Synonyms:**

- orotic acid quantitative
- orotic acid qualitative

**CPT Codes:**

83789-90

**LOINC Codes:**

32262-8

# Osmolality, Fecal

LAB999981

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Freezing Point

**Reported:**

1-2 days

**Synonyms:**

- Fecal Osmolality
- Osmolal gap
- osmolality, feces
- Osmotic gap
- stool osmotic gap
- OSMF

## COLLECTION

**Label Abbreviation:**

OSMF

**Collect:**

Liquid stool.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Formed stool. Specimens in media or preservatives.

## PROCESSING

**Test Code:**

OSMF

**ARUP Test Code:**

0098122

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Do not add saline or water to liquefy sample. Transfer 5 mL liquid stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

**Unacceptable Conditions:**

Formed stool. Specimens in media or preservatives.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Reference Interval:**

0-16 years: 271-296 mOsm/kg

17 years and older: 280-303 mOsm/kg

**ADMINISTRATIVE****CPT Codes:**

84999

**LOINC:**

- 2693-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

OSMF

**ARUP Test Code:**

0098122

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Freezing Point

**Collect:**

Liquid stool.

**Unacceptable Conditions:**

Formed stool. Specimens in media or preservatives.

**Specimen Preparation:**

Do not add saline or water to liquefy sample. Transfer 5 mL liquid stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

**Reference Interval:**

0-16 years: 271-296 mOsm/kg

17 years and older: 280-303 mOsm/kg

**Synonyms:**

- Fecal Osmolality
- Osmolal gap
- osmolality, feces
- Osmotic gap
- stool osmotic gap
- OSMF

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

**Reported:**

1-2 days

**CPT Codes:**

84999

**LOINC:**

- 2693-0

# Osmolality, Serum

LAB107

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Freezing point depression

**Reported:**

STAT 1 hour, Routine same or next day

**Additional Information:**

Each 0.10 g/dL of ethanol contributes about 22 mmol/kg to the endogenous osmolality of serum.

$$\text{Predicted value} = 2 \times \text{Na} [\text{mmol/L}] + \text{Glucose} [\text{mg/dL}] / 18 + \text{BUN} [\text{mg/dL}] / 2.8.$$

A measured value exceeding the predicted value by  $> 10$  is consistent with, e.g., ethanol, methanol or ethylene glycol ingestion.

If specific testing for methanol, ethylene glycol and/or isopropanol is desired see entry for Drug screening - Volatiles

**Synonyms:**

- volatiles
- ethanol
- etoh
- ethylene glycol
- methanol
- alcohol
- OSM

## COLLECTION

**Sample Type:**

Plasma or Serum

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

0.8 mL blood

**Preferred Volume:**

0.4 mL plasma or serum

**Minimum Volume:**

0.1 mL plasma or serum

**Stability (from collection to initiation):**

Room Temperature/Refrigerated: 48 hours

## PROCESSING

**Test Code:**

OSM

**Test Group:**

Osmolality

**Performing Lab:**

Parnassus, Mission Bay, &amp; Saint Marys Chemistry

**Preferred Volume:**

0.4 mL plasma or serum

**Minimum Volume:**

0.1 mL plasma or serum

**Stability (from collection to initiation):**

Room Temperature/Refrigerated: 48 hours

## RESULT INTERPRETATION

**Units:**

mOsmol/Kg

**Reference Interval:**

283-301 mOsmol/kg

**Critical Values:**

&lt; 240 mOsmol/kg or &gt; 320 mOsmol/kg

**Additional Information:**

Each 0.10 g/dL of ethanol contributes about 22 mmol/kg to the endogenous osmolality of serum.

Predicted value =  $2 \times \text{Na} [\text{mmol/L}] + \text{Glucose} [\text{mg/dL}] / 18 + \text{BUN} [\text{mg/dL}] / 2.8$ .

A measured value exceeding the predicted value by &gt; 10 is consistent with, e.g., ethanol, methanol or ethylene glycol ingestion.

If specific testing for methanol, ethylene glycol and/or isopropanol is desired see entry for Drug screening - Volatiles

**ADMINISTRATIVE****CPT Codes:**

83930

**LOINC Codes:**

2692-2

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

OSM

**Test Group:**

Osmolality

**Performing Lab:**

Parnassus, Mission Bay, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Freezing point depression

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

0.8 mL blood

**Sample Type:**

Plasma or Serum

**Preferred Volume:**

0.4 mL plasma or serum

**Minimum Volume:**

0.1 mL plasma or serum

**Units:**

mOsmol/Kg

**Reference Interval:**

283-301 mOsmol/kg

**Critical Values:**

&lt; 240 mOsmol/kg or &gt; 320 mOsmol/kg

**Synonyms:**

- volatiles
- ethanol
- etoh
- ethylene glycol
- methanol
- alcohol
- OSM

**Stability (from collection to initiation):**

Room Temperature/Refrigerated: 48 hours

**Reported:**

STAT 1 hour, Routine same or next day

**Additional Information:**

Each 0.10 g/dL of ethanol contributes about 22 mmol/kg to the endogenous osmolality of serum.

Predicted value =  $2 \times \text{Na} [\text{mmol/L}] + \text{Glucose} [\text{mg/dL}]/18 + \text{BUN} [\text{mg/dL}]/2.8$ .

A measured value exceeding the predicted value by  $> 10$  is consistent with, e.g., ethanol, methanol or ethylene glycol ingestion.

If specific testing for methanol, ethylene glycol and/or isopropanol is desired see entry for Drug screening - Volatiles

**CPT Codes:**

83930

**LOINC Codes:**

2692-2



# Osmolality, Urine

LAB420

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, and Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Freezing point depression

**Reported:**

Same or next day

**Additional Information:**

Toluene interferes with this assay

**Synonyms:**

- volatiles
- ethanol
- etoh
- ethylene glycol
- methanol
- alcohol
- OSMU

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

0.4 mL urine

**Minimum Volume:**

0.1 mL urine

**Stability (from collection to initiation):**

Room Temperature/Refrigerated: 24 hours

## PROCESSING

**Test Code:**

OSMU

**Test Group:**

Osmolality

**Performing Lab:**

Parnassus, Mission Bay, and Saint Marys Chemistry

**Preferred Volume:**

0.4 mL urine

**Minimum Volume:**

0.1 mL urine

**Stability (from collection to initiation):**

Room Temperature/Refrigerated: 24 hours

## RESULT INTERPRETATION

**Units:**

mOsm/kg

**Reference Interval:**

300-900 mOsm/kg

**Additional Information:**

Toluene interferes with this assay

**ADMINISTRATIVE****CPT Codes:**

83935

**LOINC Codes:**

2695-5

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

OSMU

**Test Group:**

Osmolality

**Performing Lab:**

Parnassus, Mission Bay, and Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Freezing point depression

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

0.4 mL urine

**Minimum Volume:**

0.1 mL urine

**Units:**

mOsm/kg

**Reference Interval:**

300-900 mOsm/kg

**Synonyms:**

- volatiles
- ethanol
- etoh
- ethylene glycol
- methanol
- alcohol
- OSMU

**Stability (from collection to initiation):**

Room Temperature/Refrigerated: 24 hours

**Reported:**

Same or next day

**Additional Information:**

Toluene interferes with this assay

**CPT Codes:**

83935

**LOINC Codes:**

2695-5

# Osmotic Fragility, Erythrocyte

LAB6908

## ORDERING

**Ordering Recommendations:**

Functional testing of red blood cell sensitivity to osmotic stress. Do not use to distinguish between spherocytes in hereditary spherocytosis and acquired autoimmune hemolytic anemia.

**Performing Lab:**

ARUP

**Performed:**

Mon-Fri

**Methodology:**

Spectrophotometry

**Reported:**

1-5 days

**Additional Technical Information:**

- Time Sensitive

**Synonyms:**

- FRAGILITY, OSMOTIC (RBC)
- Osmotic Fragility
- RBC Fragility, Erythrocytes
- Red Cell Fragility
- Spherocytic Hemolytic Disease
- OFRAG

## COLLECTION

**Sample Type:**

Blood

**Label Abbreviation:**

OFRAG

**Collect:**

Green (sodium or lithium heparin) or lavender (EDTA).

**Preferred Volume:**

5 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

## PROCESSING

**Test Code:**

OFRAG

**ARUP Test Code:**

2002257

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transport 5mL whole blood. (Min: 1mL) Specimens should be refrigerated within 30 minutes after collection.

**Preferred Volume:**

5 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

Within normal curve limits.

**Additional Technical Information:**

- Time Sensitive

**Interpretive Data:**

For patients with acute hemolysis, a normal red cell osmotic fragility test result cannot exclude an osmotic fragility abnormality since the osmotically labile cells may be hemolyzed and not present. Recommend testing during a state of prolonged homeostasis with stable hematocrit.

**ADMINISTRATIVE****CPT Codes:**

85555

**LOINC:**

- 34964-7

**COMPLETE VIEW****Ordering Recommendations:**

Functional testing of red blood cell sensitivity to osmotic stress. Do not use to distinguish between spherocytes in hereditary spherocytosis and acquired autoimmune hemolytic anemia.

**Test Code:**

OFRAG

**ARUP Test Code:**

2002257

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon-Fri

**Methodology:**

Spectrophotometry

**Collect:**

Green (sodium or lithium heparin) or lavender (EDTA).

**Sample Type:**

Blood

**Preferred Volume:**

5 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

**Specimen Preparation:**

Transport 5mL whole blood. (Min: 1mL) Specimens should be refrigerated within 30 minutes after collection.

**Reference Interval:**

Within normal curve limits.

**Interpretive Data:**

For patients with acute hemolysis, a normal red cell osmotic fragility test result cannot exclude an osmotic fragility abnormality since the osmotically labile cells may be hemolyzed and not present. Recommend testing during a state of prolonged homeostasis with stable hematocrit.

**Synonyms:**

- FRAGILITY, OSMOTIC (RBC)
- Osmotic Fragility
- RBC Fragility, Erythrocytes
- Red Cell Fragility
- Spherocytic Hemolytic Disease
- OFRAG

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: Unacceptable

**Reported:**

1-5 days

**Additional Technical Information:**

- Time Sensitive

**CPT Codes:**

85555

**LOINC:**

- 34964-7

# Osteocalcin, N-mid

LAB3396

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Electrochemiluminescence (ECLIA)

**Reported:**

Test performed Tuesday and Thursday. Turnaround time: 3-9 days.

**Additional Information:**

This test is not a MediCal benefit; outpatients must be informed of this in writing and warned that they could be financially responsible for the cost of testing.

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred. Patients should not receive Biotin within 8 hours prior to collection

**Sample Type:**

Serum

**Label Abbreviation:**

OCAL

**Collect:**

Red top or Gold Top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated 1 day, frozen at -20C 3 weeks

**Unacceptable Conditions:**

Hemolysis

**Rejection Criteria:**

Hemolysis

## PROCESSING

**Test Code:**

OCAL

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze serum at -20C. Order Quest #16322, if patient is Brown/Toland order LabCorp #010249.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Hemolysis

**Rejection Criteria:**

Hemolysis

**Stability (from collection to initiation):**

Refrigerated 1 day, frozen at -20C 3 weeks

## RESULT INTERPRETATION

**Units:**

ng/mL

**Reference Interval:**

|                        |              |
|------------------------|--------------|
| 5-9 years              | 47-142 ng/mL |
| 10-13 years            | 49-167 ng/mL |
| 14-17 year old males   | 26-203 ng/mL |
| 14-17 year old females | 14-85 ng/mL  |
| Males > 17 years       | 9-38 ng/mL   |
| Females > 17 years     | 8-32 ng/mL   |

**Additional Information:**

This test is not a MediCal benefit; outpatients must be informed of this in writing and warned that they could be financially responsible for the cost of testing.

**ADMINISTRATIVE****CPT Codes:**

83937-90

**LOINC Codes:**

2697-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

OCAL

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Electrochemiluminescence (ECLIA)

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred. Patients should not receive Biotin within 8 hours prior to collection

**Collect:**

Red top or Gold Top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Hemolysis

**Unacceptable Conditions:**

Hemolysis

**Specimen Preparation:**

Freeze serum at -20C. Order Quest #16322, if patient is Brown/Toland order LabCorp #010249.

**Units:**

ng/mL

**Reference Interval:**

|                        |              |
|------------------------|--------------|
| 5-9 years              | 47-142 ng/mL |
| 10-13 years            | 49-167 ng/mL |
| 14-17 year old males   | 26-203 ng/mL |
| 14-17 year old females | 14-85 ng/mL  |
| Males > 17 years       | 9-38 ng/mL   |
| Females > 17 years     | 8-32 ng/mL   |

**Stability (from collection to initiation):**

Refrigerated 1 day, frozen at -20C 3 weeks

**Reported:**

Test performed Tuesday and Thursday. Turnaround time: 3-9 days.

**Additional Information:**

This test is not a MediCal benefit; outpatients must be informed of this in writing and warned that they could be financially responsible for the cost of testing.

**CPT Codes:**

83937-90

**LOINC Codes:**

2697-1



# Ova and Parasite Exam

LAB955

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Test performed Monday-Friday, 0800-1500 only.

**Reported:**

1-3 days

**Additional Information:**

Because of the large number of eggs produced, stool examination is generally the diagnostic method of choice. See Parasites-Sputum, Parasites-Stool, and Parasites-Worm Identification.

**Synonyms:**

- O&P
- O&P Exam

## COLLECTION

**Sample Type:**

Stool

**Label Abbreviation:**

O&amp;P Exam

**Collect:**

O&amp;P vials

**Unacceptable Conditions:**

Unpreserved stool received > 1 hour after collection. Stool in a preservative other than SAF. More than one sample received within 24 hours.

## PROCESSING

**Test Code:**

P401

**Test Group:**

Ascaris

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Refrigerated unpreserved samples: 24 hours

SAF preserved samples at room temperature: indefinite

**Unacceptable Conditions:**

Unpreserved stool received > 1 hour after collection. Stool in a preservative other than SAF. More than one sample received within 24 hours.

## RESULT INTERPRETATION

**Additional Information:**

Because of the large number of eggs produced, stool examination is generally the diagnostic method of choice. See Parasites-Sputum, Parasites-Stool, and Parasites-Worm Identification.

## ADMINISTRATIVE

**CPT Codes:**

87177, 87207, 87209

**LOINC Codes:**

10704-5

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P401

**Test Group:**

Ascaris

**Performing Lab:**

Microbiology

**Performed:**

Test performed Monday-Friday, 0800-1500 only.

**Collect:**

O&P vials

**Sample Type:**

Stool

**Unacceptable Conditions:**

Unpreserved stool received > 1 hour after collection. Stool in a preservative other than SAF. More than one sample received within 24 hours.

**Specimen Preparation:**

Refrigerated unpreserved samples: 24 hours

SAF preserved samples at room temperature: indefinite

**Synonyms:**

- O&P
- O&P Exam

**Reported:**

1-3 days

**Additional Information:**

Because of the large number of eggs produced, stool examination is generally the diagnostic method of choice. See Parasites-Sputum, Parasites-Stool, and Parasites-Worm Identification.

**CPT Codes:**

87177, 87207, 87209

**LOINC Codes:**

10704-5

# Ova and Parasite Exam

P401

## ORDERING

### Ordering Recommendations:

Patient testing for common parasites causing diarrhea is included in Gastrointestinal Pathogen PCR Panel. Order Ova and Parasite Exam in cases of suspected helminth (worm) infection, primarily in returning travelers. Additional testing for rare causes of diarrhea in immunocompromised patients (primarily HIV) can be ordered with Coccidia Exam and Microsporidia Exam.

### Approval Required:

Contact Microbiology at x3-1268 for Stool O&P requests on inpatients > 72 hours after admission.

### Available Stat:

No

### Performing Lab:

Microbiology

### Performed:

Monday-Friday, day shift

### Methodology:

Microscopy

### Reported:

1-3 days

### Additional Information:

Includes concentration and iron-hematoxylin smear, and Kinyoun stain of unconcentrated sample for Cyclospora, Cryptosporidia, and Cystoisospora.

Aspirates are not acceptable for Giardia Antigen or Entamoeba histolytica antigen.

Also see entries for Coccidia Exam and Microsporidia.

For hepatic abscess aspirates: If the specimen is QNS to prepare stained smears, a wet mount alone will be done and procedure P412 charged.

### Synonyms:

- Ova & Parasites
- O&P
- scolex
- Protozoan concentration
- Coccidia
- Entamoeba histolytica
- O&P Exam

## COLLECTION

### Patient Preparation:

Patient should be off ALL antibiotics for  $\geq 2$  weeks before for an O&P examination to be valid.

### Sample Type:

Stool; Duodenal/Colonic/Stool aspirates; Hepatic abscess aspirates

### Collect:

Hepatic abscess aspirates: Sterile container

All other samples: SAF vial

Stool specimens received into the lab between the hours of 23:30-06:30 should be submitted to the lab in SAF fixative.

SAF vials and instructions available from Material Services (PMM # 44366 Vials SAF Sterile Child Resistant Cap 574-05-CRC-WB).

Outpatients can obtain these from the laboratories' draw stations.

### Amount to Collect:

See preferred volume

### Preferred Volume:

Stool: 10 mL (fill SAF vial to red line on container label)

Duodenal/Colonic/Stool aspirates: 15 mL

Hepatic abscess aspirates: 2 mL

**Minimum Volume:**

5 mL (2 mL for Hepatic abscess aspirates)

**Remarks:**

Collect 3 stool samples (one every 48 hours preferred, one per day is acceptable) to improve the chance of a positive result.

Aspirates submitted in a sterile container or leuken trap should be received in laboratory within 30 minutes of collection.

**Stability (from collection to initiation):**

Preserved: 2 weeks

Unpreserved: 1 hour (aspirates will be accepted >1 hour, but results may be compromised).

**Rejection Criteria:**

Unpreserved stool received > 1 hour after collection.

Stool in a preservative other than SAF.

More than one stool sample received within 24 hours.

Stool not mixed well in SAF, or if preservative has been poured out or is expired.

SAF container filled past the red line on the container label.

**PROCESSING****Test Code:**

P401

**Test Group:**

Parasites

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Hepatic abscess aspirates: Put 1 ml of the specimen into a 15 ml centrifuge tube and add 2 parts SAF to 1 part specimen. Label tube as SAF preserved." The remaining unpreserved aspirate should be refrigerated.

Transfer all other unpreserved samples to SAF preservative upon receipt in lab.

Do not reject unpreserved aspirates >1 hour post collection. Enter COMPRO in SREQ.

When receiving O&Ps by mail open each box individually. If necessary, label sample with patient name from information sheet in box. If information sheet is not filled out, give mailing container to parasitologist to investigate. If collection date is missing from specimens, accession each specimen and freetext note in SREQ No collection date provided."

**Preferred Volume:**

Stool: 10 mL (fill SAF vial to red line on container label)

Duodenal/Colonic/Stool aspirates: 15 mL

Hepatic abscess aspirates: 2 mL

**Minimum Volume:**

5 mL (2 mL for Hepatic abscess aspirates)

**Rejection Criteria:**

Unpreserved stool received > 1 hour after collection.

Stool in a preservative other than SAF.

More than one stool sample received within 24 hours.

Stool not mixed well in SAF, or if preservative has been poured out or is expired.

SAF container filled past the red line on the container label.

**Stability (from collection to initiation):**

Preserved: 2 weeks

Unpreserved: 1 hour (aspirates will be accepted >1 hour, but results may be compromised).

**RESULT INTERPRETATION****Reference Interval:**

No parasites seen

**Critical Values:**

Entamoeba histolytica in hepatic aspirate

**Additional Information:**

Includes concentration and iron-hematoxylin smear, and Kinyoun stain of unconcentrated sample for Cyclospora, Cryptosporidia, and Cystoisospora.

Aspirates are not acceptable for Giardia Antigen or Entamoeba histolytica antigen.

Also see entries for Coccidia Exam and Microsporidia.

For hepatic abscess aspirates: If the specimen is QNS to prepare stained smears, a wet mount alone will be done and procedure P412 charged.

**ADMINISTRATIVE****CPT Codes:**

87177, 87207, 87209

**LOINC Codes:**

10704-5

**COMPLETE VIEW****Approval Required:**

Contact Microbiology at x3-1268 for Stool O&P requests on inpatients > 72 hours after admission.

**Available Stat:**

No

**Ordering Recommendations:**

Patient testing for common parasites causing diarrhea is included in Gastrointestinal Pathogen PCR Panel. Order Ova and Parasite Exam in cases of suspected helminth (worm) infection, primarily in returning travelers. Additional testing for rare causes of diarrhea in immunocompromised patients (primarily HIV) can be ordered with Coccidia Exam and Microsporidia Exam.

**Test Code:**

P401

**Test Group:**

Parasites

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Methodology:**

Microscopy

**Patient Preparation:**

Patient should be off ALL antibiotics for  $\geq 2$  weeks before for an O&P examination to be valid.

**Remarks:**

Collect 3 stool samples (one every 48 hours preferred, one per day is acceptable) to improve the chance of a positive result.

Aspirates submitted in a sterile container or leuken trap should be received in laboratory within 30 minutes of collection.

**Collect:**

Hepatic abscess aspirates: Sterile container

All other samples: SAF vial

Stool specimens received into the lab between the hours of 23:30-06:30 should be submitted to the lab in SAF fixative.

SAF vials and instructions available from Material Services (PMM # 44366 Vials SAF Sterile Child Resistant Cap 574-05-CRC-WB).

Outpatients can obtain these from the laboratories' draw stations.

**Amount to Collect:**

See preferred volume

**Sample Type:**

Stool; Duodenal/Colonic/Stool aspirates; Hepatic abscess aspirates

**Preferred Volume:**

Stool: 10 mL (fill SAF vial to red line on container label)

Duodenal/Colonic/Stool aspirates: 15 mL

Hepatic abscess aspirates: 2 mL

**Minimum Volume:**

5 mL (2 mL for Hepatic abscess aspirates)

**Rejection Criteria:**

Unpreserved stool received > 1 hour after collection.  
Stool in a preservative other than SAF.  
More than one stool sample received within 24 hours.  
Stool not mixed well in SAF, or if preservative has been poured out or is expired.  
SAF container filled past the red line on the container label.

**Specimen Preparation:**

Hepatic abscess aspirates: Put 1 ml of the specimen into a 15 ml centrifuge tube and add 2 parts SAF to 1 part specimen. Label tube as SAF preserved." The remaining unpreserved aspirate should be refrigerated.

Transfer all other unpreserved samples to SAF preservative upon receipt in lab.

Do not reject unpreserved aspirates >1 hour post collection. Enter COMPRO in SREQ.

When receiving O&Ps by mail open each box individually. If necessary, label sample with patient name from information sheet in box. If information sheet is not filled out, give mailing container to parasitologist to investigate. If collection date is missing from specimens, accession each specimen and freetext note in SREQ No collection date provided."

**Reference Interval:**

No parasites seen

**Critical Values:**

Entamoeba histolytica in hepatic aspirate

**Synonyms:**

- Ova & Parasites
- O&P
- scolex
- Protozoan concentration
- Coccidia
- Entamoeba histolytica
- O&P Exam

**Stability (from collection to initiation):**

Preserved: 2 weeks

Unpreserved: 1 hour (aspirates will be accepted >1 hour, but results may be compromised).

**Reported:**

1-3 days

**Additional Information:**

Includes concentration and iron-hematoxylin smear, and Kinyoun stain of unconcentrated sample for Cyclospora, Cryptosporidia, and Cystoisospora.

Aspirates are not acceptable for Giardia Antigen or Entamoeba histolytica antigen.

Also see entries for Coccidia Exam and Microsporidia.

For hepatic abscess aspirates: If the specimen is QNS to prepare stained smears, a wet mount alone will be done and procedure P412 charged.

**CPT Codes:**

87177, 87207, 87209

**LOINC Codes:**

10704-5

# Oxalate, Plasma

LAB3515

## ORDERING

**Ordering Recommendations:**

Assess the body pool size of oxalate.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Fri

**Methodology:**

Quantitative Spectrophotometry

**Reported:**

1-5 days

**Synonyms:**

- Oxalate
- OXALP

## COLLECTION

**Patient Preparation:**

Patient should avoid ingestion of vitamin C for 24 hours prior to sample collection.

**Sample Type:**

Plasma

**Label Abbreviation:**

OXALP

**Collect:**Green (lithium or sodium heparin) or Lavender (EDTA) or pink (K<sub>2</sub>EDTA).**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

1.5 mL plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 week

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Unacceptable Conditions:**

Samples that are not plasma. Samples not received frozen.

## PROCESSING

**Test Code:**

OXALP

**Test Group:**

Oxalate

**ARUP Test Code:**

2011697

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Place tube on wet ice immediately after collection. Separate plasma from cells ASAP or within 1 hour of collection. Transfer 2 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1.5 mL)

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

1.5 mL plasma

**Unacceptable Conditions:**

Samples that are not plasma. Samples not received frozen.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 week

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**RESULT INTERPRETATION****Units:** $\mu\text{mol/L}$ **Reference Interval:**Less than or equal to 2.0  $\mu\text{mol/L}$ **Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

83945

**LOINC:**

- 15085-4

**LOINC Codes:**

15085-4

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Assess the body pool size of oxalate.

**Test Code:**

OXALP

**Test Group:**

Oxalate

**ARUP Test Code:**

2011697

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Fri

**Methodology:**

Quantitative Spectrophotometry

**Patient Preparation:**

Patient should avoid ingestion of vitamin C for 24 hours prior to sample collection.

**Collect:**Green (lithium or sodium heparin) or Lavender (EDTA) or pink (K<sub>2</sub>EDTA).**Amount to Collect:**

4 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

1.5 mL plasma



**Unacceptable Conditions:**

Samples that are not plasma. Samples not received frozen.

**Specimen Preparation:**

Place tube on wet ice immediately after collection. Separate plasma from cells ASAP or within 1 hour of collection. Transfer 2 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1.5 mL)

**Units:**

μmol/L

**Reference Interval:**

Less than or equal to 2.0 μmol/L

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Oxalate
- OXALP

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 week

**Reported:**

1-5 days

**CPT Codes:**

83945

**LOINC:**

- 15085-4

**LOINC Codes:**

15085-4

# Oxalic acid, Urine, 24 Hour

LAB3390

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Spectrophotometric, enzymatic

**Reported:**

Test run Monday-Friday Turnaround time: 2-5 days.

**Additional Information:**To convert mg/d to  $\mu\text{mol/d}$  (SI units) multiply by 11.4.

Urinary creatinine is assayed as a measure of the completeness of urine collection. If the total creatinine excretion is not within normal limits for the patient's age and sex (see entry for Creatinine) and the patient has normal renal function, the urine collection is probably incomplete and the result is invalid.

**Synonyms:**

- Oxalate

## COLLECTION

**Patient Preparation:**

Patient should refrain from eating chocolate, nuts, rhubarb, spinach, tea and vitamin C for 48 hours prior to collection.

**Sample Type:**

24 hour urine collection

**Label Abbreviation:**

OXAU

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

## PROCESSING

**Test Code:**

OXAU

**Test Group:**

Oxalate

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Mix well before aliquoting. Adjust aliquot to pH of 3 or less with 6N HCL (Formula: Use 0.1ml 6N HCL per 10ml of urine and check pH, adjust if needed) Refrigerate. For 24 hour urine order Quest # 5421N.

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

## RESULT INTERPRETATION

**Units:**

mg/24 h

**Reference Interval:**

3.6-38 mg/24 h

**Additional Information:**To convert mg/d to  $\mu\text{mol/d}$  (SI units) multiply by 11.4.

Urinary creatinine is assayed as a measure of the completeness of urine collection. If the total creatinine excretion is not within normal limits for the patient's age and sex (see entry for Creatinine) and the patient has normal renal function, the urine collection is probably incomplete and the result is invalid.

**ADMINISTRATIVE****CPT Codes:**

83945-90

**LOINC Codes:**

2701-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

OXAU

**Test Group:**

Oxalate

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Spectrophotometric, enzymatic

**Patient Preparation:**

Patient should refrain from eating chocolate, nuts, rhubarb, spinach, tea and vitamin C for 48 hours prior to collection.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Specimen Preparation:**

Mix well before aliquoting. Adjust aliquot to pH of 3 or less with 6N HCL (Formula: Use 0.1ml 6N HCL per 10ml of urine and check pH, adjust if needed) Refrigerate. For 24 hour urine order Quest # 5421N.

**Units:**

mg/24 h

**Reference Interval:**

3.6-38 mg/24 h

**Synonyms:**

- Oxalate

**Reported:**

Test run Monday-Friday Turnaround time: 2-5 days.

**Additional Information:**To convert mg/d to  $\mu\text{mol/d}$  (SI units) multiply by 11.4.

Urinary creatinine is assayed as a measure of the completeness of urine collection. If the total creatinine excretion is not within normal limits for the patient's age and sex (see entry for Creatinine) and the patient has normal renal function, the urine collection is probably incomplete and the result is invalid.

**CPT Codes:**  
83945-90

**LOINC Codes:**  
2701-1

# Oxalic acid, Urine, Random

LAB3536

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Spectrophotometry

**Reported:**

Run 5x per week. Turnaround 3-5 days

**Synonyms:**

- Oxalate

## COLLECTION

**Patient Preparation:**

Patient should refrain from eating chocolate, nuts, rhubarb, spinach, tea and vitamin C for 48 hours prior to collection.

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Stability (from collection to initiation):**

Acidified random urine: Room temperature 6 days, refrigerated 1 week, frozen at -20C 4 months

## PROCESSING

**Test Code:**

OXALR

**Test Group:**

Oxalate

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Adjust pH to 2.0 - 3.0 with 6 N HCl. Refrigerate aliquot at 4C. Order Quest test # 10456X

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Stability (from collection to initiation):**

Acidified random urine: Room temperature 6 days, refrigerated 1 week, frozen at -20C 4 months

## RESULT INTERPRETATION

**Units:**

mg/g Creatinine

**Reference Interval:**

Male: 3-30 mg/g Creatinine

Female: 3-40 mg/g Creatinine

## ADMINISTRATIVE

**CPT Codes:**

82570-90, 83945-90

**LOINC Codes:**

13483-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

OXALR

**Test Group:**

Oxalate

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Spectrophotometry

**Patient Preparation:**

Patient should refrain from eating chocolate, nuts, rhubarb, spinach, tea and vitamin C for 48 hours prior to collection.

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Specimen Preparation:**

Adjust pH to 2.0 - 3.0 with 6 N HCl. Refrigerate aliquot at 4C. Order Quest test # 10456X

**Units:**

mg/g Creatinine

**Reference Interval:**

Male: 3-30 mg/g Creatinine

Female: 3-40 mg/g Creatinine

**Synonyms:**

- Oxalate

**Stability (from collection to initiation):**

Acidified random urine: Room temperature 6 days, refrigerated 1 week, frozen at -20C 4 months

**Reported:**

Run 5x per week. Turnaround 3-5 days

**CPT Codes:**

82570-90, 83945-90

**LOINC Codes:**

13483-3

# Oxcarbazepine Level

LAB5407

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Liquid Chromatography Tandem Mass Spectrometry

**Reported:**

5-7 days

**Synonyms:**

- Trileptal
- 10-hydroxycarbazepine

## COLLECTION

**Sample Type:**

Serum or EDTA plasma

**Label Abbreviation:**

OXCBP

**Collect:**

Red top or Lavendar top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks, frozen 2 months

## PROCESSING

**Test Code:**

OXCBP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate sample

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks, frozen 2 months

## RESULT INTERPRETATION

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

Therapeutic: 8.0-35.0 mcg/mL

Toxic: &gt; 35.0 mcg/mL

Lower Detection limit: 0.5 mcg/mL

## ADMINISTRATIVE

**CPT Codes:**  
83789-90

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
OXCBP

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Liquid Chromatography Tandem Mass Spectrometry

**Collect:**  
Red top or Lavendar top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum or EDTA plasma

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.3 mL serum

**Specimen Preparation:**  
Refrigerate sample

**Units:**  
µg/mL (mcg/mL)

**Reference Interval:**  
Therapeutic: 8.0-35.0 mcg/mL  
Toxic: > 35.0 mcg/mL  
Lower Detection limit: 0.5 mcg/mL

**Synonyms:**

- Trileptal
- 10-hydroxycarbazepine

**Stability (from collection to initiation):**  
Room temperature 3 days, refrigerated 2 weeks, frozen 2 months

**Reported:**  
5-7 days

**CPT Codes:**  
83789-90



# Oxycodone Screen, Urine

LAB5493

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Mary's Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus and Mission Bay: Homogeneous competitive enzyme immunoassay method using DRI technology on Abbott Architect

Saint Francis: BioRad TOX/SeeTM drug screen test; lateral flow chromatographic immunoassay

Saint Mary's: Immunalysis homogeneous enzyme immunoassay on Abbott Architect

**Reported:**

Stat: 2 hours

Routine: 4 hours

**Additional Information:**

These assays detect both oxycodone and oxymorphone. Oxymorphone is the principal active metabolite of oxycodone, and a prescription drug in its own right (Baselt RC and Stewart CB, Determination of oxycodone and a major metabolite in urine by electron-capture GLC. J Anal Toxicol 2(3):107-109, 1978)

NOTE: These assays are not sensitive in detecting most prescribed opiates such as morphine, codeine, hydrocodone, hydromorphone, or heroin use. The opiate immunoassay screen (OPI) or an opiate confirmation assay (OPIQNT) should be ordered to measure these other compounds. Additionally, this oxycodone screen will not detect fentanyl, methadone or mepiridine.

For a list of cross-reacting substances for the Parnassus and Mission Bay assay [click here](#).

For a list of cross-reacting substances for the St. Mary's assay [click here](#).

A concentration of < 100 µg/L is considered negative by this test. A positive result is ≥ 100 µg/L and indicates presence of oxycodone or oxymorphone. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This is a presumptive screen for possible oxycodone and oxymorphone use within the past 1-3 days. False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing (Test code OPIQNT)

**Synonyms:**

- OxyContin
- Percocet
- Percodan
- Oxymorphone
- Opana
- Numorphan
- Numorphone,
- OXYU

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**  
Refrigerated 1 week, frozen 1 month

## PROCESSING

**Test Code:**  
OXYU

**Test Group:**  
Oxycodone

**Performing Lab:**  
Parnassus, Mission Bay, Saint Francis, & Saint Mary's Chemistry

**Preferred Volume:**  
1 mL urine

**Minimum Volume:**  
0.5 mL urine

**Stability (from collection to initiation):**  
Refrigerated 1 week, frozen 1 month

## RESULT INTERPRETATION

**Reference Interval:**  
Negative

(Note: a negative result indicates that oxycodone is not present, or it is present at a concentration below the cut-off concentration of 100 µg/L)

**Additional Information:**

These assays detect both oxycodone and oxymorphone. Oxymorphone is the principal active metabolite of oxycodone, and a prescription drug in its own right (Baselt RC and Stewart CB, Determination of oxycodone and a major metabolite in urine by electron-capture GLC. J Anal Toxicol 2(3):107-109, 1978)

NOTE: These assays are not sensitive in detecting most prescribed opiates such as morphine, codeine, hydrocodone, hydromorphone, or heroin use. The opiate immunoassay screen (OPI) or an opiate confirmation assay (OPIQNT) should be ordered to measure these other compounds. Additionally, this oxycodone screen will not detect fentanyl, methadone or mepiridine.

For a list of cross-reacting substances for the Parnassus and Mission Bay assay [click here](#).

For a list of cross-reacting substances for the St. Mary's assay [click here](#).

A concentration of < 100 µg/L is considered negative by this test. A positive result is ≥ 100 µg/L and indicates presence of oxycodone or oxymorphone. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This is a presumptive screen for possible oxycodone and oxymorphone use within the past 1-3 days. False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing (Test code OPIQNT)

## ADMINISTRATIVE

**CPT Codes:**  
80307

**LOINC Codes:**  
19296-3

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
OXYU

**Test Group:**  
Oxycodone

**Performing Lab:**  
Parnassus, Mission Bay, Saint Francis, & Saint Mary's Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus and Mission Bay: Homogeneous competitive enzyme immunoassay method using DRI technology on Abbott Architect

Saint Francis: BioRad TOX/See™ drug screen test; lateral flow chromatographic immunoassay

Saint Mary's: Immunalysis homogeneous enzyme immunoassay on Abbott Architect

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Reference Interval:**

Negative

(Note: a negative result indicates that oxycodone is not present, or it is present at a concentration below the cut-off concentration of 100 µg/L)

**Synonyms:**

- OxyContin
- Percocet
- Percodan
- Oxymorphone
- Opana
- Numorphan
- Numorphone,
- OXYU

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month

**Reported:**

Stat: 2 hours

Routine: 4 hours

**Additional Information:**

These assays detect both oxycodone and oxymorphone. Oxymorphone is the principal active metabolite of oxycodone, and a prescription drug in its own right (Baselt RC and Stewart CB, Determination of oxycodone and a major metabolite in urine by electron-capture GLC. J Anal Toxicol 2(3):107-109, 1978)

NOTE: These assays are not sensitive in detecting most prescribed opiates such as morphine, codeine, hydrocodone, hydromorphone, or heroin use. The opiate immunoassay screen (OPI) or an opiate confirmation assay (OPIQNT) should be ordered to measure these other compounds. Additionally, this oxycodone screen will not detect fentanyl, methadone or mepiridine.

For a list of cross-reacting substances for the Parnassus and Mission Bay assay [click here](#).

For a list of cross-reacting substances for the St. Mary's assay [click here](#).

A concentration of < 100 µg/L is considered negative by this test. A positive result is ≥ 100 µg/L and indicates presence of oxycodone or oxymorphone. This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

This is a presumptive screen for possible oxycodone and oxymorphone use within the past 1-3 days. False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing (Test code OPIQNT)

**CPT Codes:**

80307

**LOINC Codes:**

19296-3

# Pancreatic Elastase, Fecal by Immunoassay

LAB979

## ORDERING

**Ordering Recommendations:**

Tests for exocrine pancreatic insufficiency.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Chemiluminescent Immunoassay (CLIA)

**Reported:**

1-4 days

**Additional Information:**

Pancreatic elastase can be decreased in a variety of diseases resulting in pancreatic insufficiency. Decreases are most often seen in acute and chronic pancreatitis, cystic fibrosis, and diabetes mellitus. Reference values from: Loser C, Mollgaard A, Folsch UR. 1996. Fecal elastase 1: A novel, highly sensitive, and specific tubeless pancreatic function test. Gut. 39(4):580-586.

**Synonyms:**

- fecal elastase
- EL1
- Elastase
- Elastase-1
- Fecal Elastase
- Pancreatic Elastase Stool
- pancreatic stool elastase
- pancreatic stool elastase concentration
- PE stool
- ELAS

## COLLECTION

**Sample Type:**

Container without preservative

**Label Abbreviation:**

ELASTASE

**Collect:**

Stool.

**Amount to Collect:**

5 g stool

**Minimum Volume:**

1 g stool

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 30 days.

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Stool in media or preservative. Swabs.

## PROCESSING

**Test Code:**

ELAS

**ARUP Test Code:**

3002858

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 5 g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. (Min: 1 g)

**Minimum Volume:**

1 g stool

**Unacceptable Conditions:**

Stool in media or preservative. Swabs.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 30 days.

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

|                              |                                                    |
|------------------------------|----------------------------------------------------|
| Greater or equal to 200 µg/g | Normal                                             |
| 100 to <200 µg/g             | Moderate to mild exocrine pancreatic insufficiency |
| Less than 100 µg/g           | Severe exocrine pancreatic insufficiency           |

**Additional Information:**

Pancreatic elastase can be decreased in a variety of diseases resulting in pancreatic insufficiency. Decreases are most often seen in acute and chronic pancreatitis, cystic fibrosis, and diabetes mellitus. Reference values from: Loser C, Mollgaard A, Folsch UR. 1996. Fecal elastase 1: A novel, highly sensitive, and specific tubeless pancreatic function test. Gut. 39(4):580-586.

**Interpretive Data:**

Reference range does not apply for infants less than one month old.

**ADMINISTRATIVE****CPT Codes:**

82653

**LOINC:**

- 25907-7

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Tests for exocrine pancreatic insufficiency.

**Test Code:**

ELAS

**ARUP Test Code:**

3002858

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Chemiluminescent Immunoassay (CLIA)

**Collect:**

Stool.

**Amount to Collect:**

5 g stool

**Sample Type:**

Container without preservative

**Minimum Volume:**

1 g stool

**Unacceptable Conditions:**

Stool in media or preservative. Swabs.

**Specimen Preparation:**

Transfer 5 g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. (Min: 1 g)

**Reference Interval:**

|                              |                                                    |
|------------------------------|----------------------------------------------------|
| Greater or equal to 200 µg/g | Normal                                             |
| 100 to <200 µg/g             | Moderate to mild exocrine pancreatic insufficiency |
| Less than 100 µg/g           | Severe exocrine pancreatic insufficiency           |

**Interpretive Data:**

Reference range does not apply for infants less than one month old.

**Synonyms:**

- fecal elastase
- EL1
- Elastase
- Elastase-1
- Fecal Elastase
- Pancreatic Elastase Stool
- pancreatic stool elastase
- pancreatic stool elastase concentration
- PE stool
- ELAS

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 30 days.

**Reported:**

1-4 days

**Additional Information:**

Pancreatic elastase can be decreased in a variety of diseases resulting in pancreatic insufficiency. Decreases are most often seen in acute and chronic pancreatitis, cystic fibrosis, and diabetes mellitus. Reference values from: Loser C, Mollgaard A, Folsch UR. 1996. Fecal elastase 1: A novel, highly sensitive, and specific tubeless pancreatic function test. Gut. 39(4):580-586.

**CPT Codes:**

82653

**LOINC:**

- 25907-7

**Notes:**

Enzyme substitution therapy does not influence the determination of Pancreatic Elastase-1.

# Pancreatic Polypeptide

LAB3406

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Extraction, RIA

**Reported:**

Test run Thursday. Turnaround: 7-14 days.

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is required.

No radioisotopes should be administered during the 24 hours prior to specimen collection.

**Sample Type:**

EDTA plasma (Serum for B&amp;T patients)

**Label Abbreviation:**

PPEP

**Collect:**

Lavender top (Red top or Gold top for B&amp;T patients)

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

0.6 mL serum or plasma

**Remarks:**For Brown & Toland patients, collect **serum** in Red top or Gold top tube instead of plasma.**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 1 month

## PROCESSING

**Test Code:**

PPEP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Process immediately and freeze plasma at -20C in plastic tube. Order Quest # 4789X

For Brown & Toland patients, collect SERUM in Red top or SST tube. Process within 4 hours of collection, freeze immediately and ship frozen to sendout at China Basin. Order LabCorp test # 146704. Patient should fast for 10 hours prior to specimen collection.

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

0.6 mL serum or plasma

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 1 month

## RESULT INTERPRETATION

**Units:**

pg/mL

**Reference Interval:**

| Age         | Reference Range |
|-------------|-----------------|
| < 3 years   | Not established |
| 3-9 years   | <= 519 pg/mL    |
| 10-13 years | <= 361 pg/mL    |
| 14-17 years | <= 297 pg/mL    |
| 18-29 years | < 480 pg/mL     |
| 30-39 years | 70-400 pg/mL    |
| 40-49 years | 70-430 pg/mL    |
| 60-52 years | 100-780 pg/mL   |

**ADMINISTRATIVE****CPT Codes:**

83519-90

**LOINC Codes:**

2721-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PPEP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Extraction, RIA

**Patient Preparation:**

An 8 hour fast before specimen collection is required.

No radioisotopes should be administered during the 24 hours prior to specimen collection.

**Remarks:**For Brown & Toland patients, collect **serum** in Red top or Gold top tube instead of plasma.**Collect:**

Lavender top (Red top or Gold top for B&amp;T patients)

**Amount to Collect:**

4 mL blood

**Sample Type:**

EDTA plasma (Serum for B&amp;T patients)

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

0.6 mL serum or plasma

**Specimen Preparation:**

Process immediately and freeze plasma at -20C in plastic tube. Order Quest # 4789X

For Brown & Toland patients, collect SERUM in Red top or SST tube. Process within 4 hours of collection, freeze immediately and ship frozen to sendout at China Basin. Order LabCorp test # 146704. Patient should fast for 10 hours prior to specimen collection.

**Units:**

pg/mL



**Reference Interval:**

| Age         | Reference Range |
|-------------|-----------------|
| < 3 years   | Not established |
| 3-9 years   | <= 519 pg/mL    |
| 10-13 years | <= 361 pg/mL    |
| 14-17 years | <= 297 pg/mL    |
| 18-29 years | < 480 pg/mL     |
| 30-39 years | 70-400 pg/mL    |
| 40-49 years | 70-430 pg/mL    |
| 60-52 years | 100-780 pg/mL   |

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 1 month

**Reported:**

Test run Thursday. Turnaround: 7-14 days.

**CPT Codes:**

83519-90

**LOINC Codes:**

2721-9

# Paracoccidioides Serology

MOLT

## ORDERING

**Available Stat:**  
No

**Performing Lab:**  
LabCorp

**Methodology:**  
Immunodiffusion

**Reported:**  
5-7 days

**Additional Information:**  
For diagnosis of infection due to Paracoccidioides brasiliensis. Cross-reactions at low titer may occur with other fungal infections. A rise in titer is significant, the titer correlating with the severity of disease.

## COLLECTION

**Sample Type:**  
Serum

**Collect:**  
Gold top

**Amount to Collect:**  
3 mL blood

**Preferred Volume:**  
1.5 mL serum

**Minimum Volume:**  
1 mL serum

**Stability (from collection to initiation):**  
Refrigerated 3 days, frozen 1 week

## PROCESSING

**Test Code:**  
MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**  
Yes

**Performing Lab:**  
LabCorp

**Specimen Preparation:**  
Order LabCorp test # 138452

**Preferred Volume:**  
1.5 mL serum

**Minimum Volume:**  
1 mL serum

**Stability (from collection to initiation):**  
Refrigerated 3 days, frozen 1 week

## RESULT INTERPRETATION

**Reference Interval:**  
Negative

**Additional Information:**  
For diagnosis of infection due to Paracoccidioides brasiliensis. Cross-reactions at low titer may occur with other fungal infections. A rise in titer is significant, the titer correlating with the severity of disease.

## ADMINISTRATIVE

**CPT Codes:**  
86671-90

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

LabCorp

**Sendout:**

Yes

**Methodology:**

Immunodiffusion

**Collect:**

Gold top

**Amount to Collect:**

3 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1.5 mL serum

**Minimum Volume:**

1 mL serum

**Specimen Preparation:**

Order LabCorp test # 138452

**Reference Interval:**

Negative

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen 1 week

**Reported:**

5-7 days

**Additional Information:**

For diagnosis of infection due to *Paracoccidioides brasiliensis*. Cross-reactions at low titer may occur with other fungal infections. A rise in titer is significant, the titer correlating with the severity of disease.

**CPT Codes:**

86671-90

# Parainfluenza Antibodies

PFL1

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Complement fixation

**Reported:**

Set up 5 days a week. Turnaround time 4-7 days.

**Additional Information:**

Includes testing for Parainfluenza types 1, 2 and 3

Single antibody titers of  $\geq 1:64$  are indicative of recent infection. Titers of 1:8 to 1:32 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months.

A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis.

After initial infection, antibody responses at a later date are often heterotypic and exhibit crossreactivity with other paramyxoviruses (e.g., mumps).

**Synonyms:**

- Paraflu

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 17 days, frozen at -20C 1 month

**Unacceptable Conditions:**

Hemolysis

**Rejection Criteria:**

Hemolysis

## PROCESSING

**Test Code:**

PFL1

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate serum at 4C. Order Quest test #5157N

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Hemolysis

**Rejection Criteria:**

Hemolysis

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 17 days, frozen at -20C 1 month

**RESULT INTERPRETATION****Units:**

Titer

**Reference Interval:**

Negative: &lt; 1:8 titer

**Additional Information:**

Includes testing for Parainfluenza types 1, 2 and 3

Single antibody titers of  $\geq 1:64$  are indicative of recent infection. Titers of 1:8 to 1:32 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months.

A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis.

After initial infection, antibody responses at a later date are often heterotypic and exhibit crossreactivity with other paramyxoviruses (e.g., mumps).

**ADMINISTRATIVE****CPT Codes:**

86790-90 x 3

**LOINC Codes:**

49713-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PFL1

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Complement fixation

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Hemolysis

**Unacceptable Conditions:**

Hemolysis

**Specimen Preparation:**

Refrigerate serum at 4C. Order Quest test #5157N

**Units:**

Titer

**Reference Interval:**

Negative: &lt; 1:8 titer

**Synonyms:**

- Paraflu

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 17 days, frozen at -20C 1 month

**Reported:**

Set up 5 days a week. Turnaround time 4-7 days.

**Additional Information:**

Includes testing for Parainfluenza types 1, 2 and 3

Single antibody titers of  $\geq 1:64$  are indicative of recent infection. Titers of 1:8 to 1:32 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months.

A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis.

After initial infection, antibody responses at a later date are often heterotypic and exhibit crossreactivity with other paramyxoviruses (e.g., mumps).

**CPT Codes:**

86790-90 x 3

**LOINC Codes:**

49713-1

# Paraneoplastic Antibody Evaluation, CSF

LAB5334

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

IFA

**Reported:**

1-2 weeks

**Additional Information:**[List of antibodies tested and reference ranges.](#)**Reflex Testing:**

Additional testing may be initiated based on results of initial immunofluorescent screening assays and separately charged.

**Synonyms:**

- PCA-1
- CEREBELLAR ANTIBODIES
- ANTINEURONAL
- ANTI-HU
- CSF
- AMPHIPHYSIN AB

## COLLECTION

**Sample Type:**

CSF

**Label Abbreviation:**

PAECSF

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

4 mL CSF

**Preferred Volume:**

4 mL CSF

**Minimum Volume:**

3 mL CSF

**Stability (from collection to initiation):**

Room temperature 3 days, frozen 2 weeks.

## PROCESSING

**Test Code:**

PAECSF

**Test Group:**

Paraneoplastic antibodies

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Freeze CSF and ship frozen to China Basin

Mayo order PAC1

**Preferred Volume:**

4 mL CSF

**Minimum Volume:**

3 mL CSF

**Stability (from collection to initiation):**

Room temperature 3 days, frozen 2 weeks.

**RESULT INTERPRETATION****Units:**

Titer

**Reference Interval:**

| Antibody                                              | Titer            |
|-------------------------------------------------------|------------------|
| Antineuronal Nuclear Antibody-Type 1 (ANNA-1)         | Negative at <1:2 |
| Antineuronal Nuclear Antibody-Type 2 (ANNA-2)         | Negative at <1:2 |
| Antineuronal Nuclear Antibody-Type 3 (ANNA-3)         | Negative at <1:2 |
| Anti-Glial/Neuronal Nuclear Antibody, Type 1 (AGNA-1) | Negative at <1:2 |
| Purkinje Cell Cytoplasmic Antibody, Type 1 (PCA-1)    | Negative at <1:2 |
| Purkinje Cell Cytoplasmic Antibody, Type 2 (PCA-2)    | Negative at <1:2 |
| Purkinje Cell Cytoplasmic Antibody, Type Tr (PCA-Tr)  | Negative at <1:2 |
| Amphiphysin Antibody                                  | Negative at <1:2 |
| CRMP-5-IgG                                            | Negative at <1:2 |

Note: Titers lower than 1:2 are detectable by recombinant CRMP-5 Western blot analysis. CRMP-5 Western blot analysis will be done on request on stored spinal fluid (held 4 weeks). This supplemental testing is recommended in cases of chorea, vision loss, cranial neuropathy, and myelopathy. Call the Neuroimmunology Laboratory at 800-533-1710 or 507-266-5700 to request CRMP-5 Western blot.

**Additional Information:**

[List of antibodies tested and reference ranges.](#)

**ADMINISTRATIVE****CPT Codes:**

[See vendor website.](#)

**LOINC Codes:**

[See vendor website.](#)

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PAECSF

**Test Group:**

Paraneoplastic antibodies

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

IFA

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

4 mL CSF

**Sample Type:**

CSF

**Preferred Volume:**

4 mL CSF

**Minimum Volume:**

3 mL CSF

**Specimen Preparation:**

Freeze CSF and ship frozen to China Basin

Mayo order PAC1

**Units:**

Titer



**Reference Interval:**

| Antibody                                              | Titer            |
|-------------------------------------------------------|------------------|
| Antineuronal Nuclear Antibody-Type 1 (ANNA-1)         | Negative at <1:2 |
| Antineuronal Nuclear Antibody-Type 2 (ANNA-2)         | Negative at <1:2 |
| Antineuronal Nuclear Antibody-Type 3 (ANNA-3)         | Negative at <1:2 |
| Anti-Glial/Neuronal Nuclear Antibody, Type 1 (AGNA-1) | Negative at <1:2 |
| Purkinje Cell Cytoplasmic Antibody, Type 1 (PCA-1)    | Negative at <1:2 |
| Purkinje Cell Cytoplasmic Antibody, Type 2 (PCA-2)    | Negative at <1:2 |
| Purkinje Cell Cytoplasmic Antibody, Type Tr (PCA-Tr)  | Negative at <1:2 |
| Amphiphysin Antibody                                  | Negative at <1:2 |
| CRMP-5-IgG                                            | Negative at <1:2 |

Note: Titers lower than 1:2 are detectable by recombinant CRMP-5 Western blot analysis. CRMP-5 Western blot analysis will be done on request on stored spinal fluid (held 4 weeks). This supplemental testing is recommended in cases of chorea, vision loss, cranial neuropathy, and myelopathy. Call the Neuroimmunology Laboratory at 800-533-1710 or 507-266-5700 to request CRMP-5 Western blot.

**Synonyms:**

- PCA-1
- CEREBELLAR ANTIBODIES
- ANTINEURONAL
- ANTI-HU
- CSF
- AMPHIPHYSIN AB

**Stability (from collection to initiation):**

Room temperature 3 days, frozen 2 weeks.

**Reported:**

1-2 weeks

**Reflex Testing:**

Additional testing may be initiated based on results of initial immunofluorescent screening assays and separately charged.

**Additional Information:**

[List of antibodies tested and reference ranges.](#)

**CPT Codes:**

[See vendor website.](#)

**LOINC Codes:**

[See vendor website.](#)

# Paraneoplastic Antibody Evaluation, Serum

LAB5332

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

IFA, RIA, EIA

**Reported:**

3-4 weeks

**Additional Information:**[List of antibodies tested and reference ranges.](#)**Reflex Testing:**

Additional testing may be initiated based on results of initial immunofluorescent screening assays and separately charged.

**Synonyms:**

- CEREBELLAR ANTIBODIES
- CALCIUM CHANNEL BLOCKERS
- APCA (ANTI-PURKINJE CELL ANTIBODIES)
- ANTI-ENTERIC NEURONAL ANTIBODY
- ANTI-CV2
- ANNA (ANTINEURONAL NUCLEAR ANTIBODY)

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

PAE

**Collect:**

Red top, Gold top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

2 mL serum

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated or frozen 4 weeks.

## PROCESSING

**Test Code:**

PAE

**Test Group:**

Paraneoplastic antibodies

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Refrigerate serum and ship to China Basin refrigerated. Do not freeze. Should be shipped same day as collection.

Mayo order PAVAL

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

2 mL serum

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated or frozen 4 weeks.

**RESULT INTERPRETATION****Units:**

Titer

**Reference Interval:**

| Antibody                                             | Titer          |
|------------------------------------------------------|----------------|
| Antineuronal Nuclear Antibody-Type 1 (ANNA-1)        | <1:240         |
| Antineuronal Nuclear Antibody -Type 2 (ANNA-2)       | <1:240         |
| Antineuronal Nuclear Antibody -Type 3 (ANNA-3)       | <1:240         |
| Anti-Glial/Neuronal Nuclear Antibody-Type 1 (AGNA-1) | <1:240         |
| Purkinje Cell Cytoplasmic Antibody, Type 1 (PCA-1)   | <1:240         |
| Purkinje Cell Cytoplasmic Antibody, Type 2 (PCA-2)   | <1:240         |
| Purkinje Cell Cytoplasmic Antibody, Type Tr (PCA-Tr) | <1:240         |
| Amphiphysin Antibody                                 | <1:240         |
| CRMP-5-IgG                                           | <1:240*        |
| Striational (Striated Muscle) Antibodies             | <1:60          |
| N-Type Calcium Channel Antibody                      | <= 0.03 nmol/L |
| P/Q-Type Calcium Channel Antibody                    | <= 0.02 nmol/L |
| ACh Receptor (Muscle) Binding Antibody               | <= 0.02 nmol/L |
| AChR Ganglionic Neuronal Antibody                    | <= 0.02 nmol/L |
| Neuronal VGKC Autoantibody                           | <= 0.02 nmol/L |

\*Note: Titers lower than 1:240 are detectable by recombinant CRMP-5 Western blot analysis. CRMP-5 Western blot analysis will be done on request on stored serum (held 4 weeks). This supplemental testing is recommended in cases of chorea, vision loss, cranial neuropathy, and myelopathy. Call the Neuroimmunology Laboratory at 800-533-1710 or 507-266-5700 to request CRMP-5 Western blot.

Neuron-restricted patterns of IgG staining that do not fulfill criteria for amphiphysin, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, PCA-Tr, or CRMP-5-IgG may be reported as "unclassified antineuronal IgG." Complex patterns that include non-neuronal elements may be reported as "uninterpretable."

**Additional Information:**

[List of antibodies tested and reference ranges.](#)

**ADMINISTRATIVE****CPT Codes:**

[See vendor website.](#)

**LOINC Codes:**

[See vendor website.](#)

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PAE

**Test Group:**

Paraneoplastic antibodies

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

IFA, RIA, EIA

**Collect:**

Red top, Gold top

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

2 mL serum

**Specimen Preparation:**

Refrigerate serum and ship to China Basin refrigerated. Do not freeze. Should be shipped same day as collection.

Mayo order PAVAL

**Units:**

Titer

**Reference Interval:**

| Antibody                                             | Titer          |
|------------------------------------------------------|----------------|
| Antineuronal Nuclear Antibody-Type 1 (ANNA-1)        | <1:240         |
| Antineuronal Nuclear Antibody -Type 2 (ANNA-2)       | <1:240         |
| Antineuronal Nuclear Antibody -Type 3 (ANNA-3)       | <1:240         |
| Anti-Glial/Neuronal Nuclear Antibody-Type 1 (AGNA-1) | <1:240         |
| Purkinje Cell Cytoplasmic Antibody, Type 1 (PCA-1)   | <1:240         |
| Purkinje Cell Cytoplasmic Antibody, Type 2 (PCA-2)   | <1:240         |
| Purkinje Cell Cytoplasmic Antibody, Type Tr (PCA-Tr) | <1:240         |
| Amphiphysin Antibody                                 | <1:240         |
| CRMP-5-IgG                                           | <1:240*        |
| Striational (Striated Muscle) Antibodies             | <1:60          |
| N-Type Calcium Channel Antibody                      | <= 0.03 nmol/L |
| P/Q-Type Calcium Channel Antibody                    | <= 0.02 nmol/L |
| ACh Receptor (Muscle) Binding Antibody               | <= 0.02 nmol/L |
| AChR Ganglionic Neuronal Antibody                    | <= 0.02 nmol/L |
| Neuronal VGKC Autoantibody                           | <= 0.02 nmol/L |

\*Note: Titers lower than 1:240 are detectable by recombinant CRMP-5 Western blot analysis. CRMP-5 Western blot analysis will be done on request on stored serum (held 4 weeks). This supplemental testing is recommended in cases of chorea, vision loss, cranial neuropathy, and myelopathy. Call the Neuroimmunology Laboratory at 800-533-1710 or 507-266-5700 to request CRMP-5 Western blot.

Neuron-restricted patterns of IgG staining that do not fulfill criteria for amphiphysin, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, PCA-Tr, or CRMP-5-IgG may be reported as "unclassified antineuronal IgG." Complex patterns that include non-neuronal elements may be reported as "uninterpretable."

**Synonyms:**

- CEREBELLAR ANTIBODIES
- CALCIUM CHANNEL BLOCKERS
- APCA (ANTI-PURKINJE CELL ANTIBODIES)
- ANTI-ENTERIC NEURONAL ANTIBODY
- ANTI-CV2
- ANNA (ANTINEURONAL NUCLEAR ANTIBODY)

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated or frozen 4 weeks.

**Reported:**

3-4 weeks

**Reflex Testing:**

Additional testing may be initiated based on results of initial immunofluorescent screening assays and separately charged.

**Additional Information:**[List of antibodies tested and reference ranges.](#)**CPT Codes:**[See vendor website.](#)**LOINC Codes:**[See vendor website.](#)

# Parasite identification

P404

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Reported:**

1-3 days

**Additional Information:**

For genus, species and stage of worm.

Scolex identification is not offered as effective therapy destroys the scolex.

**Synonyms:**

- Scolex

## COLLECTION

**Sample Type:**

Worm, or proglottid

**Collect:**

Fresh specimen preferred on moistened gauze in clean container. Samples submitted in 70% ethanol or 10% formalin acceptable.

**Stability (from collection to initiation):**

Refrigerated 24 hours

## PROCESSING

**Test Code:**

P404

**Test Group:**

Parasites

**Performing Lab:**

Microbiology

**Stability (from collection to initiation):**

Refrigerated 24 hours

## RESULT INTERPRETATION

**Additional Information:**

For genus, species and stage of worm.

Scolex identification is not offered as effective therapy destroys the scolex.

## ADMINISTRATIVE

**CPT Codes:**

87169

**LOINC Codes:**

673-4

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P404

**Test Group:**

Parasites

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Collect:**

Fresh specimen preferred on moistened gauze in clean container. Samples submitted in 70% ethanol or 10% formalin acceptable.

**Sample Type:**

Worm, or proglottid

**Synonyms:**

- Scolex

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Reported:**

1-3 days

**Additional Information:**

For genus, species and stage of worm.

Scolex identification is not offered as effective therapy destroys the scolex.

**CPT Codes:**

87169

**LOINC Codes:**

673-4

# Parasite Identification

LAB247

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Test performed Monday-Friday, 0800-1500 only.

**Reported:**

1-3 days

**Additional Information:**

Because of the large number of eggs produced, stool examination is generally the diagnostic method of choice. See Parasites-Sputum, Parasites-Stool, and Parasites-Worm Identification.

**Synonyms:**

- O&P
- PARAI

## COLLECTION

**Sample Type:**

Worm

**Collect:**

Clean container with gauze moistened with water

## PROCESSING

**Test Code:**

P404

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Refrigerated: 24 hours

## RESULT INTERPRETATION

**Additional Information:**

Because of the large number of eggs produced, stool examination is generally the diagnostic method of choice. See Parasites-Sputum, Parasites-Stool, and Parasites-Worm Identification.

## ADMINISTRATIVE

**CPT Codes:**

87169

**LOINC Codes:**

673-4

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P404

**Performing Lab:**

Microbiology

**Performed:**

Test performed Monday-Friday, 0800-1500 only.

**Collect:**

Clean container with gauze moistened with water

**Sample Type:**

Worm

**Specimen Preparation:**

Refrigerated: 24 hours

**Synonyms:**

- O&P
- PARAI

**Reported:**

1-3 days

**Additional Information:**

Because of the large number of eggs produced, stool examination is generally the diagnostic method of choice. See Parasites-Sputum, Parasites-Stool, and Parasites-Worm Identification.

**CPT Codes:**

87169

**LOINC Codes:**

673-4



# Parasite Wet Mount

P412

## ORDERING

**Ordering Recommendations:**

Specify suspected parasite so appropriate method can be performed.

If submitting sputum for Strongyloides, Ascaris, or Hookworm, also submit stool for Ova and Parasite exam (P401).

CSF specimens should be ordered as [P417 Acanthamoeba Culture and Smear](#), which includes wet mount for Naegleria, Balamuthia and other free-amoeba.

**Available Stat:**

No

**Performing Lab:**

China Basin Microbiology

**Performed:**

Monday - Friday, dayshift

**Methodology:**

Microscopy

**Reported:**

1 - 3 days

**Additional Information:**

Liver aspirates for Entamoeba histolytica should be submitted as P401 Ova and Parasite Exam.

Tissue biopsies for amebiasis should be submitted to Surgical Pathology.

**Reflex Testing:**

Negative direct exams may require a concentration procedure to be employed at an additional charge.

If Microfilaria are present, a Giemsa stain may be ordered at an additional charge.

**Synonyms:**

- Strongyloides
- Ascaris
- Hookworm
- Paragonimus
- Schistosoma haematobium
- Onchocerca
- Microfilaria
- Echinococcus
- Hydatid cyst
- Parasite Wet

## COLLECTION

**Sample Type:**

Urine, sputum, BAL, skin snips

Liver aspirates and hydatid cyst fluid may be submitted for Echinococcus detection.

Bladder or Rectal biopsy for determining viability of Schistosoma eggs and need for therapy.

Other sample types may be accepted at the discretion of the Parasitologist.

**Collect:**

Sterile container (24 hour urine container for S. haematobium)

**Amount to Collect:**

See Preferred Volume.

**Preferred Volume:**

Sputum or BAL: 2 - 5 ml

Skin snips: 6 snips each 2 - 3 mm in diameter

**Minimum Volume:**

Sputum or BAL: 2 ml

**Remarks:**

Urine for *Schistosoma haematobium*: Collect all urine voided between 1000 - 1400 (peak egg excretion).

For microfilaria (*Onchocerca volvulus*), submit skin snips taken from an affected area or from scapular, gluteal, calf areas (African form), or from scapular, gluteal, deltoid areas (Central American form). Collect samples using a corneoscleral punch or by lifting the skin with a needle point and excising epidermis and dermis with a razor. Place each snip in a separate container with a small amount of physiologic saline.

**Stability (from collection to initiation):**

1- 2 days

Skin snips and tissue biopsies should be read on the day of collection whenever possible.

**Storage/Transport Temperature:**

Urine, sputum and BAL should be refrigerated.

Skin snips should be placed in a 35 degree incubator if received after hours.

**PROCESSING****Test Code:**

P412

**Test Group:**

Parasitology

**Performing Lab:**

China Basin Microbiology

**Specimen Preparation:**

If urine for *S. haematobium* cannot be examined within 72 hours, add 2 ml undiluted household bleach to each 100ml of specimen prior to refrigeration.

Do not reject sample types not listed. Consult with Supervisor or Parasitology CLS if necessary.

**Preferred Volume:**

Sputum or BAL: 2 - 5 ml

Skin snips: 6 snips each 2 - 3 mm in diameter

**Minimum Volume:**

Sputum or BAL: 2 ml

**Stability (from collection to initiation):**

1- 2 days

Skin snips and tissue biopsies should be read on the day of collection whenever possible.

**Storage/Transport Temperature:**

Urine, sputum and BAL should be refrigerated.

Skin snips should be placed in a 35 degree incubator if received after hours.

**RESULT INTERPRETATION****Reference Interval:**

No parasites seen.

**Additional Information:**

Liver aspirates for *Entamoeba histolytica* should be submitted as P401 Ova and Parasite Exam.

Tissue biopsies for amebiasis should be submitted to Surgical Pathology.

**ADMINISTRATIVE****CPT Codes:**

87210

**LOINC Codes:**

33017-5

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Specify suspected parasite so appropriate method can be performed.

If submitting sputum for Strongyloides, Ascaris, or Hookworm, also submit stool for Ova and Parasite exam (P401).

CSF specimens should be ordered as [P417 Acanthamoeba Culture and Smear](#), which includes wet mount for Naegleria, Balamuthia and other free-amoeba.

**Test Code:**

P412

**Test Group:**

Parasitology

**Performing Lab:**

China Basin Microbiology

**Performed:**

Monday - Friday, dayshift

**Methodology:**

Microscopy

**Remarks:**

Urine for Schistosoma haematobium: Collect all urine voided between 1000 - 1400 (peak egg excretion).

For microfilaria (Onchocerca volvulus), submit skin snips taken from an affected area or from scapular, gluteal, calf areas (African form), or from scapular, gluteal, deltoid areas (Central American form). Collect samples using a corneoscleral punch or by lifting the skin with a needle point and excising epidermis and dermis with a razor. Place each snip in a separate container with a small amount of physiologic saline.

**Collect:**

Sterile container (24 hour urine container for S. haematobium)

**Amount to Collect:**

See Preferred Volume.

**Sample Type:**

Urine, sputum, BAL, skin snips

Liver aspirates and hydatid cyst fluid may be submitted for Echinococcus detection.

Bladder or Rectal biopsy for determining viability of Schistosoma eggs and need for therapy.

Other sample types may be accepted at the discretion of the Parasitologist.

**Preferred Volume:**

Sputum or BAL: 2 - 5 ml

Skin snips: 6 snips each 2 - 3 mm in diameter

**Minimum Volume:**

Sputum or BAL: 2 ml

**Specimen Preparation:**

If urine for S. haematobium cannot be examined within 72 hours, add 2 ml undiluted household bleach to each 100ml of specimen prior to refrigeration.

Do not reject sample types not listed. Consult with Supervisor or Parasitology CLS if necessary.

**Reference Interval:**

No parasites seen.

**Synonyms:**

- Strongyloides
- Ascaris
- Hookworm
- Paragonimus
- Schistosoma haematobium
- Onchocerca
- Microfilaria
- Echinococcus
- Hydatid cyst
- Parasite Wet

**Storage/Transport Temperature:**

Urine, sputum and BAL should be refrigerated.

Skin snips should be placed in a 35 degree incubator if received after hours.

**Stability (from collection to initiation):**

1- 2 days

Skin snips and tissue biopsies should be read on the day of collection whenever possible.

**Reported:**

1 - 3 days

**Reflex Testing:**

Negative direct exams may require a concentration procedure to be employed at an additional charge.

If Microfilaria are present, a Giemsa stain may be ordered at an additional charge.

**Additional Information:**

Liver aspirates for *Entamoeba histolytica* should be submitted as P401 Ova and Parasite Exam.

Tissue biopsies for amebiasis should be submitted to Surgical Pathology.

**CPT Codes:**

87210

**LOINC Codes:**

33017-5

## Parasites, blood

### ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Malaria: Stat: Daily all shifts

Other parasites: Monday-Friday, day shift

**Additional Information:**

see Filaria, Leishmania, Malaria and Trypanosoma

### COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Stability (from collection to initiation):**

Room temperature 24 hours

### PROCESSING

**Test Group:**

Parasites

**Performing Lab:**

Microbiology

**Stability (from collection to initiation):**

Room temperature 24 hours

### RESULT INTERPRETATION

**Critical Values:**

Positive smear

**Additional Information:**

see Filaria, Leishmania, Malaria and Trypanosoma

### COMPLETE VIEW

**Available Stat:**

No

**Test Group:**

Parasites

**Performing Lab:**

Microbiology

**Performed:**

Malaria: Stat: Daily all shifts

Other parasites: Monday-Friday, day shift

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Critical Values:**

Positive smear

**Stability (from collection to initiation):**

Room temperature 24 hours

**Additional Information:**

see Filaria, Leishmania, Malaria and Trypanosoma

# Parasites, Respiratory

P412, P407, P414, P403

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Methodology:**

Wet mount, Acid-fast smear, Modified trichrome smear, Giemsa stain as appropriate

**Reported:**

1-3 days

**Additional Information:**

Parasites and methods of detection:

Ascaris lumbricoides larva, Echinococcus, Paragonimus, and Strongyloides stercoralis detected by wet mount.

Cryptosporidium detected by acid fast smear.

Microsporidia detected by modified Trichrome stain.

Toxoplasma gondii detected by Giemsa stain.

A concentration procedure will be performed on sputum if appropriate, and at an additional charge.

## COLLECTION

**Sample Type:**

Sputum, BAL

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

5 mL BAL or sputum

**Minimum Volume:**

2 mL BAL or sputum

**Remarks:**

Specify suspected parasite so appropriate method can be performed. For suspected Strongyloides stercoralis infection, submit stool as well.

**Stability (from collection to initiation):**

Refrigerated 2 days

## PROCESSING

**Test Code:**

Wet Mount (P412), Coccidia Exam (P407), Microsporidium Stain (P414), Intracellular Parasite Stain (P403)

**Test Group:**

Parasites

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Refrigerate sample

**Preferred Volume:**

5 mL BAL or sputum

**Minimum Volume:**

2 mL BAL or sputum

**Stability (from collection to initiation):**

Refrigerated 2 days

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Parasites and methods of detection:

Ascaris lumbricoides larva, Echinococcus, Paragonimus, and Strongyloides stercoralis detected by wet mount.

Cryptosporidium detected by acid fast smear.

Microsporidia detected by modified Trichrome stain.

Toxoplasma gondii detected by Giemsa stain.

A concentration procedure will be performed on sputum if appropriate, and at an additional charge.

**ADMINISTRATIVE****CPT Codes:**

Wet Mount (87210), Coccidia Exam (87206), Microsporidium Stain (87207), Intracellular Parasite Stain (87207)

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

Wet Mount (P412), Coccidia Exam (P407), Microsporidium Stain (P414), Intracellular Parasite Stain (P403)

**Test Group:**

Parasites

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Methodology:**

Wet mount, Acid-fast smear, Modified trichrome smear, Giemsa stain as appropriate

**Remarks:**

Specify suspected parasite so appropriate method can be performed. For suspected Strongyloides stercoralis infection, submit stool as well.

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Sputum, BAL

**Preferred Volume:**

5 mL BAL or sputum

**Minimum Volume:**

2 mL BAL or sputum

**Specimen Preparation:**

Refrigerate sample

**Reference Interval:**

Negative

**Stability (from collection to initiation):**

Refrigerated 2 days

**Reported:**

1-3 days



**Additional Information:**

Parasites and methods of detection:

Ascaris lumbricoides larva, Echinococcus, Paragonimus, and Strongyloides stercoralis detected by wet mount.

Cryptosporidium detected by acid fast smear.

Microsporidia detected by modified Trichrome stain.

Toxoplasma gondii detected by Giemsa stain.

A concentration procedure will be performed on sputum if appropriate, and at an additional charge.

**CPT Codes:**

Wet Mount (87210), Coccidia Exam (87206), Microsporidium Stain (87207), Intracellular Parasite Stain (87207)

# Parathormone, intact

LAB108, LAB3013

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Tuesday, Thursday, Saturday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

1-3 days

**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the reference range for this testing was changed on 10/4/2025 to align with the reference range used at UCSF Health. The assay reagents (Abbott Architect) were not changed.

**Reflex Testing:**

A serum calcium is automatically ordered and charged on the same specimen or group of specimens.

**Synonyms:**

- PTH
- Parathyroid hormone
- PTHI

## COLLECTION

**Sample Type:**

Plasma/Serum

**Label Abbreviation:**

PTHI

**Collect:**

Parathyroid Hormone with Calcium (PTH)  
Preferred: Light Green Top (Lithium Heparin)  
Acceptable: Gold Top (SST)

Parathyroid Hormone, Intact (PTHI)  
Preferred: Light Green Top (Lithium Heparin)  
Acceptable: Gold Top (SST) or Lavender Top (K-EDTA)

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma/serum

**Minimum Volume:**

0.3 mL plasma/serum

**Remarks:**

Transport promptly to laboratory.

**Stability (from collection to initiation):**

Refrigerated (2-8°C): ≤ 2 days  
Frozen (-20°C): 6 months

Testing permitted on primary tube specimen if refrigerated sample is ≤ 48 hours old.

Avoid more than 5 freeze-thaw cycles.

## PROCESSING

**Test Code:**

PTH (Parathyroid Hormone with Calcium) - LAB108  
PTHI (Parathyroid Hormone, Intact) - LAB3013

**Test Group:**

Parathormone

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Centrifuge within 6 hours of collection, aliquot, and freeze immediately at -20°C.

**Preferred Volume:**

0.5 mL plasma/serum

**Minimum Volume:**

0.3 mL plasma/serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): ≤ 2 days

Frozen (-20°C): 6 months

Testing permitted on primary tube specimen if refrigerated sample is ≤ 48 hours old.

Avoid more than 5 freeze-thaw cycles.

**RESULT INTERPRETATION****Units:**

ng/L

**Reference Interval:**

Adult Reference Range (≥ 18 years): 18 to 90 ng/L

Reference range adopted from literature references (see below) and verified in-house using 57 normal volunteers in the UCSF Laboratory.

Am J Clin Pathol. 2010;134:930-8. Performance characteristics of six intact parathyroid hormone assays. La'ulu SL1, Roberts WL.

Clin Chim Acta. 2013;426:41-5 Prevalence of vitamin D deficiency and consequences for PTH reference values. Deckers MM et al.

**Pediatric Reference Range:**

| Age                  | Result (ng/L) |
|----------------------|---------------|
| 6 days - < 1 year    | 6 - 89        |
| 1 year - < 9 years   | 16 - 63       |
| 9 years - < 18 years | 22 - 88       |

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay.

**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the reference range for this testing was changed on 10/4/2025 to align with the reference range used at UCSF Health. The assay reagents (Abbott Architect) were not changed.

**Interpretive Data:**

Method changed from Siemens Immulite 2000 platform to Abbott Architect i2000 platform on 2/20/19.

In normal subjects, the Abbott Architect assay reads approximately 20 ng/L (pg/mL) higher on average than the Siemens Immulite 2000 assay. For patients with elevated PTH values, the Architect assay reads approximately 15-20% higher on average than the Immulite assay. The normal reference range for PTH has been adjusted upwards and is 18-90 in the Architect assay compared with 12-65 in the old Immulite assay.

The value of the ARCHITECT Intact PTH Calibrators are established against a set of Internal Reference Calibrators, which are traceable to the World Health Organization's first international standard for PTH from the NIBSC, code 79/500.

Note: In the Architect assay, PTH levels run approximately 15% higher in serum samples than in plasma samples.

**ADMINISTRATIVE****CPT Codes:**

83970; 82310

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PTH (Parathyroid Hormone with Calcium) - LAB108  
 PTHI (Parathyroid Hormone, Intact) - LAB3013

**Test Group:**

Parathormone

**Performing Lab:**

China Basin Chemistry

**Performed:**

Tuesday, Thursday, Saturday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Remarks:**

Transport promptly to laboratory.

**Collect:**

Parathyroid Hormone with Calcium (PTH)  
 Preferred: Light Green Top (Lithium Heparin)  
 Acceptable: Gold Top (SST)

Parathyroid Hormone, Intact (PTHI)  
 Preferred: Light Green Top (Lithium Heparin)  
 Acceptable: Gold Top (SST) or Lavender Top (K-EDTA)

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma/Serum

**Preferred Volume:**

0.5 mL plasma/serum

**Minimum Volume:**

0.3 mL plasma/serum

**Specimen Preparation:**

Centrifuge within 6 hours of collection, aliquot, and freeze immediately at -20°C.

**Units:**

ng/L

**Reference Interval:**

Adult Reference Range ( $\geq 18$  years): 18 to 90 ng/L

Reference range adopted from literature references (see below) and verified in-house using 57 normal volunteers in the UCSF Laboratory.

Am J Clin Pathol. 2010;134:930-8. Performance characteristics of six intact parathyroid hormone assays. La'ulu SL1, Roberts WL.

Clin Chim Acta. 2013;426:41-5 Prevalence of vitamin D deficiency and consequences for PTH reference values. Deckers MM et al.

**Pediatric Reference Range:**

| Age                  | Result (ng/L) |
|----------------------|---------------|
| 6 days - < 1 year    | 6 - 89        |
| 1 year - < 9 years   | 16 - 63       |
| 9 years - < 18 years | 22 - 88       |

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay.

**Interpretive Data:**

Method changed from Siemens Immulite 2000 platform to Abbott Architect i2000 platform on 2/20/19.

In normal subjects, the Abbott Architect assay reads approximately 20 ng/L (pg/mL) higher on average than the Siemens Immulite 2000 assay. For patients with elevated PTH values, the Architect assay reads approximately 15-20% higher on average than the Immulite assay. The normal reference range for PTH has been adjusted upwards and is 18-90 in the Architect assay compared with 12-65 in the old Immulite assay.

The value of the ARCHITECT Intact PTH Calibrators are established against a set of Internal Reference Calibrators, which are traceable to the World Health Organization's first international standard for PTH from the NIBSC, code 79/500.

Note: In the Architect assay, PTH levels run approximately 15% higher in serum samples than in plasma samples.

**Synonyms:**

- PTH
- Parathyroid hormone
- PTHI

**Stability (from collection to initiation):**

Refrigerated (2-8°C): ≤ 2 days

Frozen (-20°C): 6 months

Testing permitted on primary tube specimen if refrigerated sample is ≤ 48 hours old.

Avoid more than 5 freeze-thaw cycles.

**Reported:**

1-3 days

**Reflex Testing:**

A serum calcium is automatically ordered and charged on the same specimen or group of specimens.

**Additional Information:**

NOTE: For patients at St Marys or St Francis only, the reference range for this testing was changed on 10/4/2025 to align with the reference range used at UCSF Health. The assay reagents (Abbott Architect) were not changed.

**CPT Codes:**

83970; 82310

# Parathormone, Intraoperative (Pre or Post)

LAB3037, LAB3034

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Saint Francis Chemistry  
 St. Mary's Chemistry

**Performed:**

Parnassus:  
 Roche Cobas E411 (4th Floor Lab):  
 Wednesday 0800-2300, Thursday 0700-2300

Abbott Architect i2000 (5th Floor Lab):  
 Monday, Tuesday, and Friday 0800-2300

Mission Bay: 0800-2300 Monday - Friday  
 Mount Zion: 0730-1900 Monday - Friday  
 Saint Francis and St. Mary's: 0700 - 1530 Monday - Friday

**Methodology:**

Parnassus: Roche Cobas E411 Immunoassay or Abbott Architect i2000 Chemiluminescent Microparticle Immunoassay

Mount Zion: Roche Cobas E411 Immunoassay

Mission Bay: Abbott Architect i2000 Chemiluminescent Microparticle Immunoassay

Saint Francis & St. Mary's: Abbott Architect ci4000 Chemiluminescent Microparticle Immunoassay

**Reported:**

15-30 min (based on test availability, see Performed section for operating hours)

**Additional Information:**

NOTE: Samples must be accompanied by the appropriate paper requisition:

- For Parnassus [click here](#).
- For Mission Bay [click here](#).
- For Mt. Zion [click here](#).
- For Saint Francis & St. Mary's [click here](#).

This test is not applicable for diagnosis and is used solely as an aid in determining the adequacy of parathyroidectomy in patients with hyperparathyroidism. Measures intact PTH molecule.

Samples are taken at baseline (prior to gland manipulation or removal) and again after resection. A > 50% decrease from baseline suggests adequate parathyroid gland tissue has been resected.

Failure to achieve a > 50% decrease after tissue removal suggests additional hyperfunctional parathyroid tissue is still present.

Patient must be on OR schedule and samples must arrive in the laboratory at Mt. Zion before 1900 hours and at Parnassus before 2300 hours in order to be tested. Samples which arrive after 1900 hours at Mount Zion and 2300 hours at Parnassus will be frozen and tested the next run.

Note: Serum levels are approximately 15% higher than plasma samples.

This assay has no biotin interference in serum concentrations up to 1200 ng/mL. Some studies have shown that serum concentrations of biotin can reach up to 355 ng/mL within the first hour after biotin ingestion for subjects consuming supplements of 20 mg biotin per day and up to 1160 ng/mL for subjects after a single dose of 300 mg biotin

Any manipulation of either normal or abnormal parathyroid glands or surrounding tissue may result in a transient rise in hormone levels; therefore at least ten minutes should elapse between gland resection or manipulation and collection of samples for testing.

Care should be taken to avoid hemolysis during sample collection.

**Synonyms:**

- PTH
- IOPTH
- Parathyroid hormone
- PTHPR
- PTHPO
- PTHPRE

**Supplemental Test Request Form Required:**

Yes

**COLLECTION****Sample Type:**

Plasma or Serum

**Label Abbreviation:**

PTHPRE

PTHPO

**Collect:**

Preferred: Lavender Top (K-EDTA)

Acceptable: Gold Top (SST)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma/serum

**Minimum Volume:**

0.5 mL plasma/serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): ≤ 2 days

Frozen (-20°C): 6 months

Testing permitted on primary tube specimen if refrigerated sample is ≤ 48 hours old.

**Rejection Criteria:**

Sample received with needle attached.

**PROCESSING****Test Code:**

LAB3037 - PTHPR (pre)

LAB3034 - PTHPO (post)

**Test Group:**

Parathormone

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

Saint Francis Chemistry

St. Mary's Chemistry

**Specimen Preparation:**

For samples received outside the hours when test is performed, centrifuge within 6 hours of collection, aliquot, and freeze immediately at -20°C.

**Preferred Volume:**

1 mL plasma/serum

**Minimum Volume:**

0.5 mL plasma/serum

**Rejection Criteria:**

Sample received with needle attached.

**Stability (from collection to initiation):**

Refrigerated (2-8°C): ≤ 2 days

Frozen (-20°C): 6 months

Testing permitted on primary tube specimen if refrigerated sample is ≤ 48 hours old.

**RESULT INTERPRETATION****Units:**

ng/L

**Reference Interval:**

Parnassus and Mount Zion on Roche Cobas E411 Immunoassay:  
18 - 59 ng/L

Parnassus, Mission Bay, Saint Francis, & Saint Marys: Abbott Architect i2000 Chemiluminescent Microparticle Immunoassay:  
18 - 90 ng/L

**Additional Information:**

NOTE: Samples must be accompanied by the appropriate paper requisition:

- For Parnassus [click here](#).
- For Mission Bay [click here](#).
- For Mt. Zion [click here](#).
- For Saint Francis & St. Mary's [click here](#).

This test is not applicable for diagnosis and is used solely as an aid in determining the adequacy of parathyroidectomy in patients with hyperparathyroidism. Measures intact PTH molecule.

Samples are taken at baseline (prior to gland manipulation or removal) and again after resection. A > 50% decrease from baseline suggests adequate parathyroid gland tissue has been resected.

Failure to achieve a > 50% decrease after tissue removal suggests additional hyperfunctional parathyroid tissue is still present.

Patient must be on OR schedule and samples must arrive in the laboratory at Mt. Zion before 1900 hours and at Parnassus before 2300 hours in order to be tested. Samples which arrive after 1900 hours at Mount Zion and 2300 hours at Parnassus will be frozen and tested the next run.

Note: Serum levels are approximately 15% higher than plasma samples.

This assay has no biotin interference in serum concentrations up to 1200 ng/mL. Some studies have shown that serum concentrations of biotin can reach up to 355 ng/mL within the first hour after biotin ingestion for subjects consuming supplements of 20 mg biotin per day and up to 1160 ng/mL for subjects after a single dose of 300 mg biotin

Any manipulation of either normal or abnormal parathyroid glands or surrounding tissue may result in a transient rise in hormone levels; therefore at least ten minutes should elapse between gland resection or manipulation and collection of samples for testing.

Care should be taken to avoid hemolysis during sample collection.

**Interpretive Data:**

The Roche Cobas E411 assay used at Parnassus and Mt Zion is sensitive to the presence of hemolysis.

In the Roche assay, plasma hemoglobin of 100-200 mg/dL may decrease PTH result by ~35 ng/L (range = 7-57 ng/L).

Results with the Roche assay from any post time sample with visible hemolysis will be appended with the following comment:

"Hemolysis present. Hemolysis has been shown to decrease IOPTH values up to 55%. Caution should be applied in application of result in clinical care."

In the Abbott assay, plasma hemoglobin levels of >500 mg/dL are reported by the manufacturer not to interfere with PTH measurement.

The reference intervals represent the reference ranges determined in healthy volunteers with normal calcium levels.

**ADMINISTRATIVE****CPT Codes:**

83970

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LAB3037 - PTHPR (pre)  
LAB3034 - PTHPO (post)

**Test Group:**

Parathormone



**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
St. Mary's Chemistry

**Performed:**

Parnassus:  
Roche Cobas E411 (4th Floor Lab):  
Wednesday 0800-2300, Thursday 0700-2300

Abbott Architect i2000 (5th Floor Lab):  
Monday, Tuesday, and Friday 0800-2300

Mission Bay: 0800-2300 Monday - Friday  
Mount Zion: 0730-1900 Monday - Friday  
Saint Francis and St. Mary's: 0700 - 1530 Monday - Friday

**Methodology:**

Parnassus: Roche Cobas E411 Immunoassay or Abbott Architect i2000 Chemiluminescent Microparticle Immunoassay

Mount Zion: Roche Cobas E411 Immunoassay

Mission Bay: Abbott Architect i2000 Chemiluminescent Microparticle Immunoassay

Saint Francis & St. Mary's: Abbott Architect ci4000 Chemiluminescent Microparticle Immunoassay

**Collect:**

Preferred: Lavender Top (K-EDTA)  
Acceptable: Gold Top (SST)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma or Serum

**Preferred Volume:**

1 mL plasma/serum

**Minimum Volume:**

0.5 mL plasma/serum

**Rejection Criteria:**

Sample received with needle attached.

**Specimen Preparation:**

For samples received outside the hours when test is performed, centrifuge within 6 hours of collection, aliquot, and freeze immediately at -20°C.

**Units:**

ng/L

**Reference Interval:**

Parnassus and Mount Zion on Roche Cobas E411 Immunoassay:  
18 - 59 ng/L

Parnassus, Mission Bay, Saint Francis, & Saint Marys: Abbott Architect i2000 Chemiluminescent Microparticle Immunoassay:  
18 - 90 ng/L

**Interpretive Data:**

The Roche Cobas E411 assay used at Parnassus and Mt Zion is sensitive to the presence of hemolysis.

In the Roche assay, plasma hemoglobin of 100-200 mg/dL may decrease PTH result by ~35 ng/L (range = 7-57 ng/L).

Results with the Roche assay from any post time sample with visible hemolysis will be appended with the following comment:

"Hemolysis present. Hemolysis has been shown to decrease IOPTH values up to 55%. Caution should be applied in application of result in clinical care."

In the Abbott assay, plasma hemoglobin levels of >500 mg/dL are reported by the manufacturer not to interfere with PTH measurement.

The reference intervals represent the reference ranges determined in healthy volunteers with normal calcium levels.

**Synonyms:**

- PTH
- IOPTH
- Parathyroid hormone
- PTHPR
- PTHPO
- PTHPRE

**Stability (from collection to initiation):**

Refrigerated (2-8°C): ≤ 2 days

Frozen (-20°C): 6 months

Testing permitted on primary tube specimen if refrigerated sample is ≤ 48 hours old.

**Reported:**

15-30 min (based on test availability, see Performed section for operating hours)

**Additional Information:**

NOTE: Samples must be accompanied by the appropriate paper requisition:

- For Parnassus [click here](#).
- For Mission Bay [click here](#).
- For Mt. Zion [click here](#).
- For Saint Francis & St. Mary's [click here](#).

This test is not applicable for diagnosis and is used solely as an aid in determining the adequacy of parathyroidectomy in patients with hyperparathyroidism. Measures intact PTH molecule.

Samples are taken at baseline (prior to gland manipulation or removal) and again after resection. A > 50% decrease from baseline suggests adequate parathyroid gland tissue has been resected.

Failure to achieve a > 50% decrease after tissue removal suggests additional hyperfunctional parathyroid tissue is still present.

Patient must be on OR schedule and samples must arrive in the laboratory at Mt. Zion before 1900 hours and at Parnassus before 2300 hours in order to be tested. Samples which arrive after 1900 hours at Mount Zion and 2300 hours at Parnassus will be frozen and tested the next run.

Note: Serum levels are approximately 15% higher than plasma samples.

This assay has no biotin interference in serum concentrations up to 1200 ng/mL. Some studies have shown that serum concentrations of biotin can reach up to 355 ng/mL within the first hour after biotin ingestion for subjects consuming supplements of 20 mg biotin per day and up to 1160 ng/mL for subjects after a single dose of 300 mg biotin

Any manipulation of either normal or abnormal parathyroid glands or surrounding tissue may result in a transient rise in hormone levels; therefore at least ten minutes should elapse between gland resection or manipulation and collection of samples for testing.

Care should be taken to avoid hemolysis during sample collection.

**CPT Codes:**

83970

**Supplemental Test Request Form Required:**

Yes

# Parathyroid Hormone Related Protein

LAB704

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Immunochemiluminometric assay

**Reported:**

Performed Monday - Thursday, turnaround time 3-7 days.

**Synonyms:**

- PTH related protein
- Parathyroid hormone related protein
- ZZREF
- PTHRP
- PTHRP, PLASMA
- PARATHYROID RELATED PROTEIN
- PARATHYROID RELATED POLYPEPTIDE
- ICE

## COLLECTION

**Sample Type:**

EDTA Plasma

**Label Abbreviation:**

PTHRP

**Collect:**

Lavender top (on ice)

**Amount to Collect:**

1.5 mL blood

**Preferred Volume:**

0.7 mL plasma

**Minimum Volume:**

0.25 mL plasma

**Remarks:**

Pre-chill lavender top tube prior to collection in ice-water slurry. Deliver sample immediately to lab on ice for processing.

**Stability (from collection to initiation):**

Frozen 3 months.

**Rejection Criteria:**

Whole blood or thawed plasma received

## PROCESSING

**Test Code:**

PTHRP

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Centrifuge for at least 15 minutes. Transfer the plasma to a plastic transport tube, freeze sample and ship at frozen to China Basin Sendouts.

Mayo order PTHRP

**Preferred Volume:**

0.7 mL plasma

**Minimum Volume:**

0.25 mL plasma

**Rejection Criteria:**

Whole blood or thawed plasma received

**Stability (from collection to initiation):**

Frozen 3 months.

**RESULT INTERPRETATION****Units:**

pmol/L

**Reference Interval:**

&lt;= 4.2 pmol/L

**ADMINISTRATIVE****CPT Codes:**

82397-90

**LOINC Codes:**

2729-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PTHRP

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Immunochemiluminometric assay

**Remarks:**

Pre-chill lavender top tube prior to collection in ice-water slurry. Deliver sample immediately to lab on ice for processing.

**Collect:**

Lavender top (on ice)

**Amount to Collect:**

1.5 mL blood

**Sample Type:**

EDTA Plasma

**Preferred Volume:**

0.7 mL plasma

**Minimum Volume:**

0.25 mL plasma

**Rejection Criteria:**

Whole blood or thawed plasma received

**Specimen Preparation:**

Centrifuge for at least 15 minutes. Transfer the plasma to a plastic transport tube, freeze sample and ship at frozen to China Basin Sendouts.

Mayo order PTHRP

**Units:**

pmol/L

**Reference Interval:**

&lt;= 4.2 pmol/L

**Synonyms:**

- PTH related protein
- Parathyroid hormone related protein
- ZZREF
- PTHRP
- PTHRP, PLASMA
- PARATHYROID RELATED PROTEIN
- PARATHYROID RELATED POLYPEPTIDE
- ICE

**Stability (from collection to initiation):**

Frozen 3 months.

**Reported:**

Performed Monday - Thursday, turnaround time 3-7 days.

**CPT Codes:**

82397-90

**LOINC Codes:**

2729-2

# Parathyroid Hormone, Body fluid (FNA)

LAB3052

## ORDERING

### Ordering Recommendations:

Not a routinely available test. See 'Additional information'

### Available Stat:

No

### Performing Lab:

Parnassus, Mission Bay & Mt. Zion Chemistry

### Performed:

Parnassus:

Roche Cobas E411 (4th Floor Lab):

Wednesday 0800-2300, Thursday 0700-2300

Abbott Architect i2000 (5th Floor Lab):

Monday, Tuesday, and Friday 0800-2300

Mission Bay: 0800-2300

Mount Zion: 0730-1900

### Methodology:

Parnassus: Roche Cobas E411 Immunoassay or Abbott Architect i2000 Chemiluminescent Microparticle Immunoassay

Mt. Zion: Roche Cobas E411 Immunoassay

Mission Bay: Abbott Architect i2000 Chemiluminescent Microparticle Immunoassay

### Reported:

1-3 days

### Additional Information:

As normal samples are not available for validating the performance of this assay, the UCSF Clinical laboratory makes no claims with regard to the accuracy of the result.

All results will be appended with a disclaimer: "The reference range and other method performance specifications have not been established by the UCSF Clinical Laboratory for this body fluid. The test result must be integrated into the clinical context for interpretation."

Assay for intact PTH in "neck" or "thyroid" cytology aspirates may be helpful in determining presence of inadvertently sampled parathyroid adenoma tissue. In aspirate samples of parathyroid adenomas, the ratio of PTH in the aspirate samples versus in serum is typically > 3 even without accounting for dilution of the aspirate sample (Owens CL et al. Diagnostic Cytopathology 26:227-231, 2008).

### Synonyms:

- PTH FNA
- Parathyroid hormone

## COLLECTION

### Sample Type:

FNA fluid or tissue aspirate

### Collect:

Sterile tube (see collection instructions)

### Amount to Collect:

0.5 mL (see collection instructions)

### Preferred Volume:

0.5 mL fluid

### Minimum Volume:

0.5 mL fluid

### Remarks:

Submit each FNA sample suspended in 0.5 mL (10 drops) of saline in a sterile tube. Each sample should be labeled with an identifier and the same information listed below to allow for proper identification of sample(s) on lab reports.

Deliver immediately to laboratory

### Stability (from collection to initiation):

Room temperature 2 hours, refrigerated unacceptable, frozen at -20C 1 week.

## PROCESSING

**Test Code:**

PTHB

**Test Group:**

Parathormone

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Specimen Preparation:**

Deliver immediately to laboratory.

**Preferred Volume:**

0.5 mL fluid

**Minimum Volume:**

0.5 mL fluid

**Stability (from collection to initiation):**

Room temperature 2 hours, refrigerated unacceptable, frozen at -20C 1 week.

**RESULT INTERPRETATION****Units:**

ng/L

**Additional Information:**

As normal samples are not available for validating the performance of this assay, the UCSF Clinical laboratory makes no claims with regard to the accuracy of the result.

All results will be appended with a disclaimer: "The reference range and other method performance specifications have not been established by the UCSF Clinical Laboratory for this body fluid. The test result must be integrated into the clinical context for interpretation."

Assay for intact PTH in "neck" or "thyroid" cytology aspirates may be helpful in determining presence of inadvertently sampled parathyroid adenoma tissue. In aspirate samples of parathyroid adenomas, the ratio of PTH in the aspirate samples versus in serum is typically > 3 even without accounting for dilution of the aspirate sample (Owens CL et al. Diagnostic Cytopathology 26:227-231, 2008).

**Interpretive Data:**

1. The reference range and other method performance specifications have not been established by the UCSF Clinical Laboratory for this body fluid. The test result must be integrated into the clinical context for interpretation.
2. The Cobas E411 assay used at Parnassus and Mt Zion is sensitive to the presence of hemolysis. If visual hemolysis present after sample spun, result will be appended with the following comment:

"Hemolysis present. Hemolysis has been shown to decrease IOPTH values up to 55%. Caution should be applied in application of result in clinical care."

**ADMINISTRATIVE****CPT Codes:**

83970

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Not a routinely available test. See 'Additional information'

**Test Code:**

PTHB

**Test Group:**

Parathormone

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Parnassus:  
Roche Cobas E411 (4th Floor Lab):  
Wednesday 0800-2300, Thursday 0700-2300

Abbott Architect i2000 (5th Floor Lab):  
Monday, Tuesday, and Friday 0800-2300

Mission Bay: 0800-2300  
Mount Zion: 0730-1900

**Methodology:**

Parnassus: Roche Cobas E411 Immunoassay or Abbott Architect i2000 Chemiluminescent Microparticle Immunoassay  
Mt. Zion: Roche Cobas E411 Immunoassay  
Mission Bay: Abbott Architect i2000 Chemiluminescent Microparticle Immunoassay

**Remarks:**

Submit each FNA sample suspended in 0.5 mL (10 drops) of saline in a sterile tube. Each sample should be labeled with an identifier and the same information listed below to allow for proper identification of sample(s) on lab reports.

Deliver immediately to laboratory

**Collect:**

Sterile tube (see collection instructions)

**Amount to Collect:**

0.5 mL (see collection instructions)

**Sample Type:**

FNA fluid or tissue aspirate

**Preferred Volume:**

0.5 mL fluid

**Minimum Volume:**

0.5 mL fluid

**Specimen Preparation:**

Deliver immediately to laboratory.

**Units:**

ng/L

**Interpretive Data:**

1. The reference range and other method performance specifications have not been established by the UCSF Clinical Laboratory for this body fluid. The test result must be integrated into the clinical context for interpretation.

2. The Cobas E411 assay used at Parnassus and Mt Zion is sensitive to the presence of hemolysis. If visual hemolysis present after sample spun, result will be appended with the following comment:

"Hemolysis present. Hemolysis has been shown to decrease IOPTH values up to 55%. Caution should be applied in application of result in clinical care."

**Synonyms:**

- PTH FNA
- Parathyroid hormone

**Stability (from collection to initiation):**

Room temperature 2 hours, refrigerated unacceptable, frozen at -20C 1 week.

**Reported:**

1-3 days

**Additional Information:**

As normal samples are not available for validating the performance of this assay, the UCSF Clinical laboratory makes no claims with regard to the accuracy of the result.

All results will be appended with a disclaimer: "The reference range and other method performance specifications have not been established by the UCSF Clinical Laboratory for this body fluid. The test result must be integrated into the clinical context for interpretation."

Assay for intact PTH in "neck" or "thyroid" cytology aspirates may be helpful in determining presence of inadvertently sampled parathyroid adenoma tissue. In aspirate samples of parathyroid adenomas, the ratio of PTH in the aspirate samples versus in serum is typically > 3 even without accounting for dilution of the aspirate sample (Owens CL et al. Diagnostic Cytopathology 26:227-231, 2008).

**CPT Codes:**

83970



# Parathyroid Hormone, Post Surgical

LAB5541

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus:  
Roche Cobas E411 (4th Floor Lab):  
Wednesday 0800-2300, Thursday 0700-2300

Abbott Architect i2000 (5th Floor Lab):  
Monday, Tuesday, and Friday 0800-2300

Mission Bay: 0800-2300 Monday - Friday  
Mt. Zion: 0730 - 1900 Monday - Friday  
Saint Francis and Saint Marys: 0700-1500 Monday - Friday

**Methodology:**

Parnassus: Roche Cobas E411 Immunoassay or Abbott Architect i2000 Chemiluminescent Microparticle Immunoassay

Mount Zion: Roche Cobas E411 Immunoassay

Mission Bay: Abbott Architect i2000 Chemiluminescent Microparticle Immunoassay

Saint Francis & Saint Marys: Abbott Architect ci4000 Chemiluminescent Microparticle Immunoassay

**Reported:**

2 hours (based on test availability, see Performed section for operating hours)

**Additional Information:**

Note: Serum levels are approximately 15% higher than plasma samples

**Synonyms:**

- PTH
- IOPTH
- Parathyroid hormone
- PTHPS

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Preferred: Lavender Top (K-EDTA)  
Acceptable: Gold Top (SST)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma/serum

**Minimum Volume:**

0.5 mL plasma/serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): ≤ 2 days  
Frozen (-20°C): 6 months

Testing permitted on primary tube specimen if refrigerated sample is ≤ 48 hours old.

Avoid more than 5 freeze-thaw cycles.

## PROCESSING

**Test Code:**

PTHPS

**Test Group:**

Parathormone

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Specimen Preparation:**

For samples received outside the hours when test is performed, centrifuge within 6 hours of collection, aliquot, and freeze immediately at -20°C.

**Preferred Volume:**

1 mL plasma/serum

**Minimum Volume:**

0.5 mL plasma/serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): ≤ 2 days  
Frozen (-20°C): 6 months

Testing permitted on primary tube specimen if refrigerated sample is ≤ 48 hours old.

Avoid more than 5 freeze-thaw cycles.

**RESULT INTERPRETATION****Units:**

ng/L

**Reference Interval:**

Parnassus and Mount Zion on Roche Cobas E411 Immunoassay:  
18 - 59 ng/L

Parnassus, Mission Bay, Saint Francis, Saint Marys: Abbott Architect i2000/ci4000 Chemiluminescent Microparticle Immunoassay:  
18 - 90 ng/L

**Additional Information:**

Note: Serum levels are approximately 15% higher than plasma samples

**Interpretive Data:**

The Roche Cobas E411 assay used at Parnassus and Mt Zion is sensitive to the presence of hemolysis.

In the Roche assay, plasma hemoglobin of 100-200 mg/dL may decrease PTH result by ~35 ng/L (range = 7-57 ng/L).

Results with the Roche assay from any post time sample with visible hemolysis will be appended with the following comment:

"Hemolysis present. Hemolysis has been shown to decrease IOPTH values up to 55%. Caution should be applied in application of result in clinical care."

In the Abbott assay, plasma hemoglobin levels of >500 mg/dL are reported by the manufacturer not to interfere with PTH measurement.

**ADMINISTRATIVE****CPT Codes:**

83970

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PTHPS

**Test Group:**

Parathormone

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus:  
Roche Cobas E411 (4th Floor Lab):  
Wednesday 0800-2300, Thursday 0700-2300

Abbott Architect i2000 (5th Floor Lab):  
Monday, Tuesday, and Friday 0800-2300

Mission Bay: 0800-2300 Monday - Friday  
Mt. Zion: 0730 - 1900 Monday - Friday  
Saint Francis and Saint Marys: 0700-1500 Monday - Friday

**Methodology:**

Parnassus: Roche Cobas E411 Immunoassay or Abbott Architect i2000 Chemiluminescent Microparticle Immunoassay

Mount Zion: Roche Cobas E411 Immunoassay

Mission Bay: Abbott Architect i2000 Chemiluminescent Microparticle Immunoassay

Saint Francis & Saint Marys: Abbott Architect ci4000 Chemiluminescent Microparticle Immunoassay

**Collect:**

Preferred: Lavender Top (K-EDTA)  
Acceptable: Gold Top (SST)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

1 mL plasma/serum

**Minimum Volume:**

0.5 mL plasma/serum

**Specimen Preparation:**

For samples received outside the hours when test is performed, centrifuge within 6 hours of collection, aliquot, and freeze immediately at -20°C.

**Units:**

ng/L

**Reference Interval:**

Parnassus and Mount Zion on Roche Cobas E411 Immunoassay:  
18 - 59 ng/L

Parnassus, Mission Bay, Saint Francis, Saint Marys: Abbott Architect i2000/ci4000 Chemiluminescent Microparticle Immunoassay:  
18 - 90 ng/L

**Interpretive Data:**

The Roche Cobas E411 assay used at Parnassus and Mt Zion is sensitive to the presence of hemolysis.

In the Roche assay, plasma hemoglobin of 100-200 mg/dL may decrease PTH result by ~35 ng/L (range = 7-57 ng/L).

Results with the Roche assay from any post time sample with visible hemolysis will be appended with the following comment:

"Hemolysis present. Hemolysis has been shown to decrease IOPTH values up to 55%. Caution should be applied in application of result in clinical care."

In the Abbott assay, plasma hemoglobin levels of >500 mg/dL are reported by the manufacturer not to interfere with PTH measurement.

**Synonyms:**

- PTH
- IOPTH
- Parathyroid hormone
- PTHPS

**Stability (from collection to initiation):**

Refrigerated (2-8°C): ≤ 2 days  
Frozen (-20°C): 6 months

Testing permitted on primary tube specimen if refrigerated sample is ≤ 48 hours old.

Avoid more than 5 freeze-thaw cycles.

**Reported:**

2 hours (based on test availability, see Performed section for operating hours)

**Additional Information:**

Note: Serum levels are approximately 15% higher than plasma samples

**CPT Codes:**

83970

# Parathyroid Hormone-Related Peptide (PTHrP) by LC-MS/MS, Plasma

LAB2011

## ORDERING

**Ordering Recommendations:**

Aid in the evaluation of unexplained hypercalcemia, particularly in suspected hypercalcemia of malignancy. Amino (N)- and carboxy (C)-terminus PTHrP fragments, such as those produced by some patients with renal insufficiency, do not interfere with this assay.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun, Mon, Wed, Fri

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

2-6 days

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**Synonyms:**

- HHM
- Humoral Hypercalcemia of Malignancy Factor
- Parathyroid Hormone Related Peptide
- Parathyroid Hormone Related Protein
- Parathyroid Related Polypeptide
- Parathyroid Related Protein
- PRP
- PTH Related Peptide
- PTH Related Protein
- PTH-RP
- PTHrP secretion
- PTHRP, Plasma
- PTHRP2

## COLLECTION

**Sample Type:**

Plasma

**Label Abbreviation:**

PTHRP2

**Collect:**

Protease Inhibitor tube (PPACK; Phe-Pro-Arg-chloromethylketone) (ARUP supply #49662), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used.

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

0.7 mL of plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 months

**Storage/Transport Temperature:**

Frozen. Separate specimens must be submitted when multiple tests are ordered.

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

## PROCESSING

**Test Code:**

PTHRP2

**ARUP Test Code:**

2010677

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Mix well. Separate from cells within 1 hour of collection. Transfer 1.5 mL plasma to an ARUP Standard Transport Tube.  
(Min: 0.7 mL)

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

0.7 mL of plasma

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 months

**Storage/Transport Temperature:**

Frozen. Separate specimens must be submitted when multiple tests are ordered.

**RESULT INTERPRETATION****Reference Interval:**

| Age                | Male            | Female          |
|--------------------|-----------------|-----------------|
| Under 18 years     | Not established | Not established |
| 18 years and older | 0.0-2.3 pmol/L  | 0.0-3.4 pmol/L  |

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

82542

**LOINC:**

- 15087-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aid in the evaluation of unexplained hypercalcemia, particularly in suspected hypercalcemia of malignancy. Amino (N)- and carboxy (C)-terminus PTHrP fragments, such as those produced by some patients with renal insufficiency, do not interfere with this assay.

**Test Code:**

PTHrP2

**ARUP Test Code:**

2010677

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun, Mon, Wed, Fri

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Protease Inhibitor tube (PPACK; Phe-Pro-Arg-chloromethylketone) (ARUP supply #49662), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used.

**Amount to Collect:**

3 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

0.7 mL of plasma

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

**Specimen Preparation:**

Mix well. Separate from cells within 1 hour of collection. Transfer 1.5 mL plasma to an ARUP Standard Transport Tube. (Min: 0.7 mL)

**Reference Interval:**

| Age                | Male            | Female          |
|--------------------|-----------------|-----------------|
| Under 18 years     | Not established | Not established |
| 18 years and older | 0.0-2.3 pmol/L  | 0.0-3.4 pmol/L  |

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- HHM
- Humoral Hypercalcemia of Malignancy Factor
- Parathyroid Hormone Related Peptide
- Parathyroid Hormone Related Protein
- Parathyroid Related Polypeptide
- Parathyroid Related Protein
- PRP
- PTH Related Peptide
- PTH Related Protein
- PTH-RP
- PTHrP secretion
- PTHRP, Plasma
- PTHRP2

**Storage/Transport Temperature:**

Frozen. Separate specimens must be submitted when multiple tests are ordered.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 months

**Reported:**

2-6 days

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**CPT Codes:**

82542

**LOINC:**

- 15087-0

**Notes:**

Amino (N)- and carboxy (C)-terminus PTHrP fragments, such as those produced by some patients with renal insufficiency, do not interfere with this assay.

# Parechovirus PCR

LAB5088

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest Diagnostics

## COLLECTION

**Sample Type:**

Plasma or serum, CSF, Stool or throat or rectal swab

**Collect:**

Plasma: EDTA tube (lavender top), yellow top ACD also acceptable

CSF or Stool: Sterile leak proof container

Throat or rectal swab in Universal Transport Medium (UTM) or equivalent

**Amount to Collect:**

0.5 mL plasma or serum

0.7 mL CSF

1 g stool

**Preferred Volume:**

0.3 mL plasma, serum, or CSF

0.5 g stool

**Minimum Volume:**

0.5 mL

**Stability (from collection to initiation):**

Room temperature: 48 hours. Refrigerated: 7 days. Frozen: 30 days.

**Rejection Criteria:**

Specimens containing heparin

Calcium alginate swabs

Swabs not in transport media

## PROCESSING

**Test Code:**

P319

**Sendout:**

Yes

**Performing Lab:**

Quest Diagnostics

**Specimen Preparation:**

Accession as P319: If Enterovirus PCR is also requested, credit order as this test includes Enterovirus.

Centrifuge blood, and aliquot and freeze plasma at -70°C. Freeze swabs and stool at -70C

Send to Quest for test code 70189X Enterovirus/Parechovirus RNA, Qualitative Real-Time PCR

**Preferred Volume:**

0.3 mL plasma, serum, or CSF

0.5 g stool

**Minimum Volume:**

0.5 mL

**Rejection Criteria:**

Specimens containing heparin

Calcium alginate swabs

Swabs not in transport media

**Stability (from collection to initiation):**

Room temperature: 48 hours. Refrigerated: 7 days. Frozen: 30 days.

## COMPLETE VIEW

**Available Stat:**

No



**Test Code:**

P319

**Performing Lab:**

Quest Diagnostics

**Sendout:**

Yes

**Collect:**

Plasma: EDTA tube (lavender top), yellow top ACD also acceptable

CSF or Stool: Sterile leak proof container

Throat or rectal swab in Universal Transport Medium (UTM) or equivalent

**Amount to Collect:**

0.5 mL plasma or serum

0.7 mL CSF

1 g stool

**Sample Type:**

Plasma or serum, CSF, Stool or throat or rectal swab

**Preferred Volume:**

0.3 mL plasma, serum, or CSF

0.5 g stool

**Minimum Volume:**

0.5 mL

**Rejection Criteria:**

Specimens containing heparin

Calcium alginate swabs

Swabs not in transport media

**Specimen Preparation:**

Accession as P319: If Enterovirus PCR is also requested, credit order as this test includes Enterovirus.

Centrifuge blood, and aliquot and freeze plasma at -70°C. Freeze swabs and stool at -70C

Send to Quest for test code 70189X Enterovirus/Parechovirus RNA, Qualitative Real-Time PCR

**Stability (from collection to initiation):**

Room temperature: 48 hours. Refrigerated: 7 days. Frozen: 30 days.

# Paroxysmal Nocturnal Hemoglobinuria Cell Markers by Flow Cytometry

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Flow cytometry

**Reported:**

Samples accepted Monday-Friday AM only; test run daily. Turnaround time: 2-5 days.

**Additional Information:**

Flow cytometric immunophenotyping is used to study the leukocyte and RBC surface markers of glycosylphosphatidylinositol (GPI) linked antigens such as CD14 (monocytes) and CD59 (neutrophils and RBC). Fluorescent aerolysin (FLAER), a protein that selectively binds to GPI anchors, is also used in the test. Patients with Paroxysmal Nocturnal Hemoglobinuria (PNH) will show abnormality in all or some of these markers to various extents

**Synonyms:**

- PI-linked antigen
- PNH
- CD55
- CD59
- flow cytometry

## COLLECTION

**Sample Type:**

Whole blood

**Collect:**

Lavender top (EDTA)

**Amount to Collect:**

7 mL blood

**Preferred Volume:**

7 mL blood

**Minimum Volume:**

3 mL blood

**Stability (from collection to initiation):**

Room temperature, 72 hours.

## PROCESSING

**Test Code:**

PNHM

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Do not transfer sample to another container. Transport at Room temperature to China Basin to Send-outs for pick-up at 1600 hours by Medical Courier.

Order Mayo Medical Labs test code # 81156 (CPT). Send at ambient temperature Monday-Thursday, to China Basin Sendouts to meet MAYO Lab courier (MCI) pickup at 1600 hours.

If pickup is missed, ship via Federal Express overnight priority (if shipped on Friday, must check box for Saturday AM delivery) to: Mayo Medical Laboratories, 200 First Street SW, Rochester, MN 55905, Client Services: 800-533-1710

**Preferred Volume:**

7 mL blood

**Minimum Volume:**

3 mL blood

**Stability (from collection to initiation):**

Room temperature, 72 hours.

**RESULT INTERPRETATION****Units:**

% negative

**Reference Interval:**Normal:  $\leq$  3% WBC's & RBC's are CD59-negative**Additional Information:**

Flow cytometric immunophenotyping is used to study the leukocyte and RBC surface markers of glycosylphosphatidylinositol (GPI) linked antigens such as CD14 (monocytes) and CD59 (neutrophils and RBC). Fluorescent aerolysin (FLAER), a protein that selectively binds to GPI anchors, is also used in the test. Patients with Paroxysmal Nocturnal Hemoglobinuria (PNH) will show abnormality in all or some of these markers to various extents

**ADMINISTRATIVE****CPT Codes:**

88180-90 x4

**LOINC Codes:**

55164-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PNHM

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Flow cytometry

**Collect:**

Lavender top (EDTA)

**Amount to Collect:**

7 mL blood

**Sample Type:**

Whole blood

**Preferred Volume:**

7 mL blood

**Minimum Volume:**

3 mL blood

**Specimen Preparation:**

Do not transfer sample to another container. Transport at Room temperature to China Basin to Send-outs for pick-up at 1600 hours by Medical Courier.

Order Mayo Medical Labs test code # 81156 (CPT). Send at ambient temperature Monday-Thursday, to China Basin Sendouts to meet MAYO Lab courier (MCI) pick-up at 1600 hours.

If pickup is missed, ship via Federal Express overnight priority (if shipped on Friday, must check box for Saturday AM delivery) to: Mayo Medical Laboratories, 200 First Street SW, Rochester, MN 55905, Client Services: 800-533-1710

**Units:**

% negative

**Reference Interval:**Normal:  $\leq$  3% WBC's & RBC's are CD59-negative**Synonyms:**

- PI-linked antigen
- PNH
- CD55
- CD59
- flow cytometry

**Stability (from collection to initiation):**

Room temperature, 72 hours.

**Reported:**

Samples accepted Monday-Friday AM only; test run daily. Turnaround time: 2-5 days.

**Additional Information:**

Flow cytometric immunophenotyping is used to study the leukocyte and RBC surface markers of glycosylphosphatidylinositol (GPI) linked antigens such as CD14 (monocytes) and CD59 (neutrophils and RBC). Fluorescent aerolysin (FLAER), a protein that selectively binds to GPI anchors, is also used in the test. Patients with Paroxysmal Nocturnal Hemoglobinuria (PNH) will show abnormality in all or some of these markers to various extents

**CPT Codes:**

88180-90 x4

**LOINC Codes:**

55164-8

# Parvovirus B19 Antibodies

LAB800

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

EIA

**Reported:**

Test run Monday-Saturday. Turnaround 2-6 days

**Additional Information:**

Note: This assay includes both IgM and IgG antibodies.

Clinical use is as an aid in the diagnosis of parvovirus infections. Results from any one IgM assay should not be used as a sole determinant of a current or recent infection. Because IgM tests can yield false positive results and low levels of IgM antibody may persist for months post infection, reliance on a single test result could be misleading. If an acute infection is suspected, obtain a new specimen and submit for both IgG and IgM testing in two or more weeks. IgG persists for years and provides life-long immunity. To diagnose current infection, the laboratory recommends Parvovirus, PCR test.

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

PB19

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Stability (from collection to initiation):**

Room temperature: 4 days

Refrigerated: 1 week

Frozen at -20C: 1 month.

## PROCESSING

**Test Code:**

PB19

**Test Group:**

Parvovirus

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze at -20C. Order Nichols test number 14050N.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Stability (from collection to initiation):**

Room temperature: 4 days

Refrigerated: 1 week

Frozen at -20C: 1 month.

## RESULT INTERPRETATION

**Units:**

Index

**Reference Interval:**

Negative: &lt; 0.9 index

Equivocal: 0.9-1.1 index

Positive: &gt; 1.1 index

**Additional Information:**

Note: This assay includes both IgM and IgG antibodies.

Clinical use is as an aid in the diagnosis of parvovirus infections. Results from any one IgM assay should not be used as a sole determinant of a current or recent infection. Because IgM tests can yield false positive results and low levels of IgM antibody may persist for months post infection, reliance on a single test result could be misleading. If an acute infection is suspected, obtain a new specimen and submit for both IgG and IgM testing in two or more weeks. IgG persists for years and provides life-long immunity. To diagnose current infection, the laboratory recommends Parvovirus, PCR test.

**ADMINISTRATIVE****CPT Codes:**

86747-90 x 2

**LOINC Codes:**

5272-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PB19

**Test Group:**

Parvovirus

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

EIA

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Specimen Preparation:**

Freeze at -20C. Order Nichols test number 14050N.

**Units:**

Index

**Reference Interval:**

Negative: &lt; 0.9 index

Equivocal: 0.9-1.1 index

Positive: &gt; 1.1 index

**Stability (from collection to initiation):**

Room temperature: 4 days

Refrigerated: 1 week

Frozen at -20C: 1 month.

**Reported:**

Test run Monday-Saturday. Turnaround 2-6 days

**Additional Information:**

Note: This assay includes both IgM and IgG antibodies.

Clinical use is as an aid in the diagnosis of parvovirus infections. Results from any one IgM assay should not be used as a sole determinant of a current or recent infection. Because IgM tests can yield false positive results and low levels of IgM antibody may persist for months post infection, reliance on a single test result could be misleading. If an acute infection is suspected, obtain a new specimen and submit for both IgG and IgM testing in two or more weeks. IgG persists for years and provides life-long immunity. To diagnose current infection, the laboratory recommends Parvovirus, PCR test.

**CPT Codes:**

86747-90 x 2

**LOINC Codes:**

5272-0

# Parvovirus B19 by PCR, Amniotic Fluid

LAB2023

## ORDERING

**Ordering Recommendations:**

Detect parvovirus B19 in amniotic fluid.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Wed, Fri

**Methodology:**

Qualitative Polymerase Chain Reaction

**Reported:**

1-4 days

**Synonyms:**

- B19 virus PCR
- Fifth Disease-Parvovirus PCR
- Human Parvovirus B19 PCR
- PAVAF

## COLLECTION

**Sample Type:**

Amniotic fluid

**Label Abbreviation:**

PAVAF

**Collect:**

Sterile container

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Stability (from collection to initiation):**

Central Processing, please send/transport ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving. China Basin Processing will give Cytogenetics lab all tubes and Cytogenetics lab will bring all send out tests back to Sendout lab. Sendout department will then send the tubes out at frozen temperature.

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
(send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)  
From China Basin Central Processing to Cytogenetics: Room Temperature  
From China Basin Central Processing to Send Out institution: Frozen

**Unacceptable Conditions:**

Heparinized specimens

## PROCESSING

**Test Code:**

PAVAF

**ARUP Test Code:**

0060043

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL



**Unacceptable Conditions:**

Heparinized specimens

**Stability (from collection to initiation):**

Central Processing, please send/transport ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving. China Basin Processing will give Cytogenetics lab all tubes and Cytogenetics lab will bring all send out tests back to Sendout lab. Sendout department will then send the tubes out at frozen temperature.

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
(send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)  
From China Basin Central Processing to Cytogenetics: Room Temperature  
From China Basin Central Processing to Send Out institution: Frozen

**RESULT INTERPRETATION****Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

87798

**LOINC:**

- 9572-9
- 31208-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Detect parvovirus B19 in amniotic fluid.

**Test Code:**

PAVAF

**ARUP Test Code:**

0060043

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Wed, Fri

**Methodology:**

Qualitative Polymerase Chain Reaction

**Collect:**

Sterile container

**Sample Type:**

Amniotic fluid

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Heparinized specimens

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- B19 virus PCR
- Fifth Disease-Parvovirus PCR
- Human Parvovirus B19 PCR
- PAVAF

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
(send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)  
From China Basin Central Processing to Cytogenetics: Room Temperature  
From China Basin Central Processing to Send Out institution: Frozen

**Stability (from collection to initiation):**

Central Processing, please send/transport ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving. China Basin Processing will give Cytogenetics lab all tubes and Cytogenetics lab will bring all send out tests back to Sendout lab. Sendout department will then send the tubes out at frozen temperature.

**Reported:**

1-4 days

**CPT Codes:**

87798

**LOINC:**

- 9572-9
- 31208-2

# Parvovirus B19 PCR

LAB5075

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Viracor

**Methodology:**

Quantitative real time PCR

**Reported:**

1-3 days after receipt by reference laboratory.

**Additional Information:**

Performed upon blood to determine whether parvovirus infection is the cause of anemia in patients who have an unexplained marked decrease in erythroid precursor cells in bone marrow or a low peripheral reticulocyte count.

The test may also be performed upon amniotic fluid to determine whether parvovirus infection in pregnancy is the cause of hydrops fetalis.

Detects the presence of Parvovirus B19 in cell free plasma by amplifying viral genomic DNA through Real Time PCR technology.

This assay was developed and the performance characteristics were determined at ViraCor. This test is not FDA approved; however, the test is performed in a CLIA certified laboratory and approval from the FDA is not required.

Specimens are processed and results reported by Microbiology.

**Synonyms:**

- Parvovirus PCR
- Parvovirus B19 PCR
- P338

## COLLECTION

**Sample Type:**

EDTA plasma, amniotic fluid, bone marrow (acceptable but plasma preferred)

**Collect:**

Blood or marrow: Lavender top  
Amniotic fluid: Sterile tube

**Amount to Collect:**

Blood: 3 mL  
Bone Marrow: 1 mL  
Amniotic fluid: 1 mL

**Preferred Volume:**

Plasma: 1 mL  
?Bone marrow: 1 mL  
Amniotic fluid: 1 mL

**Minimum Volume:**

Plasma: 0.5 mL  
?Bone marrow: 0.5 mL  
?Amniotic fluid: 0.5 mL

**Stability (from collection to initiation):**

Room temperature 4 days, plasma or amniotic fluid frozen at -70C 1 month.

## PROCESSING

**Test Code:**

PARVOPLAS

**Test Group:**

Parvovirus

**Sendout:**

Yes

**Performing Lab:**

Viracor

**Specimen Preparation:**

**Blood:** Centrifuge blood and transfer plasma to a sterile tube. Freeze at -70C and ship to ViraCor on dry ice.

**Amniotic fluid:** Freeze at -70C and ship to ViraCor on dry ice.

**Bone marrow:** Store frozen and ship to ViraCor on dry ice. Do not centrifuge.

ViraCor test code: 1500

**Preferred Volume:**

Plasma: 1 mL  
?Bone marrow: 1 mL  
Amniotic fluid: 1 mL

**Minimum Volume:**

Plasma: 0.5 mL  
?Bone marrow: 0.5 mL  
?Amniotic fluid: 0.5 mL

**Stability (from collection to initiation):**

Room temperature 4 days, plasma or amniotic fluid frozen at -70C 1 month.

**RESULT INTERPRETATION****Units:**

IU/mL

Note: 1 IU = 0.73 copies/mL

**Reference Interval:**

Not detected

**Additional Information:**

Performed upon blood to determine whether parvovirus infection is the cause of anemia in patients who have an unexplained marked decrease in erythroid precursor cells in bone marrow or a low peripheral reticulocyte count.

The test may also be performed upon amniotic fluid to determine whether parvovirus infection in pregnancy is the cause of hydrops fetalis.

Detects the presence of Parvovirus B19 in cell free plasma by amplifying viral genomic DNA through Real Time PCR technology.

This assay was developed and the performance characteristics were determined at ViraCor. This test is not FDA approved; however, the test is performed in a CLIA certified laboratory and approval from the FDA is not required.

Specimens are processed and results reported by Microbiology.

**ADMINISTRATIVE****CPT Codes:**

87799-90

**LOINC Codes:**

49432-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PARVOPLAS

**Test Group:**

Parvovirus

**Performing Lab:**

Viracor

**Sendout:**

Yes

**Methodology:**

Quantitative real time PCR

**Collect:**

Blood or marrow: Lavender top  
Amniotic fluid: Sterile tube

**Amount to Collect:**

Blood: 3 mL  
Bone Marrow: 1 mL  
Amniotic fluid: 1 mL

**Sample Type:**

EDTA plasma, amniotic fluid, bone marrow (acceptable but plasma preferred)

**Preferred Volume:**

Plasma: 1 mL  
?Bone marrow: 1 mL  
Amniotic fluid: 1 mL

**Minimum Volume:**

Plasma: 0.5 mL  
?Bone marrow: 0.5 mL  
?Amniotic fluid: 0.5 mL

**Specimen Preparation:**

**Blood:** Centrifuge blood and transfer plasma to a sterile tube. Freeze at -70C and ship to ViraCor on dry ice.

**Amniotic fluid:** Freeze at -70C and ship to ViraCor on dry ice.

**Bone marrow:** Store frozen and ship to ViraCor on dry ice. Do not centrifuge.

ViraCor test code: 1500

**Units:**

IU/mL

Note: 1 IU = 0.73 copies/mL

**Reference Interval:**

Not detected

**Synonyms:**

- Parvovirus PCR
- Parvovirus B19 PCR
- P338

**Stability (from collection to initiation):**

Room temperature 4 days, plasma or amniotic fluid frozen at -70C 1 month.

**Reported:**

1-3 days after receipt by reference laboratory.

**Additional Information:**

Performed upon blood to determine whether parvovirus infection is the cause of anemia in patients who have an unexplained marked decrease in erythroid precursor cells in bone marrow or a low peripheral reticulocyte count.

The test may also be performed upon amniotic fluid to determine whether parvovirus infection in pregnancy is the cause of hydrops fetalis.

Detects the presence of Parvovirus B19 in cell free plasma by amplifying viral genomic DNA through Real Time PCR technology.

This assay was developed and the performance characteristics were determined at ViraCor. This test is not FDA approved; however, the test is performed in a CLIA certified laboratory and approval from the FDA is not required.

Specimens are processed and results reported by Microbiology.

**CPT Codes:**

87799-90

**LOINC Codes:**

49432-8

# Pathogen Detection, mNGS (metagenomic Next-Generation Sequencing)

LAB7022

## ORDERING

### Approval Required:

Yes, testing of UCSF patients requires approval by Microbiology in consultation with Infectious Disease (all body fluids) or Neurology (CSF only). UCSF outpatient testing requires insurance preauthorization. Please follow this link for an [insurance preauthorization template](#) (Microsoft Word format).

Requests from outside UCSF require an institutional account prior to sample submission. See <https://nextgendiagnosics.ucsf.edu> for details.

### Available Stat:

No

### Performing Lab:

Microbiology

### Methodology:

mNGS

### Reported:

1-2 weeks

### Additional Information:

Test results are interpreted by the Microbiology lab director and may be discussed with treating physicians as part of an ad hoc Clinical Microbial Sequencing Board (CMSB).

See <http://nextgendiagnosics.ucsf.edu> for additional information.

For inquiries, please call 415-514-6599.

### Synonyms:

- metagenomic next-generation sequencing
- mNGS
- agnostic sequencing
- untargeted sequencing
- mNGS Path Dx

## COLLECTION

### Sample Type:

CSF, EDTA plasma (EDTA whole blood must be centrifuged and plasma separated from red cells within 6 hours of collection).

### Collect:

CSF: Sterile tube

Plasma: Lavender top tube. A dedicated tube is strongly preferred.

### Preferred Volume:

2ml

### Minimum Volume:

1ml

### Stability (from collection to initiation):

CSF: Room temperature 6 hours or refrigerated 6 days but prefer to freeze within 6 hours; stable frozen at -25C or -70C for up to 1 year.

Plasma: Room temperature up to 6 hours for whole blood prior to centrifugation; plasma refrigerated up to 7 days; stable frozen at -25C or -70C for up to 1 year.

### Unacceptable Conditions:

Samples submitted in incorrect tube, grossly hemolyzed samples

## PROCESSING

### Test Code:

P710

### Performing Lab:

Microbiology

### Specimen Preparation:

UCSF: Freeze at -70°C on receipt at China Basin. Other sites: Freeze sample and ship to China Basin microbiology. Aliquot (if necessary) only under sterile conditions.

**Preferred Volume:**

2ml

**Minimum Volume:**

1ml

**Unacceptable Conditions:**

Samples submitted in incorrect tube, grossly hemolyzed samples

**Stability (from collection to initiation):**

CSF: Room temperature 6 hours or refrigerated 6 days but prefer to freeze within 6 hours; stable frozen at -25C or -70C for up to 1 year.

Plasma: Room temperature up to 6 hours for whole blood prior to centrifugation; plasma refrigerated up to 7 days; stable frozen at -25C or -70C for up to 1 year.

**RESULT INTERPRETATION****Reference Interval:**

No microorganisms detected

**Additional Information:**

Test results are interpreted by the Microbiology lab director and may be discussed with treating physicians as part of an ad hoc Clinical Microbial Sequencing Board (CMSB).

See <http://nextgendiagnosics.ucsf.edu> for additional information.

For inquiries, please call 415-514-6599.

**ADMINISTRATIVE****CPT Codes:**

87999

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Approval Required:**Yes, testing of UCSF patients requires approval by Microbiology in consultation with Infectious Disease (all body fluids) or Neurology (CSF only). UCSF outpatient testing requires insurance preauthorization. Please follow this link for an [insurance preauthorization template](#) (Microsoft Word format).Requests from outside UCSF require an institutional account prior to sample submission. See <https://nextgendiagnosics.ucsf.edu> for details.**Available Stat:**

No

**Test Code:**

P710

**Performing Lab:**

Microbiology

**Methodology:**

mNGS

**Collect:**

CSF: Sterile tube

Plasma: Lavender top tube. A dedicated tube is strongly preferred.

**Sample Type:**

CSF, EDTA plasma (EDTA whole blood must be centrifuged and plasma separated from red cells within 6 hours of collection).

**Preferred Volume:**

2ml

**Minimum Volume:**

1ml

**Unacceptable Conditions:**

Samples submitted in incorrect tube, grossly hemolyzed samples

**Specimen Preparation:**

UCSF: Freeze at -70°C on receipt at China Basin. Other sites: Freeze sample and ship to China Basin microbiology. Aliquot (if necessary) only under sterile conditions.

**Reference Interval:**

No microorganisms detected

**Synonyms:**

- metagenomic next-generation sequencing
- mNGS
- agnostic sequencing
- untargeted sequencing
- mNGS Path Dx

**Stability (from collection to initiation):**

CSF: Room temperature 6 hours or refrigerated 6 days but prefer to freeze within 6 hours; stable frozen at -25C or -70C for up to 1 year.

Plasma: Room temperature up to 6 hours for whole blood prior to centrifugation; plasma refrigerated up to 7 days; stable frozen at -25C or -70C for up to 1 year.

**Reported:**

1-2 weeks

**Additional Information:**

Test results are interpreted by the Microbiology lab director and may be discussed with treating physicians as part of an ad hoc Clinical Microbial Sequencing Board (CMSB).

See <http://nextgendiagnosics.ucsf.edu> for additional information.

For inquiries, please call 415-514-6599.

**CPT Codes:**

87999

**LDT or Modified FDA:**

Yes



# PAX5 Break Apart Rearrangement FISH

BPAX5, PAX5

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon-Fri 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7-14 days

**Synonyms:**

- BPAX5
- PAX5
- PAX5 9p13.2 BA FISH

## COLLECTION

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Collect:**

Blood: Dark Green Top Sodium Heparin tube for Blood

Bone marrow: Dark Green Top Sodium Heparin tube for Bone Marrow, Sterile container with medium for Bone Core

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room Temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

Blood: BPAX5

Bone marrow: PAX5

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room Temperature

**ADMINISTRATIVE****CPT Codes:**

88271x2, 88275x1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

Blood: BPAX5

Bone marrow: PAX5

**Performing Lab:**

Cytogenetics

**Performed:**

Mon-Fri 9 am to 5 pm

**Methodology:**

FISH

**Collect:**

Blood: Dark Green Top Sodium Heparin tube for Blood

Bone marrow: Dark Green Top Sodium Heparin tube for Bone Marrow, Sterile container with medium for Bone Core

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Synonyms:**

- BPAX5
- PAX5
- PAX5 9p13.2 BA FISH

**Storage/Transport Temperature:**

Room Temperature

**Stability (from collection to initiation):**

2 days

**Reported:**

7-14 days

**CPT Codes:**

88271x2, 88275x1

# Pediatric AML FISH panel

PAML, BPAML

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri, 9AM - 5PM

**Methodology:**

FISH

**Reported:**

7-14 days

**Additional Information:**

Fluorescence In situ hybridization (FISH) is performed to detect deletion of 5q or loss of a chromosome 5, deletion of 7q or loss of a chromosome 7, PML/RARA gene fusion, RUNX1/RUNX1T1 gene fusion, CBFB/MYH11 gene fusion, MLL (11q23) rearrangement, NUP98 (11p15) rearrangement, and GLCBF/BGLCBF Translocation GLIS2/ CBFA2T3 16p13.3 and 16q24.3 fusion probe from pediatric samples.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- PAML
- BPAML

## COLLECTION

**Sample Type:**

Blood or bone marrow

**Collect:**

Blood or bone marrow aspirate: Dark green top

Bone marrow core: Sterile container with medium

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

Room temperature: 2 days

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

Blood: BPAML

Bone marrow: PAML

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Stability (from collection to initiation):**

Room temperature: 2 days

**RESULT INTERPRETATION****Additional Information:**

Fluorescence In situ hybridization (FISH) is performed to detect deletion of 5q or loss of a chromosome 5, deletion of 7q or loss of a chromosome 7, PML/RARA gene fusion, RUNX1/RUNX1T1 gene fusion, CBFB/MYH11 gene fusion, MLL (11q23) rearrangement, NUP98 (11p15) rearrangement, and GLCBF/BGLCBF Translocation GLIS2/ CBFA2T3 16p13.3 and 16q24.3 fusion probe from pediatric samples.

**ADMINISTRATIVE****CPT Codes:**

88271x16, 88275x8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

Blood: BPAML

Bone marrow: PAML

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri, 9AM - 5PM

**Methodology:**

FISH

**Collect:**

Blood or bone marrow aspirate: Dark green top

Bone marrow core: Sterile container with medium

**Sample Type:**

Blood or bone marrow

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Synonyms:**

- PAML
- BPAML

**Stability (from collection to initiation):**

Room temperature: 2 days

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

Fluorescence In situ hybridization (FISH) is performed to detect deletion of 5q or loss of a chromosome 5, deletion of 7q or loss of a chromosome 7, PML/RARA gene fusion, RUNX1/RUNX1T1 gene fusion, CBFB/MYH11 gene fusion, MLL (11q23) rearrangement, NUP98 (11p15) rearrangement, and GLCBF/BGLCBF Translocation GLIS2/ CBFA2T3 16p13.3 and 16q24.3 fusion probe from pediatric samples.

**CPT Codes:**

88271x16, 88275x8

# Pediatric CD3 Stem Cell Quantification

LAB3891

## ORDERING

**Available Stat:**

No

**Performing Lab:**

PCTL

**Performed:**

Test performed Monday - Friday at: 0900 &amp; 1400 hours

**Methodology:**

Flow Cytometry

**Reported:**

3 hours after receipt of sample by 1400 hour. After 1400 hour result will be available next day before 1200 hour.

**Additional Information:**

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration.

This test was performed by the Pediatric Cellular Therapy Laboratory located at 1975 4th Street Room C4C60, San Francisco, CA 94158.

Phone: 415-476-4860 Fax: 415-514-3372

CLID ID Number: 05D2107946 State Lab ID Number: CLF00349021

Laboratory Director: Christopher Dvorak, MD

## COLLECTION

**Patient Preparation:**

N / A

**Sample Type:**

MNC APHERESIS

**Collect:**

Lavender Top

**Amount to Collect:**

1.0 mL

**Preferred Volume:**

1.0 mL

**Minimum Volume:**

0.5 mL

**Remarks:**

N / A

**Stability (from collection to initiation):**

72 hours after collection time

## PROCESSING

**Test Code:**

PCD3B

**Performing Lab:**

PCTL

**Specimen Preparation:**

Notify PCTL (x64860, x44199 or x44193) when a specimen arrives at the Processing Lab. Specimen must be delivered to PCTL before 1400H.

**Preferred Volume:**

1.0 mL

**Minimum Volume:**

0.5 mL

**Stability (from collection to initiation):**

72 hours after collection time

## RESULT INTERPRETATION

**Units:**

% of WBCs

**Reference Interval:**

&gt; 10.0 % of WBCs

**Additional Information:**

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration.

This test was performed by the Pediatric Cellular Therapy Laboratory located at 1975 4th Street Room C4C60, San Francisco, CA 94158.

Phone: 415-476-4860 Fax: 415-514-3372

CLID ID Number: 05D2107946 State Lab ID Number: CLF00349021

Laboratory Director: Christopher Dvorak, MD

**ADMINISTRATIVE****CPT Codes:**

86367

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PCD3B

**Performing Lab:**

PCTL

**Performed:**

Test performed Monday - Friday at: 0900 &amp; 1400 hours

**Methodology:**

Flow Cytometry

**Patient Preparation:**

N / A

**Remarks:**

N / A

**Collect:**

Lavender Top

**Amount to Collect:**

1.0 mL

**Sample Type:**

MNC APHERESIS

**Preferred Volume:**

1.0 mL

**Minimum Volume:**

0.5 mL

**Specimen Preparation:**

Notify PCTL (x64860, x44199 or x44193) when a specimen arrives at the Processing Lab. Specimen must be delivered to PCTL before 1400H.

**Units:**

% of WBCs

**Reference Interval:**

&gt; 10.0 % of WBCs

**Stability (from collection to initiation):**

72 hours after collection time

**Reported:**

3 hours after receipt of sample by 1400 hour. After 1400 hour result will be available next day before 1200 hour.

**Additional Information:**

This test was developed and its performance characteristics determined by the UCSF Clinical Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration.

This test was performed by the Pediatric Cellular Therapy Laboratory located at 1975 4th Street Room C4C60, San Francisco, CA 94158.

Phone: 415-476-4860 Fax: 415-514-3372

CLID ID Number: 05D2107946 State Lab ID Number: CLF00349021

Laboratory Director: Christopher Dvorak, MD

**CPT Codes:**

86367

# Pediatric CD34 Stem Cell Quantitation

LAB6031

## ORDERING

**Available Stat:**

No

**Performing Lab:**

PCTL

**Performed:**

Monday - Friday 0900 &amp; 1400

**Methodology:**

Flow Cytometry

**Reported:**

3 hours if sample received by 1400. Samples received after 1400 will be resultd the following day weekday.

**Additional Information:**

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

## COLLECTION

**Sample Type:**

EDTA Whole blood

**Collect:**

Lavendar top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

## PROCESSING

**Test Code:**

PCD34B

**Performing Lab:**

PCTL

**Specimen Preparation:**

Notify PCTL (476-4860, 5414-4199 or 514-4193) when sample arrives at Specimen Processing. Sample must be delivered to PTCL before 1400.

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

## RESULT INTERPRETATION

**Units:**

% WBC

**Reference Interval:**

&lt; 0.02%

**Additional Information:**

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

## ADMINISTRATIVE

**CPT Codes:**

86367

**LDT or Modified FDA:**

Yes



**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PCD34B

**Performing Lab:**

PCTL

**Performed:**

Monday - Friday 0900 &amp; 1400

**Methodology:**

Flow Cytometry

**Collect:**

Lavendar top

**Amount to Collect:**

1 mL blood

**Sample Type:**

EDTA Whole blood

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

**Specimen Preparation:**

Notify PCTL (476-4860, 5414-4199 or 514-4193) when sample arrives at Specimen Processing. Sample must be delivered to PTCL before 1400.

**Units:**

% WBC

**Reference Interval:**

&lt; 0.02%

**Reported:**

3 hours if sample received by 1400. Samples received after 1400 will be resultd the following day weekday.

**Additional Information:**

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

86367

**LDT or Modified FDA:**

Yes

# Pediatric high-risk ALL FISH panel

PHALL, BPHALL

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri, 9AM - 5PM

**Methodology:**

FISH

**Reported:**

7-14 days

**Additional Information:**

Fluorescence In situ hybridization (FISH) is performed to detect ABL1 (9q34) rearrangement, ABL2 (1q25) rearrangement, PDGFRA (4q12) rearrangement, PDGFRB (5q33) rearrangement, JAK2 (9p24) rearrangement, CRLF2 (Xp22.3/Yp11.3) rearrangement, and EPOR (19q13) rearrangement from pediatric samples.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- PHALL
- BPHALL

## COLLECTION

**Sample Type:**

Blood or bone marrow

**Collect:**

Blood or bone marrow aspirate: Dark green top

Bone marrow core: Sterile container with medium

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Storage/Transport Temperature:**

Room temperature: 2 days

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

Blood: BPHALL

Bone marrow: PHALL

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Storage/Transport Temperature:**

Room temperature: 2 days

**RESULT INTERPRETATION****Additional Information:**

Fluorescence In situ hybridization (FISH) is performed to detect ABL1 (9q34) rearrangement, ABL2 (1q25) rearrangement, PDGFRA (4q12) rearrangement, PDGFRB (5q33) rearrangement, JAK2 (9p24) rearrangement, CRLF2 (Xp22.3/Yp11.3) rearrangement, and EPOR (19q13) rearrangement from pediatric samples.

**ADMINISTRATIVE****CPT Codes:**

88271x14, 88275x7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

Blood: BPHALL

Bone marrow: PHALL

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri, 9AM - 5PM

**Methodology:**

FISH

**Collect:**

Blood or bone marrow aspirate: Dark green top

Bone marrow core: Sterile container with medium

**Sample Type:**

Blood or bone marrow

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Synonyms:**

- PHALL
- BPHALL

**Storage/Transport Temperature:**

Room temperature: 2 days

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

Fluorescence In situ hybridization (FISH) is performed to detect ABL1 (9q34) rearrangement, ABL2 (1q25) rearrangement, PDGFRA (4q12) rearrangement, PDGFRB (5q33) rearrangement, JAK2 (9p24) rearrangement, CRLF2 (Xp22.3/Yp11.3) rearrangement, and EPOR (19q13) rearrangement from pediatric samples.

**CPT Codes:**

88271x14, 88275x7

# Pediatric Leukemia Minimal Residual Disease Testing (Flow cytometry-CHLA)

LAB6907

## ORDERING

**Performing Lab:**

Children's Hospital, Los Angeles

**Methodology:**

Flow Cytometry

**Reported:**

2-3 days

**Additional Information:**Please complete and submit [Children's Hospital, Los Angeles test requisition form](#) with sample.

Samples are processed and shipped Monday through Friday only. To ensure that samples make the Friday shipment, they must be received in lab by 12 noon.

**Synonyms:**

- MRDFCP
- MRD

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Whole blood or Bone marrow

**Label Abbreviation:**

MRDFCP

**Collect:**

EDTA Lavender or Sodium Heparin Green top

**Preferred Volume:**

5 mL blood or bone marrow

**Minimum Volume:**

2 mL blood or bone marrow

**Stability (from collection to initiation):**

48 hours

**Storage/Transport Temperature:**

Ambient

**Unacceptable Conditions:**

Clots or specimen greater than 48 hours old

## PROCESSING

**Test Code:**

MRDFCP

**Sendout:**

Yes

**Performing Lab:**

Children's Hospital, Los Angeles

**Specimen Preparation:**

Do not spin tube or aliquot. Send entire specimen to CB with forms.

**Preferred Volume:**

5 mL blood or bone marrow

**Minimum Volume:**

2 mL blood or bone marrow

**Unacceptable Conditions:**

Clots or specimen greater than 48 hours old

**Stability (from collection to initiation):**

48 hours

**Storage/Transport Temperature:**

Ambient

**RESULT INTERPRETATION****Additional Information:**

Please complete and submit [Children's Hospital, Los Angeles test requisition form](#) with sample.

Samples are processed and shipped Monday through Friday only. To ensure that samples make the Friday shipment, they must be received in lab by 12 noon.

**Interpretive Data:**

Detection of residual blasts (leukemic cells) following therapy.

**ADMINISTRATIVE****CPT Codes:**

88184, 88185 x varies, 88188, 88189

**COMPLETE VIEW****Test Code:**

MRDFCP

**Performing Lab:**

Children's Hospital, Los Angeles

**Sendout:**

Yes

**Methodology:**

Flow Cytometry

**Collect:**

EDTA Lavender or Sodium Heparin Green top

**Sample Type:**

Whole blood or Bone marrow

**Preferred Volume:**

5 mL blood or bone marrow

**Minimum Volume:**

2 mL blood or bone marrow

**Unacceptable Conditions:**

Clots or specimen greater than 48 hours old

**Specimen Preparation:**

Do not spin tube or aliquot. Send entire specimen to CB with forms.

**Interpretive Data:**

Detection of residual blasts (leukemic cells) following therapy.

**Synonyms:**

- MRDFCP
- MRD

**Storage/Transport Temperature:**

Ambient

**Stability (from collection to initiation):**

48 hours

**Reported:**

2-3 days

**Additional Information:**

Please complete and submit [Children's Hospital, Los Angeles test requisition form](#) with sample.

Samples are processed and shipped Monday through Friday only. To ensure that samples make the Friday shipment, they must be received in lab by 12 noon.

**CPT Codes:**

88184, 88185 x varies, 88188, 88189

**Supplemental Test Request Form Required:**

Yes

# Pediatric MDS FISH panel

PMDS, BPMDS

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri, 9AM - 5PM

**Methodology:**

FISH

**Reported:**

7-14 days

**Additional Information:**

Fluorescence In situ hybridization (FISH) is performed to detect deletion of 5q or loss of a chromosome 5, deletion of 7q or loss of a chromosome 7, gain of chromosome 8, MLL (11q23) rearrangement, DEL20Q/BD20Q from pediatric samples.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- BPMDS
- PMDS
- DEL20Q/BD20Q

## COLLECTION

**Sample Type:**

Blood or bone marrow

**Collect:**

Blood or bone marrow aspirate: Dark green top

Bone marrow core: Sterile container with medium

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

Room temperature: 2 days

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

Blood: BPMDS

Bone marrow: PMDS

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Stability (from collection to initiation):**

Room temperature: 2 days

**RESULT INTERPRETATION****Additional Information:**

Fluorescence In situ hybridization (FISH) is performed to detect deletion of 5q or loss of a chromosome 5, deletion of 7q or loss of a chromosome 7, gain of chromosome 8, MLL (11q23) rearrangement, DEL20Q/BD20Q from pediatric samples.

**ADMINISTRATIVE****CPT Codes:**

88271x8, 88275x5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

Blood: BPMDS

Bone marrow: PMDS

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri, 9AM - 5PM

**Methodology:**

FISH

**Collect:**

Blood or bone marrow aspirate: Dark green top

Bone marrow core: Sterile container with medium

**Sample Type:**

Blood or bone marrow

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Synonyms:**

- BPMDS
- PMDS
- DEL20Q/BD20Q

**Stability (from collection to initiation):**

Room temperature: 2 days

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

Fluorescence In situ hybridization (FISH) is performed to detect deletion of 5q or loss of a chromosome 5, deletion of 7q or loss of a chromosome 7, gain of chromosome 8, MLL (11q23) rearrangement, DEL20Q/BD20Q from pediatric samples.

**CPT Codes:**

88271x8, 88275x5

# Pediatric Standard ALL FISH Panel

PSALL, BPSALL

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday-Friday 9:00am-5:00pm

**Methodology:**

FISH

**Reported:**

7-14 days

**Additional Information:**

Fluorescence In situ hybridization (FISH) is performed to detect trisomies 4 and 10, BCR/ABL1 gene fusion, ETV6/RUNX1 gene fusion, MLL (KMT2A) rearrangement from pediatric non-blood samples.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- PSALL
- BPSALL

## COLLECTION

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Collect:**

Blood: Dark green top (sodium heparin)

Bone marrow: Dark green top (sodium heparin)

Bone core: Sterile container with medium

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days at room temperature

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

## PROCESSING

**Test Code:**

BPSALL: Blood

PSALL: Non-blood

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm



**Minimum Volume:**

Blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Stability (from collection to initiation):**

2 days at room temperature

**Storage/Transport Temperature:**

Room temperature

**RESULT INTERPRETATION****Additional Information:**

Fluorescence In situ hybridization (FISH) is performed to detect trisomies 4 and 10, BCR/ABL1 gene fusion, ETV6/RUNX1 gene fusion, MLL (KMT2A) rearrangement from pediatric non-blood samples.

**ADMINISTRATIVE****CPT Codes:**

88271x10, 88275x5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BPSALL: Blood  
PSALL: Non-blood

**Performing Lab:**

Cytogenetics

**Performed:**

Monday-Friday 9:00am-5:00pm

**Methodology:**

FISH

**Collect:**

Blood: Dark green top (sodium heparin)  
Bone marrow: Dark green top (sodium heparin)  
Bone core: Sterile container with medium

**Amount to Collect:**

See Preferred Volume

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Preferred Volume:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Synonyms:**

- PSALL
- BPSALL

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

2 days at room temperature

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

Fluorescence In situ hybridization (FISH) is performed to detect trisomies 4 and 10, BCR/ABL1 gene fusion, ETV6/RUNX1 gene fusion, MLL (KMT2A) rearrangement from pediatric non-blood samples.

**CPT Codes:**

88271x10, 88275x5

# Peripheral Blood Culture

P060

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily, all shifts

**Methodology:**

Culture

**Reported:**

Up to 6 days

**Additional Information:**

Notify Microbiology when Brucella is suspect so that the cultures can be incubated for 14 days.

**Reflex Testing:**

If bacteria are detected they are identified and susceptibility testing is performed as appropriate.

## COLLECTION

**Sample Type:**

Blood

**Collect:**

Paired blood culture bottles (BD BACTEC Plus Aerobic &amp; Lytic Anaerobic bottles)

**Amount to Collect:**

Adults: 20 mL total (10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight:

&lt; 1 kg = 1 mL for aerobic only (0.5 mL for neonates &lt; 72h old)

1 - 5 kg = 2 mL total (1 mL for each bottle)

5 - 15 kg = 3 mL total (1.5 mL for each bottle)

15 - 40 kg = 6 mL total (3 mL for each bottle)

&gt;40 kg = 10 mL total (5 mL for each bottle)

**Preferred Volume:**

Adults: 20 mL total (10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight (see Amount to Collect above)

**Minimum Volume:**

Adults: 10 mL total (5 mL for each bottle)

Pediatrics: Draw 1.0 mL minimum for culture (0.5 mL for neonates &lt; 72h old) when collecting aerobic only (standard). If both aerobic and anaerobic needed, instill minimum of 1 mL in each bottle when collecting.

**Remarks:**

## 1. Adults:

Collect 2 sets of cultures from different sites.  
Collect at least one set of cultures from a peripheral site.

## 2. Pediatrics:

Amount of blood depends on weight of patient (see weight based minimums).

Anaerobic sample should be sent only in the following circumstances: Outpatients, patients with immunodeficiency, malignancy or after bone or human stem cell transplant, patients with gastrointestinal disorder, or at physician's request due to concern for anaerobes. Sending only an aerobic specimen is sufficient for all other patient populations.

## 3. Cleanse venipuncture site:

For patients with NO contraindication for use of chlorhexidine products: Cleanse the venipuncture site with Chloraprep Single Swabstick using a back and forth motion for 30 seconds. Allow it to air dry. NOTE: If skin is soiled, clean with 70% isopropyl alcohol before using Chloraprep.

For patients with a contraindication for use of Chlorhexidine products, DO NOT USE CHLORAPREP & follow this procedure: Clean skin of venipuncture site with 60-second friction scrub of 70% isopropyl alcohol to a 5 cm circular area. Apply 10% PVP Iodine to venipuncture site skin in a circular motion to a 5 cm area starting in the center. Allow it to air dry. Following the venipuncture, remove residual iodine from patient's skin with 70% isopropyl alcohol.

4. Remove plastic cap of each bottle and scrub top of each bottle with 70% alcohol prep pad.

5. Perform venipuncture and obtain sample.

Nursing staff: Refer to Blood Culture Methods (General) procedure in Nursing Procedures Manual.

Clinical Labs Phlebotomy staff: Refer to Clinical Labs Blood Culture Collection procedure.

6. Instill sample into aerobic bottle first and then into anaerobic bottle. Do not aspirate air into the anaerobic bottle. Do not add more than 10 mL into each bottle. Gently invert bottles to mix contents.

7. Label each bottle with patient's name and medical record number and site of draw. Do not place label on neck of bottle or bottom (underneath) of bottle, and do not cover bar code on bottle with the label. Place label vertically on bottle.

**Stability (from collection to initiation):**

36 hours at room temperature

**Unacceptable Conditions:**

Samples that are not collected per "Collection Instructions"

**PROCESSING****Test Code:**

P060

**Test Group:**

Bacterial culture

**Performing Lab:**

Microbiology

**Specimen Preparation:**

1. If bottles are overfilled, enter OVRFIL (Blood culture appears overfilled; do not put >10ml/bottle.) in SREQ.
2. If actual source (Peripheral Blood, Central Blood) does not match order, complete a credit form and indicate reason BMIS (Specimen source on order/requisition and on bottle received do not match. Test performed and results available under separate order.)
3. Accession the specimen with the test code corresponding to the actual source, and enter MISB (Specimen source on order/requisition and on bottle received do not match. Source listed on bottle used for identification.) in SREQ.
4. If the time from collection to loading bottles on the instrument is more than 12 hours, give the bottles to a CLS to subculture before loading.

**Preferred Volume:**

Adults: 20 mL total (10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight (see Amount to Collect above)

**Minimum Volume:**

Adults: 10 mL total (5 mL for each bottle)

Pediatrics: Draw 1.0 mL minimum for culture (0.5 mL for neonates < 72h old) when collecting aerobic only (standard). If both aerobic and anaerobic needed, instill minimum of 1 mL in each bottle when collecting.

**Unacceptable Conditions:**

Samples that are not collected per "Collection Instructions"

**Stability (from collection to initiation):**

36 hours at room temperature

**RESULT INTERPRETATION****Reference Interval:**

No growth

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning. Gram stain results from the first positive blood culture on a patient will be phoned. Additional calls only made if > 7 days have elapsed since first call or a different organism is identified.

**Additional Information:**

Notify Microbiology when Brucella is suspect so that the cultures can be incubated for 14 days.

**ADMINISTRATIVE****CPT Codes:**

87040

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P060

**Test Group:**

Bacterial culture

**Performing Lab:**

Microbiology

**Performed:**

Daily, all shifts

**Methodology:**

Culture

**Remarks:**

1. Adults:

Collect 2 sets of cultures from different sites.

Collect at least one set of cultures from a peripheral site.

2. Pediatrics:

Amount of blood depends on weight of patient (see weight based minimums).

Anaerobic sample should be sent only in the following circumstances: Outpatients, patients with immunodeficiency, malignancy or after bone or human stem cell transplant, patients with gastrointestinal disorder, or at physician's request due to concern for anaerobes. Sending only an aerobic specimen is sufficient for all other patient populations.

3. Cleanse venipuncture site:

For patients with NO contraindication for use of chlorhexidine products: Cleanse the venipuncture site with Chloraprep Single Swabstick using a back and forth motion for 30 seconds. Allow it to air dry. NOTE: If skin is soiled, clean with 70% isopropyl alcohol before using Chloraprep.

For patients with a contraindication for use of Chlorhexidine products, DO NOT USE CHLORAPREP & follow this procedure: Clean skin of venipuncture site with 60-second friction scrub of 70% isopropyl alcohol to a 5 cm circular area. Apply 10% PVP Iodine to venipuncture site skin in a circular motion to a 5 cm area starting in the center. Allow it to air dry. Following the venipuncture, remove residual iodine from patient's skin with 70% isopropyl alcohol.

4. Remove plastic cap of each bottle and scrub top of each bottle with 70% alcohol prep pad.

5. Perform venipuncture and obtain sample.

Nursing staff: Refer to Blood Culture Methods (General) procedure in Nursing Procedures Manual.

Clinical Labs Phlebotomy staff: Refer to Clinical Labs Blood Culture Collection procedure.

6. Instill sample into aerobic bottle first and then into anaerobic bottle. Do not aspirate air into the anaerobic bottle. Do not add more than 10 mL into each bottle. Gently invert bottles to mix contents.

7. Label each bottle with patient's name and medical record number and site of draw. Do not place label on neck of bottle or bottom (underneath) of bottle, and do not cover bar code on bottle with the label. Place label vertically on bottle.

**Collect:**

Paired blood culture bottles (BD BACTEC Plus Aerobic &amp; Lytic Anaerobic bottles)

**Amount to Collect:**

Adults: 20 mL total (10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight:  
< 1 kg = 1 mL for aerobic only (0.5 ml for neonates < 72h old)  
1 - 5 kg = 2 mL total (1 mL for each bottle)  
5 - 15 kg = 3 mL total (1.5 mL for each bottle)  
15 - 40 kg = 6 mL total (3 mL for each bottle)  
>40 kg = 10 mL total (5 mL for each bottle)

**Sample Type:**

Blood

**Preferred Volume:**

Adults: 20 mL total (10 mL for each bottle)

Pediatrics: Collect blood sample amount according to weight (see Amount to Collect above)

**Minimum Volume:**

Adults: 10 mL total (5 mL for each bottle)

Pediatrics: Draw 1.0 mL minimum for culture (0.5 ml for neonates < 72h old) when collecting aerobic only (standard). If both aerobic and anaerobic needed, instill minimum of 1 mL in each bottle when collecting.

**Unacceptable Conditions:**

Samples that are not collected per "Collection Instructions"

**Specimen Preparation:**

1. If bottles are overfilled, enter OVRFIL (Blood culture appears overfilled; do not put >10ml/bottle.) in SREQ.
2. If actual source (Peripheral Blood, Central Blood) does not match order, complete a credit form and indicate reason BMIS (Specimen source on order/requisition and on bottle received do not match. Test performed and results available under separate order.)
3. Accession the specimen with the test code corresponding to the actual source, and enter MISB (Specimen source on order/requisition and on bottle received do not match. Source listed on bottle used for identification.) in SREQ.
4. If the time from collection to loading bottles on the instrument is more than 12 hours, give the bottles to a CLS to subculture before loading.

**Reference Interval:**

No growth

**Critical Values:**

Inpatient results only. After hours outpatient results will be phoned the following morning. Gram stain results from the first positive blood culture on a patient will be phoned. Additional calls only made if > 7 days have elapsed since first call or a different organism is identified.

**Stability (from collection to initiation):**

36 hours at room temperature

**Reported:**

Up to 6 days

**Reflex Testing:**

If bacteria are detected they are identified and susceptibility testing is performed as appropriate.

**Additional Information:**

Notify Microbiology when Brucella is suspect so that the cultures can be incubated for 14 days.

**CPT Codes:**

87040

# Peripheral blood draw for CCGL

LAB4253

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Phlebotomy

**Synonyms:**

- Clinical Cancer Genomics Lab blood draw
- Clinical Cancer Genomics Lab draw

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

## PROCESSING

**Test Code:**

PBCGL

**Performing Lab:**

Phlebotomy

**Specimen Preparation:**

Contact CCGL at 415-502-3252 and inform them that a sample is available for pickup and your location.

**Preferred Volume:**

3 mL blood

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

PBCGL

**Performing Lab:**

Phlebotomy

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Specimen Preparation:**

Contact CCGL at 415-502-3252 and inform them that a sample is available for pickup and your location.

**Synonyms:**

- Clinical Cancer Genomics Lab blood draw
- Clinical Cancer Genomics Lab draw

# Peripheral CD34 Count

LAB5322

## ORDERING

**Available Stat:**

No

**Performing Lab:**

BMT lab

**Performed:**

Yes

**Methodology:**

Flow Cytometry

**Reported:**

3 hours

**Additional Information:**

Peripheral CD34 enumeration is used to determine if stem cell collection can be started and to calculate approximate amount of stem cells to be collected on the day of collection.

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

2 mL

**Preferred Volume:**

2 mL

**Minimum Volume:**

1.0 mL

**Remarks:**

Only collected Monday-Friday

**Stability (from collection to initiation):**

Room temperature: 1 Day

**Unacceptable Conditions:**

Clotted specimen

## PROCESSING

**Test Code:**

CD34A

**Performing Lab:**

BMT lab

**Preferred Volume:**

2 mL

**Minimum Volume:**

1.0 mL

**Unacceptable Conditions:**

Clotted specimen

**Stability (from collection to initiation):**

Room temperature: 1 Day

## RESULT INTERPRETATION

**Units:**

Cells/uL

**Additional Information:**

Peripheral CD34 enumeration is used to determine if stem cell collection can be started and to calculate approximate amount of stem cells to be collected on the day of collection.

## ADMINISTRATIVE



**CPT Codes:**  
86367

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
CD34A

**Performing Lab:**  
BMT lab

**Performed:**  
Yes

**Methodology:**  
Flow Cytometry

**Remarks:**  
Only collected Monday-Friday

**Collect:**  
Lavender top

**Amount to Collect:**  
2 mL

**Sample Type:**  
EDTA whole blood

**Preferred Volume:**  
2 mL

**Minimum Volume:**  
1.0 mL

**Unacceptable Conditions:**  
Clotted specimen

**Units:**  
Cells/uL

**Stability (from collection to initiation):**  
Room temperature: 1 Day

**Reported:**  
3 hours

**Additional Information:**  
Peripheral CD34 enumeration is used to determine if stem cell collection can be started and to calculate approximate amount of stem cells to be collected on the day of collection.

**CPT Codes:**  
86367

# pH, Body fluid

LAB110

## ORDERING

**Ordering Recommendations:**

Not a routinely available test. See 'Additional information'

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Reported:**

Stat 1 hour, Routine 4 hours

**Additional Information:**

As normal samples are not available for validating the performance of this assay, the UCSF Clinical laboratory makes no claims with regard to the accuracy of the result.

All results will be appended with a disclaimer: "The reference range and other method performance specifications have not been established by the UCSF Clinical Laboratory for this body fluid. The test result must be integrated into the clinical context for interpretation."

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

## COLLECTION

**Sample Type:**

Body Fluid

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

5 mL fluid

**Remarks:**

Deliver promptly to laboratory. Refrigerate if delivery delayed > 60 minutes. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Room temperature 2 hours, refrigerated 1 day. pH may change with storage, test should be run asap.

## PROCESSING

**Test Code:**

PHB

**Test Group:**

pH

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Chemistry

**Specimen Preparation:**

Deliver to chemistry immediately for processing. Do not open container

**Preferred Volume:**

5 mL fluid

**Stability (from collection to initiation):**

Room temperature 2 hours, refrigerated 1 day. pH may change with storage, test should be run asap.

## RESULT INTERPRETATION

**Additional Information:**

As normal samples are not available for validating the performance of this assay, the UCSF Clinical laboratory makes no claims with regard to the accuracy of the result.

All results will be appended with a disclaimer: "The reference range and other method performance specifications have not been established by the UCSF Clinical Laboratory for this body fluid. The test result must be integrated into the clinical context for interpretation."

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

83986

**LOINC Codes:**

2748-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Not a routinely available test. See 'Additional information'

**Test Code:**

PHB

**Test Group:**

pH

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Remarks:**

Deliver promptly to laboratory. Refrigerate if delivery delayed > 60 minutes. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

See preferred volume

**Sample Type:**

Body Fluid

**Preferred Volume:**

5 mL fluid

**Specimen Preparation:**

Deliver to chemistry immediately for processing. Do not open container

**Stability (from collection to initiation):**

Room temperature 2 hours, refrigerated 1 day. pH may change with storage, test should be run asap.

**Reported:**

Stat 1 hour, Routine 4 hours

**Additional Information:**

As normal samples are not available for validating the performance of this assay, the UCSF Clinical laboratory makes no claims with regard to the accuracy of the result.

All results will be appended with a disclaimer: "The reference range and other method performance specifications have not been established by the UCSF Clinical Laboratory for this body fluid. The test result must be integrated into the clinical context for interpretation."

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

83986

**LOINC Codes:**

2748-2

# pH, Stool

LAB109

## ORDERING

**Ordering Recommendations:**

Not a routinely available test. See 'Additional information'

**Available Stat:**

No

**Performing Lab:**

Mission Bay Hematology

**Performed:**

8:00 AM - 4:00 PM daily

**Methodology:**

pH strip

**Reported:**

Same or next day.

**Additional Information:**

As normal samples are not available for validating the performance of this assay, the UCSF Clinical laboratory makes no claims with regard to the accuracy of the result.

All results will be appended with a disclaimer: The reference range and other method performance specifications have not been established by the UCSF Clinical Laboratory for this body fluid. The test result must be integrated into the clinical context for interpretation."

Disaccharide malabsorption results in acidification of the stool from the production of short-chain fatty acids by colonic flora if antibiotics do not interfere, typically giving a pH < 5.5.

See also Reducing Substances, stool

**Synonyms:**

- stool analysis
- disaccharide malabsorption

## COLLECTION

**Sample Type:**

Fresh loose or liquid stool

**Collect:**

Clean container without preservative

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

10 g loose or liquid stool

**Minimum Volume:**

1/2 teaspoon loose or liquid stool

**Remarks:**

Collect stool in plastic-lined diapers or non-absorbent material

**Stability (from collection to initiation):**

Frozen at -20C 48 hours

**Unacceptable Conditions:**

Fully formed stool. Stools collected in cotton balls, absorbent diaper, swab or kits.

## PROCESSING

**Test Code:**

PHF

**Test Group:**

pH

**Performing Lab:**

Mission Bay Hematology

**Specimen Preparation:**

Deliver immediately to Hematology for testing. If testing is delayed freeze sample at -20C.

**Preferred Volume:**

10 g loose or liquid stool

**Minimum Volume:**

1/2 teaspoon loose or liquid stool

**Unacceptable Conditions:**

Fully formed stool. Stools collected in cotton balls, absorbent diaper, swab or kits.

**Stability (from collection to initiation):**

Frozen at -20C 48 hours

**RESULT INTERPRETATION****Units:**

pH

**Reference Interval:**

&gt; 6.5

**Additional Information:**

As normal samples are not available for validating the performance of this assay, the UCSF Clinical laboratory makes no claims with regard to the accuracy of the result.

All results will be appended with a disclaimer: The reference range and other method performance specifications have not been established by the UCSF Clinical Laboratory for this body fluid. The test result must be integrated into the clinical context for interpretation."

Disaccharide malabsorption results in acidification of the stool from the production of short-chain fatty acids by colonic flora if antibiotics do not interfere, typically giving a pH < 5.5.

See also Reducing Substances, stool

**ADMINISTRATIVE****CPT Codes:**

83986

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Not a routinely available test. See 'Additional information'

**Test Code:**

PHF

**Test Group:**

pH

**Performing Lab:**

Mission Bay Hematology

**Performed:**

8:00 AM - 4:00 PM daily

**Methodology:**

pH strip

**Remarks:**

Collect stool in plastic-lined diapers or non-absorbent material

**Collect:**

Clean container without preservative

**Amount to Collect:**

See preferred volume

**Sample Type:**

Fresh loose or liquid stool

**Preferred Volume:**

10 g loose or liquid stool

**Minimum Volume:**

1/2 teaspoon loose or liquid stool

**Unacceptable Conditions:**

Fully formed stool. Stools collected in cotton balls, absorbent diaper, swab or kits.

**Specimen Preparation:**

Deliver immediately to Hematology for testing. If testing is delayed freeze sample at -20C.

**Units:**

pH

**Reference Interval:**

> 6.5

**Synonyms:**

- stool analysis
- disaccharide malabsorption

**Stability (from collection to initiation):**

Frozen at -20C 48 hours

**Reported:**

Same or next day.

**Additional Information:**

As normal samples are not available for validating the performance of this assay, the UCSF Clinical laboratory makes no claims with regard to the accuracy of the result.

All results will be appended with a disclaimer: The reference range and other method performance specifications have not been established by the UCSF Clinical Laboratory for this body fluid. The test result must be integrated into the clinical context for interpretation."

Disaccharide malabsorption results in acidification of the stool from the production of short-chain fatty acids by colonic flora if antibiotics do not interfere, typically giving a pH < 5.5.

See also Reducing Substances, stool

**CPT Codes:**

83986

# pH, Urine

LAB3621

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Reported:**

4 hours

**Additional Information:**

Part of routine urinalysis. Order only if greater accuracy than dipstick testing is required.

Specimens should not be unrefrigerated for more than an hour before they are delivered to the laboratory or pH changes may occur due to bacterial growth.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Red top, black top or urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

5 mL urine

**Remarks:**

Deliver promptly to laboratory. Refrigerate if delivery delayed &gt; 60 min.

**Stability (from collection to initiation):**

Room temperature 2 hours, refrigerated 1 day. Note: pH may change with storage, test should be run asap.

**Unacceptable Conditions:**

Unrefrigerated samples delivered to lab &gt; 2 hours after collection.

## PROCESSING

**Test Code:**

PHU

**Test Group:**

pH

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Chemistry

**Specimen Preparation:**

Deliver immediately to lab for stat processing. Do not open tube.

**Preferred Volume:**

5 mL urine

**Unacceptable Conditions:**

Unrefrigerated samples delivered to lab &gt; 2 hours after collection.

**Stability (from collection to initiation):**

Room temperature 2 hours, refrigerated 1 day. Note: pH may change with storage, test should be run asap.

## RESULT INTERPRETATION

**Reference Interval:**

4.6-8.0

**Additional Information:**

Part of routine urinalysis. Order only if greater accuracy than dipstick testing is required.

Specimens should not be unrefrigerated for more than an hour before they are delivered to the laboratory or pH changes may occur due to bacterial growth.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

83986

**LOINC Codes:**

2756-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PHU

**Test Group:**

pH

**Performing Lab:**

Parnassus, Mission Bay, St. Mary, and St. Francis Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Remarks:**

Deliver promptly to laboratory. Refrigerate if delivery delayed > 60 min.

**Collect:**

Red top, black top or urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

5 mL urine

**Unacceptable Conditions:**

Unrefrigerated samples delivered to lab > 2 hours after collection.

**Specimen Preparation:**

Deliver immediately to lab for stat processing. Do not open tube.

**Reference Interval:**

4.6-8.0

**Stability (from collection to initiation):**

Room temperature 2 hours, refrigerated 1 day. Note: pH may change with storage, test should be run asap.

**Reported:**

4 hours

**Additional Information:**

Part of routine urinalysis. Order only if greater accuracy than dipstick testing is required.

Specimens should not be unrefrigerated for more than an hour before they are delivered to the laboratory or pH changes may occur due to bacterial growth.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

83986

**LOINC Codes:**

2756-5



**Pharmacy CSP sterility**  
P045

ORDERING

Available Stat:  
No

COMPLETE VIEW

Available Stat:  
No

# Phencyclidine

PCPU

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Mass Spectrometry

**Reported:**

5-7 days

**Synonyms:**

- PCP

## COLLECTION

**Sample Type:**

Urine

**Collect:**

Urine container

**Amount to Collect:**

20 mL

**Preferred Volume:**

20 mL

**Minimum Volume:**

5 mL

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 30 days

**Rejection Criteria:**

Preserved specimens

## PROCESSING

**Test Code:**

PCPU

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze specimen. Transport to CB frozen. Order Quest test code 39401.

**Preferred Volume:**

20 mL

**Minimum Volume:**

5 mL

**Rejection Criteria:**

Preserved specimens

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 30 days

## ADMINISTRATIVE

**CPT Codes:**

83992-90

**LOINC Codes:**

3937-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PCPU

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Mass Spectrometry

**Collect:**

Urine container

**Amount to Collect:**

20 mL

**Sample Type:**

Urine

**Preferred Volume:**

20 mL

**Minimum Volume:**

5 mL

**Rejection Criteria:**

Preserved specimens

**Specimen Preparation:**

Aliquot and freeze specimen. Transport to CB frozen. Order Quest test code 39401.

**Synonyms:**

- PCP

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 30 days

**Reported:**

5-7 days

**CPT Codes:**

83992-90

**LOINC Codes:**

3937-0

# Phenobarbital Level

LAB30

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Homogeneous particle-enhanced turbidimetric inhibition immunoassay (PETINIA)

**Reported:**

STAT 1 hour, Routine 4 hours

Note: TAT for STAT samples drawn at Mt Zion, Saint Francis, and Saint Marys can be up to 3 hours.

**Synonyms:**

- Luminal
- PBAR

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Remarks:**

Time to steady state: 2-4 weeks

Collect sample before next dose.

Indicate time of draw on requisition.

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 6 months, frozen at -20C 6 months

## PROCESSING

**Test Code:**

PBAR

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Specimen Preparation:**

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry. Request special STAT courier for STAT samples.

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 6 months, frozen at -20C 6 months

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

Therapeutic levels:

0-17 years: 15-40 mg/L

&gt;= 18 years: 10-40 mg/L

Therapeutic ranges adopted or modified from the literature based on recommendations of UCSF Pharmacists

**Critical Values:**

&gt; 50 mg/L

**ADMINISTRATIVE****CPT Codes:**

80184

**LOINC Codes:**

3948-7

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

PBAR

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Homogeneous particle-enhanced turbidimetric inhibition immunoassay (PETINIA)

**Remarks:**

Time to steady state: 2-4 weeks

Collect sample before next dose.

Indicate time of draw on requisition.

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Specimen Preparation:**

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry. Request special STAT courier for STAT samples.

**Units:**

mg/L

**Reference Interval:**

Therapeutic levels:

0-17 years: 15-40 mg/L

&gt;= 18 years: 10-40 mg/L

Therapeutic ranges adopted or modified from the literature based on recommendations of UCSF Pharmacists

**Critical Values:**

&gt; 50 mg/L

**Synonyms:**

- Luminal
- PBAR

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 6 months, frozen at -20C 6 months

**Reported:**

STAT 1 hour, Routine 4 hours

Note: TAT for STAT samples drawn at Mt Zion, Saint Francis, and Saint Marys can be up to 3 hours.

**CPT Codes:**

80184

**LOINC Codes:**

3948-7

# Phenotype, RBC

LAB3691

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus and Mission Bay Blood Banks

**Performed:**

Test set up Monday-Friday.

**Reported:**

2-4 days

**Additional Information:**

Includes the commonly clinically significant RBC antigens: C, c, E, e, M, N, S, s, K (Kell), JKa and JKb (Kidd) & Fya and Fyb (Duffy) typing.

**Synonyms:**

- Rh Phenotyping

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Unacceptable Conditions:**

Unsigned, mislabeled or unlabeled sample

## PROCESSING

**Test Code:**

PHEN

**Performing Lab:**

Parnassus and Mission Bay Blood Banks

**Specimen Preparation:**

Do not centrifuge.

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled or unlabeled sample

## RESULT INTERPRETATION

**Additional Information:**

Includes the commonly clinically significant RBC antigens: C, c, E, e, M, N, S, s, K (Kell), JKa and JKb (Kidd) & Fya and Fyb (Duffy) typing.

## ADMINISTRATIVE

**CPT Codes:**

86905 x 12

**LOINC Codes:**  
820-1

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
PHEN

**Performing Lab:**  
Parnassus and Mission Bay Blood Banks

**Performed:**  
Test set up Monday-Friday.

**Remarks:**  
Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**  
Lavender top (6 mL size preferred)

**Amount to Collect:**  
6 mL blood

**Sample Type:**  
EDTA whole blood

**Preferred Volume:**  
6 mL blood

**Minimum Volume:**  
3 mL blood

**Unacceptable Conditions:**  
Unsigned, mislabeled or unlabeled sample

**Specimen Preparation:**  
Do not centrifuge.

**Synonyms:**  

- Rh Phenotyping

**Reported:**  
2-4 days

**Additional Information:**  
Includes the commonly clinically significant RBC antigens: C, c, E, e, M, N, S, s, K (Kell), JKa and JKb (Kidd) & Fya and Fyb (Duffy) typing.

**CPT Codes:**  
86905 x 12

**LOINC Codes:**  
820-1



**Phenylalanine**  
PALA

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Quest

**Methodology:**  
IEC

**Reported:**  
Set up 5x per week Turnaround time: 2-4 days

**Additional Information:**  
To convert result to mg/dL, multiply result in  $\mu\text{mol/L}$  x 0.0165

**COLLECTION**

**Patient Preparation:**  
Fasting for 4 hours prior to sample collection is recommended.

**Sample Type:**  
Heparinized plasma

**Collect:**  
Dark Green top

**Amount to Collect:**  
4 mL blood

**Preferred Volume:**  
2 mL plasma

**Minimum Volume:**  
0.5 mL plasma

**Stability (from collection to initiation):**  
Room temperature unacceptable, refrigerated 1 week, frozen at -20C 1 month

**PROCESSING**

**Test Code:**  
PALA

**Sendout:**  
Yes

**Performing Lab:**  
Quest

**Specimen Preparation:**  
Freeze plasma at -20C. Order Quest # 37356

**Preferred Volume:**  
2 mL plasma

**Minimum Volume:**  
0.5 mL plasma

**Stability (from collection to initiation):**  
Room temperature unacceptable, refrigerated 1 week, frozen at -20C 1 month

**RESULT INTERPRETATION**

**Units:**  
 $\mu\text{mol/L}$

**Reference Interval:**

|                   |                         |
|-------------------|-------------------------|
| <= 30 days        | 30-79 $\mu\text{mol/L}$ |
| 31 days-23 months | 31-92 $\mu\text{mol/L}$ |
| 2-18 years        | 38-86 $\mu\text{mol/L}$ |
| > 18 years        | 40-74 $\mu\text{mol/L}$ |

**Additional Information:**  
To convert result to mg/dL, multiply result in  $\mu\text{mol/L}$  x 0.0165

**ADMINISTRATIVE****CPT Codes:**

84030-90

**LOINC Codes:**

14875-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PALA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

IEC

**Patient Preparation:**

Fasting for 4 hours prior to sample collection is recommended.

**Collect:**

Dark Green top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Heparinized plasma

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Specimen Preparation:**

Freeze plasma at -20C. Order Quest # 37356

**Units:**

μmol/L

**Reference Interval:**

|                   |              |
|-------------------|--------------|
| <= 30 days        | 30-79 μmol/L |
| 31 days-23 months | 31-92 μmol/L |
| 2-18 years        | 38-86 μmol/L |
| > 18 years        | 40-74 μmol/L |

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 1 week, frozen at -20C 1 month

**Reported:**

Set up 5x per week Turnaround time: 2-4 days

**Additional Information:**

To convert result to mg/dL, multiply result in μmol/L x 0.0165

**CPT Codes:**

84030-90

**LOINC Codes:**

14875-9

# Phenytoin, Free

PHNYF

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Ultrafiltration-High Pressure Liquid Chromatography

**Reported:**

Run 5x per week. Turnaround 3-5 days

**Additional Information:**

Phenytoin binds to albumin, only the free fraction is therapeutically active. In patients with hypoalbuminemia, who are on dialysis, are critically ill or are receiving medications that may displace phenytoin the measurement of total phenytoin levels may result in either under or overdosing. In these situations assessing free phenytoin is suggested.

**Synonyms:**

- Dilantin
- Fosphenytoin
- Cerebyx

## COLLECTION

**Sample Type:**

Serum

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

5 mL blood

**Preferred Volume:**

2.5 mL serum

**Minimum Volume:**

1.5 mL serum

**Remarks:**

Time to steady state: 3-4 days

Collect samples 30 minutes before AM dose.

Draw at least 4 hours post-IV dose and 6-9 hours post-PO dose

Collect in Red top tube only. Avoid hemolysis.

Order total phenytoin separately if desired. Indicate time of collection on requisition.

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month

**Unacceptable Conditions:**

Collected in Gold top. Gross hemolysis

## PROCESSING

**Test Code:**

PHNYF

**Test Group:**

Phenytoin

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate separated serum. Be sure that total Phenytoin has been separately ordered, if requested. Order Quest # 39693P

For B&amp;T patients order labCorp test #070706 "Phenytoin Free &amp; Total only"

**Preferred Volume:**

2.5 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top. Gross hemolysis

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month

**RESULT INTERPRETATION****Units:**

µg/mL (mcg/mL)

**Reference Interval:**

Therapeutic: 1.0-2.0 µg/mL

Potentially toxic: &gt; 3.0 µg/mL

**Additional Information:**

Phenytoin binds to albumin, only the free fraction is therapeutically active. In patients with hypoalbuminemia, who are on dialysis, are critically ill or are receiving medications that may displace phenytoin the measurement of total phenytoin levels may result in either under or overdosing. In these situations assessing free phenytoin is suggested.

**ADMINISTRATIVE****CPT Codes:**

80186-90

**LOINC Codes:**

3969-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PHNYF

**Test Group:**

Phenytoin

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Ultrafiltration-High Pressure Liquid Chromatography

**Remarks:**

Time to steady state: 3-4 days

Collect samples 30 minutes before AM dose.

Draw at least 4 hours post-IV dose and 6-9 hours post-PO dose

Collect in Red top tube only. Avoid hemolysis.

Order total phenytoin separately if desired. Indicate time of collection on requisition.

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

5 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2.5 mL serum

**Minimum Volume:**

1.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top. Gross hemolysis

**Specimen Preparation:**

Refrigerate separated serum. Be sure that total Phenytoin has been separately ordered, if requested. Order Quest # 39693P

For B&T patients order labCorp test #070706 "Phenytoin Free & Total only"

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

Therapeutic: 1.0-2.0 µg/mL

Potentially toxic: > 3.0 µg/mL

**Synonyms:**

- Dilantin
- Fosphenytoin
- Cerebyx

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen at -20C 1 month

**Reported:**

Run 5x per week. Turnaround 3-5 days

**Additional Information:**

Phenytoin binds to albumin, only the free fraction is therapeutically active. In patients with hypoalbuminemia, who are on dialysis, are critically ill or are receiving medications that may displace phenytoin the measurement of total phenytoin levels may result in either under or overdosing. In these situations assessing free phenytoin is suggested.

**CPT Codes:**

80186-90

**LOINC Codes:**

3969-3

# Phenytoin, Total

LAB31

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Homogeneous competitive enzyme immunoassay

**Reported:**

STAT 1 hour, Routine 4 hours

Note: TAT for STAT samples drawn at Mt Zion, Saint Francis, and Saint Marys can be up to 3 hours.

**Additional Information:**

The level of phenytoin can be empirically corrected for the effect of hypoalbuminemia with the formula:

$$\text{Corrected} = \text{Measured} / [(0.2 \times \text{actual albumin}) + 0.1]$$

If renal failure coexists with hypoalbuminemia, the formula is:

$$\text{Corrected} = \text{Measured} / [(0.1 \times \text{actual albumin}) + 0.1]$$

Obtained from UpToDate (January 2020).

**Synonyms:**

- Dilantin
- Fosphenytoin
- Cerebyx
- PHNY

## COLLECTION

**Sample Type:**

Plasma

**Collect:**

Light green or gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum/plasma

**Minimum Volume:**

0.2 mL serum/plasma

**Remarks:**

Time to steady state: 3-4 days

Collect samples 30 minutes before AM dose.

Draw at least 4 hours post-IV dose and 6-9 hours post-PO dose

Indicate time of draw on requisition.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 month, frozen at -20C 5 months

## PROCESSING

**Test Code:**

PHNY

**Test Group:**

Phenytoin

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Specimen Preparation:**

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry. Request special STAT courier for STAT samples.

**Preferred Volume:**

0.5 mL serum/plasma

**Minimum Volume:**

0.2 mL serum/plasma

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 month, frozen at -20C 5 months

**RESULT INTERPRETATION****Units:**

mg/L

**Reference Interval:**

Therapeutic: 10-20 mg/L

Therapeutic range obtained from UpToDate (accessed September 2019).

**Critical Values:**

> 30 mg/L

**Additional Information:**

The level of phenytoin can be empirically corrected for the effect of hypoalbuminemia with the formula:

Corrected = Measured/[ $(0.2 \times \text{actual albumin}) + 0.1$ ]

If renal failure coexists with hypoalbuminemia, the formula is:

Corrected = Measured/[ $(0.1 \times \text{actual albumin}) + 0.1$ ]

Obtained from UpToDate (January 2020).

**ADMINISTRATIVE****CPT Codes:**

80185

**LOINC Codes:**

3968-5

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

PHNY

**Test Group:**

Phenytoin

**Performing Lab:**

Parnassus & Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Homogeneous competitive enzyme immunoassay

**Remarks:**

Time to steady state: 3-4 days

Collect samples 30 minutes before AM dose.

Draw at least 4 hours post-IV dose and 6-9 hours post-PO dose

Indicate time of draw on requisition.

**Collect:**

Light green or gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

0.5 mL serum/plasma

**Minimum Volume:**

0.2 mL serum/plasma

**Specimen Preparation:**

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry. Request special STAT courier for STAT samples.

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 10-20 mg/L

Therapeutic range obtained from UpToDate (accessed September 2019).

**Critical Values:**

> 30 mg/L

**Synonyms:**

- Dilantin
- Fosphenytoin
- Cerebyx
- PHNY

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 1 month, frozen at -20C 5 months

**Reported:**

STAT 1 hour, Routine 4 hours

Note: TAT for STAT samples drawn at Mt Zion, Saint Francis, and Saint Marys can be up to 3 hours.

**Additional Information:**

The level of phenytoin can be empirically corrected for the effect of hypoalbuminemia with the formula:

Corrected = Measured/[ $(0.2 \times \text{actual albumin}) + 0.1$ ]

If renal failure coexists with hypoalbuminemia, the formula is:

Corrected = Measured/[ $(0.1 \times \text{actual albumin}) + 0.1$ ]

Obtained from UpToDate (January 2020).

**CPT Codes:**

80185

**LOINC Codes:**

3968-5



# Phosphatidylethanol (PEth), Whole Blood, Quantitative

LC5756

## ORDERING

**Ordering Recommendations:**

Biomarker associated with ethanol consumption; may be helpful in monitoring alcohol abstinence.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-4 days

**Synonyms:**

- 1,2-dioleoyl-sn-glycero-3-phosphoethanol
- 1-palmitoyl-2-oleoyl-sn-glycero-3-phosphoethanol
- LC5756

## COLLECTION

**Sample Type:**

Whole blood

**Label Abbreviation:**

LC5756

**Collect:**

Lavender (K2 or K3EDTA), pink (K2EDTA), dark green (lithium heparin), or gray (potassium oxalate).

**Amount to Collect:**

1 mL blood

**Minimum Volume:**

0.5 mL blood

**Stability (from collection to initiation):**

Ambient: 3 hours; Refrigerated: 2 weeks; Frozen: 1 month (-20 degrees C)

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**Unacceptable Conditions:**

Gel separator tubes, plain red, light blue (citrate), or yellow (SPS or ACD solution).

## PROCESSING

**Test Code:**

PETHB

**ARUP Test Code:**

3002598

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transport 1 mL whole blood. (Min: 0.5 mL)

**Minimum Volume:**

0.5 mL blood

**Unacceptable Conditions:**

Gel separator tubes, plain red, light blue (citrate), or yellow (SPS or ACD solution).

**Stability (from collection to initiation):**

Ambient: 3 hours; Refrigerated: 2 weeks; Frozen: 1 month (-20 degrees C)

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**RESULT INTERPRETATION****Reference Interval:**

Refer to report

**Interpretive Data:**

Phosphatidylethanol (PEth) is a group of phospholipids formed in the presence of ethanol, phospholipase D, and phosphatidylcholine. PEth is known to be a direct alcohol biomarker. The predominant PEth homologues are PEth 16:0/18:1 (POPEth) and PEth 16:0/18:2 (PLPEth), which account for 37-46% and 26-28% of the total PEth homologues, respectively. PEth is incorporated into the phospholipid membrane of red blood cells and has a general half-life of 4-10 days and a window of detection of 2-4 weeks. However, the window of detection is longer in individuals who chronically or excessively consume alcohol. Serial monitoring of PEth may be helpful in monitoring alcohol abstinence over time. PEth results should be interpreted in the context of the patient's clinical and behavioral history. Patients with advanced liver disease may have falsely elevated PEth concentrations (Nguyen VL, et al, Alcoholism: Clinical and Experimental Research, 2018).

**ADMINISTRATIVE****CPT Codes:**

80321 (Alt code: G0480)

**LOINC:**

- 97607-6
- 11502-2
- 97606-8
- 77202-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Biomarker associated with ethanol consumption; may be helpful in monitoring alcohol abstinence.

**Test Code:**

PETHB

**ARUP Test Code:**

3002598

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Lavender (K2 or K3EDTA), pink (K2EDTA), dark green (lithium heparin), or gray (potassium oxalate).

**Amount to Collect:**

1 mL blood

**Sample Type:**

Whole blood

**Minimum Volume:**

0.5 mL blood

**Unacceptable Conditions:**

Gel separator tubes, plain red, light blue (citrate), or yellow (SPS or ACD solution).

**Specimen Preparation:**

Transport 1 mL whole blood. (Min: 0.5 mL)

**Reference Interval:**

Refer to report

**Interpretive Data:**

Phosphatidylethanol (PEth) is a group of phospholipids formed in the presence of ethanol, phospholipase D, and phosphatidylcholine. PEth is known to be a direct alcohol biomarker. The predominant PEth homologues are PEth 16:0/18:1 (POPEth) and PEth 16:0/18:2 (PLPEth), which account for 37-46% and 26-28% of the total PEth homologues, respectively. PEth is incorporated into the phospholipid membrane of red blood cells and has a general half-life of 4-10 days and a window of detection of 2-4 weeks. However, the window of detection is longer in individuals who chronically or excessively consume alcohol. Serial monitoring of PEth may be helpful in monitoring alcohol abstinence over time. PEth results should be interpreted in the context of the patient's clinical and behavioral history. Patients with advanced liver disease may have falsely elevated PEth concentrations (Nguyen VL, et al, Alcoholism: Clinical and Experimental Research, 2018).

**Synonyms:**

- 1,2-dioleoyl-sn-glycero-3-phosphoethanol
- 1-palmitoyl-2-oleoyl-sn-glycero-3-phosphoethanol
- LC5756

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**Stability (from collection to initiation):**

Ambient: 3 hours; Refrigerated: 2 weeks; Frozen: 1 month (-20 degrees C)

**Reported:**

1-4 days

**CPT Codes:**

80321 (Alt code: G0480)

**LOINC:**

- 97607-6
- 11502-2
- 97606-8
- 77202-0

# Phospholipase A2 Receptor (PLA2R) Antibody by ELISA

LAB9051

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Tues, Thurs, Sat

**Methodology:**

ELISA

**Reported:**

3-5 days

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

PLA2RQ

**Collect:**

Gold or Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 21 days

**Storage/Transport Temperature:**

FROZEN

## PROCESSING

**Test Code:**

PLA2RQ

**Sendout:**

Yes

**Performing Lab:**

Quest

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 21 days

**Storage/Transport Temperature:**

FROZEN

## RESULT INTERPRETATION

**Units:**

RU/mL

**Reference Interval:**

&lt; 14

**Interpretive Data:**

Phospholipase A2 Receptor (PLA2R) Antibody, ELISA - Phospholipase A2 Receptor (PLA2R) Antibody (Ab) testing provides physicians with a non-invasive tool for diagnosing primary membranous nephritis (PMN), an autoimmune disease most commonly mediated by autoantibodies to the podocyte antigen, PLA2R. PLA2R Ab is a highly specific biomarker for PMN and is detected in about 70-80% of patients. Moreover, PLA2R Ab levels frequently rise and fall with the clinical course of PMN and PLA2R Ab levels may have clinical utility in monitoring PMN patients for therapeutic response, remission, and disease relapse.

**ADMINISTRATIVE****CPT Codes:**

83520

**LOINC Codes:**

73737-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PLA2RQ

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Tues, Thurs, Sat

**Methodology:**

ELISA

**Collect:**

Gold or Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Units:**

RU/mL

**Reference Interval:**

&lt; 14

**Interpretive Data:**

Phospholipase A2 Receptor (PLA2R) Antibody, ELISA - Phospholipase A2 Receptor (PLA2R) Antibody (Ab) testing provides physicians with a non-invasive tool for diagnosing primary membranous nephritis (PMN), an autoimmune disease most commonly mediated by autoantibodies to the podocyte antigen, PLA2R. PLA2R Ab is a highly specific biomarker for PMN and is detected in about 70-80% of patients. Moreover, PLA2R Ab levels frequently rise and fall with the clinical course of PMN and PLA2R Ab levels may have clinical utility in monitoring PMN patients for therapeutic response, remission, and disease relapse.

**Storage/Transport Temperature:**

FROZEN

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 21 days

**Reported:**

3-5 days

**CPT Codes:**

83520

**LOINC Codes:**

73737-9

# Phospholipase A2 Receptor (PLA2R) Antibody, IgG with Reflex to Titer

LAB9216

## ORDERING

**Ordering Recommendations:**

Aids in the differential diagnosis of membranous glomerulonephritis (MGN) or nephrotic syndrome of unknown etiology.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Wed, Fri

**Methodology:**

Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

**Reported:**

1-6 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- Anti-PLA2R
- PLA2R

## COLLECTION

**Sample Type:**

Serum (Red top tube)

**Label Abbreviation:**

PLA2R

**Collect:**

Serum Separator Tube

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month.

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Hemolyzed, hyperlipemic, icteric, heat-treated or contaminated

## PROCESSING

**Test Code:**

PLA2R

**ARUP Test Code:**

2011828

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Hemolyzed, hyperlipemic, icteric, heat-treated or contaminated

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month.

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

Less than 1:10

**Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

A positive result (1:10 or greater) for phospholipase A2 receptor antibody, IgG in conjunction with other laboratory and clinical findings, supports a diagnosis of primary membranous glomerulonephritis (pMGN).

**ADMINISTRATIVE****CPT Codes:**

86255; if reflexed, add 86256

**LOINC:**

- 82991-1

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aids in the differential diagnosis of membranous glomerulonephritis (MGN) or nephrotic syndrome of unknown etiology.

**Test Code:**

PLA2R

**ARUP Test Code:**

2011828

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Wed, Fri

**Methodology:**

Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

**Collect:**

Serum Separator Tube

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum (Red top tube)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Hemolyzed, hyperlipemic, icteric, heat-treated or contaminated

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

**Reference Interval:**

Less than 1:10

**Interpretive Data:**

A positive result (1:10 or greater) for phospholipase A2 receptor antibody, IgG in conjunction with other laboratory and clinical findings, supports a diagnosis of primary membranous glomerulonephritis (pMGN).

**Synonyms:**

- Anti-PLA2R
- PLA2R

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month.

**Reported:**

1-6 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

86255; if reflexed, add 86256

**LOINC:**

- 82991-1

**Notes:**

If Phospholipase A2 Receptor Antibody, IgG is positive, then a Phospholipase Receptor A2 Antibody, IgG titer will be added. Additional charges apply.



# Phospholipids

PLIP

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Spectrophotometric

**Reported:**

Test performed Sunday and Thursday AM and reports on Monday and Friday PM.

**Additional Information:**

Test is for research use only.

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred.

**Sample Type:**

Serum (plasma is not acceptable)

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Unacceptable Conditions:**

Collected in Gold top. Plasma sample.

## PROCESSING

**Test Code:**

PLIP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 717X

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Unacceptable Conditions:**

Collected in Gold top. Plasma sample.

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

151-264 mg/dL

**Additional Information:**

Test is for research use only.

## ADMINISTRATIVE

**CPT Codes:**

84311-90

**LOINC Codes:**  
2568-4

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
PLIP

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Spectrophotometric

**Patient Preparation:**  
An 8 hour fast before specimen collection is preferred.

**Collect:**  
Red top (Gold top **NOT** acceptable)

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum (plasma is not acceptable)

**Preferred Volume:**  
1 mL serum or plasma

**Minimum Volume:**  
0.3 mL serum or plasma

**Unacceptable Conditions:**  
Collected in Gold top. Plasma sample.

**Specimen Preparation:**  
Refrigerate. Order Quest # 717X

**Units:**  
mg/dL

**Reference Interval:**  
151-264 mg/dL

**Reported:**  
Test performed Sunday and Thursday AM and reports on Monday and Friday PM.

**Additional Information:**  
Test is for research use only.

**CPT Codes:**  
84311-90

**LOINC Codes:**  
2568-4

# Phosphorus, Serum/Plasma

LAB113

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)  
Peninsula Outpatient Center (Mon-Fri 0800-1630)  
Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry:  
Spectrophotometric phosphomolybdate on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Spectrophotometric phosphomolybdate on Roche cobas c311

**Reported:**

STAT 1 hour, Routine: 4 hour

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.323.

Phosphorus, like potassium, is released by platelets during clotting, and serum levels are approx. 0.2 mg/dL higher than those measured in plasma. Levels can be falsely elevated by thrombocytosis, though not as predictably as those for potassium.

Liposomal amphotericin B has not been reported to cause falsely high serum/plasma phosphorus in the Abbott phosphorus assay used at Parnassus, Mission Bay and Mt Zion.

Phospholipids contained in liposomal drug formulations (eg AmBisome) may be hydrolyzed in the test due to the acidic reaction pH and thus lead to elevated phosphate results on the Roche assay. Ref: Roche PHOS2 package insert.

**Synonyms:**

- PO4

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, St Francis, St Mary, Berkeley Outpatient Center, and Peninsula Outpatient Center:  
Room temperature 1 day, refrigerated 4 days, frozen at -20C 1 year

## PROCESSING

**Test Code:**

PO4

**Test Group:**

Phosphorus

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, St Francis, St Mary, Berkeley Outpatient Center, and Peninsula Outpatient Center:  
 Room temperature 1 day, refrigerated 4 days, frozen at -20C 1 year

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry

| Age                | Male (mg/dL) | Female (mg/dL) |
|--------------------|--------------|----------------|
| 0 to 14 days       | 5.6-10.5     | 5.6-10.5       |
| 15 days to <1 year | 4.8-8.4      | 4.8-8.4        |
| 1 to 4 years       | 4.3-6.8      | 4.3-6.8        |
| 5 to 12 years      | 4.1-5.9      | 4.1-5.9        |
| 13 to 15 years     | 3.5-6.2      | 3.2-5.5        |
| 16 to 18 years     | 2.9-5.0      | 2.9-5.0        |
| >18 years          | 2.3-4.7      | 2.3-4.7        |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/>

UCSF Clinical Labs verified the adult reference range stated in the Abbott Phosphorus package insert (Jan. 2016) by running 20 male and 20 female lab volunteers.

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | Male (mg/dL) | Female (mg/dL) |
|-------------|--------------|----------------|
| >= 19 years | 2.5-4.5      | 2.5-4.5        |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche PHOS2 package insert by running 20 male and 20 female lab volunteers.

**Critical Values:**

< 1.0 mg/dL

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.323.

Phosphorus, like potassium, is released by platelets during clotting, and serum levels are approx. 0.2 mg/dL higher than those measured in plasma. Levels can be falsely elevated by thrombocytosis, though not as predictably as those for potassium.

Liposomal amphotericin B has not been reported to cause falsely high serum/plasma phosphorus in the Abbott phosphorus assay used at Parnassus, Mission Bay and Mt Zion.

Phospholipids contained in liposomal drug formulations (eg AmBisome) may be hydrolyzed in the test due to the acidic reaction pH and thus lead to elevated phosphate results on the Roche assay. Ref: Roche PHOS2 package insert.

**ADMINISTRATIVE****CPT Codes:**

84100

**LOINC Codes:**

2777-1

**COMPLETE VIEW**

**Available Stat:**

Yes

**Test Code:**

PO4

**Test Group:**

Phosphorus

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry:  
 Spectrophotometric phosphomolybdate on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center:  
 Spectrophotometric phosphomolybdate on Roche cobas c311

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

mg/dL

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; Saint Marys Chemistry

| Age                | Male (mg/dL) | Female (mg/dL) |
|--------------------|--------------|----------------|
| 0 to 14 days       | 5.6-10.5     | 5.6-10.5       |
| 15 days to <1 year | 4.8-8.4      | 4.8-8.4        |
| 1 to 4 years       | 4.3-6.8      | 4.3-6.8        |
| 5 to 12 years      | 4.1-5.9      | 4.1-5.9        |
| 13 to 15 years     | 3.5-6.2      | 3.2-5.5        |
| 16 to 18 years     | 2.9-5.0      | 2.9-5.0        |
| >18 years          | 2.3-4.7      | 2.3-4.7        |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/#/>

UCSF Clinical Labs verified the adult reference range stated in the Abbott Phosphorus package insert (Jan. 2016) by running 20 male and 20 female lab volunteers.

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | Male (mg/dL) | Female (mg/dL) |
|-------------|--------------|----------------|
| >= 19 years | 2.5-4.5      | 2.5-4.5        |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche PHOS2 package insert by running 20 male and 20 female lab volunteers.

**Critical Values:**

&lt; 1.0 mg/dL

**Synonyms:**

- PO4

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, St Francis, St Mary, Berkeley Outpatient Center, and Peninsula Outpatient Center:  
Room temperature 1 day, refrigerated 4 days, frozen at -20C 1 year

**Reported:**

STAT 1 hour, Routine: 4 hour

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.323.

Phosphorus, like potassium, is released by platelets during clotting, and serum levels are approx. 0.2 mg/dL higher than those measured in plasma. Levels can be falsely elevated by thrombocytosis, though not as predictably as those for potassium.

Liposomal amphotericin B has not been reported to cause falsely high serum/plasma phosphorus in the Abbott phosphorus assay used at Parnassus, Mission Bay and Mt Zion.

Phospholipids contained in liposomal drug formulations (eg AmBisome) may be hydrolyzed in the test due to the acidic reaction pH and thus lead to elevated phosphate results on the Roche assay. Ref: Roche PHOS2 package insert.

**CPT Codes:**

84100

**LOINC Codes:**

2777-1

# Phosphorus, Urine, Random

LAB3057

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric Phosphomolybdate

**Reported:**

4-18 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.323.

Output varies wit diet.

**Synonyms:**

- PO4
- PO4UR

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Room temperature or refrigerated 2 days

## PROCESSING

**Test Code:**

PO4UR

**Test Group:**

Phosphorus

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Specimen Preparation:**

Aliquot 1 mL and add 1 drop of 6N HCl to acidify.

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Room temperature or refrigerated 2 days

## RESULT INTERPRETATION

**Units:**

mg/dL

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.323.

Output varies wit diet.

**ADMINISTRATIVE****CPT Codes:**

84105

**LOINC Codes:**

2778-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PO4UR

**Test Group:**

Phosphorus

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric Phosphomolybdate

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Specimen Preparation:**

Aliquot 1 mL and add 1 drop of 6N HCl to acidify.

**Units:**

mg/dL

**Synonyms:**

- PO4
- PO4UR

**Stability (from collection to initiation):**

Room temperature or refrigerated 2 days

**Reported:**

4-18 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.323.

Output varies with diet.

**CPT Codes:**

84105

**LOINC Codes:**

2778-9



# Phosphorus, Urine, Timed

LAB426

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Spectrophotometric Phosphomolybdate

**Reported:**

4-18 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.323.

Output varies with diet.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Synonyms:**

- PO4
- PO4U

## COLLECTION

**Sample Type:**

24 hr or timed urine collection

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL, 10g Boric Acid

**Amount to Collect:**

Entire urine output for collection period

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Remarks:**

Refrigerate container during collection period.

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Stability (from collection to initiation):**

Room temperature or refrigerated 2 days

## PROCESSING

**Test Code:**

PO4U

**Test Group:**

Phosphorus

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Specimen Preparation:**

Aliquot 1 mL and add 1 drop of 6N HCl to acidify.

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Room temperature or refrigerated 2 days

**RESULT INTERPRETATION****Units:**

mg/D

**Reference Interval:**

400-1300 mg/D

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.323.

Output varies with diet.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**ADMINISTRATIVE****CPT Codes:**

84105

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PO4U

**Test Group:**

Phosphorus

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Spectrophotometric Phosphomolybdate

**Remarks:**

Refrigerate container during collection period.

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 30mL 6N HCL, 10g Boric Acid

**Amount to Collect:**

Entire urine output for collection period

**Sample Type:**

24 hr or timed urine collection

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Specimen Preparation:**

Aliquot 1 mL and add 1 drop of 6N HCl to acidify.

**Units:**

mg/D

**Reference Interval:**

400-1300 mg/D

**Synonyms:**

- PO4
- PO4U

**Stability (from collection to initiation):**

Room temperature or refrigerated 2 days

**Reported:**

4-18 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.323.

Output varies with diet.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**CPT Codes:**

84105

# Pinworm Exam

LAB248

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Methodology:**

Microscopy

**Reported:**

1-3 days

## COLLECTION

**Patient Preparation:**

Samples should be collected before the patient bathes or defecates in the morning.

**Sample Type:**

SWUBE® paddle

**Collect:**

see notes

**Preferred Volume:**

3 SWUBE® paddles

**Remarks:**

Special collection paddles (SWUBE) are available from outpatient phlebotomy stations or Microbiology; if the paddles are unavailable, transparent, clear Scotch tape, (NOT "Magic Transparent" tape), can be used, applying it sticky-side down to a clean glass microscope slide.

CAUTION: Pinworm eggs are very infectious. Wear gloves when collecting sample and wash hands immediately after collection.

SWUBE paddle procedure:

1. Pinworm collection kits are sealed in a plastic bag. Each kit consists of 3 SWUBE paddles, 3 blank labels, and an instruction sheet for proper collection of the sample. The SWUBE paddles are individually wrapped. Do not use if the package is not intact.
2. Specimens should be collected on three consecutive days to rule out infection.
3. The specimen is best obtained a few hours after the patient has retired, between the hours of 9:00 p.m. and midnight, or in the morning, immediately upon rising and before bathing or bowel movement.
4. Unwrap the SWUBE paddle from its package prior to use. Hold the paddle by the cap and remove it from the tube. Set aside the tube.
5. To collect the specimen use the "sticky side" of the paddle, which is labeled on the far end of the paddle near the cap. If you are not sure which side is the "sticky side," feel the end of the paddle with the finger tip to feel the stickiness.
6. In obtaining the sample, spread the buttocks and press the tacky surface of the paddle firmly against several areas (the right and left) of the peri-anal region. Do not press into the anus.
7. Return the paddle in the original tube for transport to the laboratory.
8. Identify the tube by writing the patient's name, medical record number, and the collection date on the blank label provided.
9. Place the tube in a sealed plastic bag and store at room temperature.

**Stability (from collection to initiation):**

Room temperature 1 week

**Unacceptable Conditions:**

Improperly collected sample

## PROCESSING

**Test Code:**  
P405

**Performing Lab:**  
Microbiology

**Preferred Volume:**  
3 SWUBE® paddles

**Unacceptable Conditions:**  
Improperly collected sample

**Stability (from collection to initiation):**  
Room temperature 1 week

RESULT INTERPRETATION

**Reference Interval:**  
Negative

ADMINISTRATIVE

**CPT Codes:**  
87172

**LOINC Codes:**  
675-9

COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
P405

**Performing Lab:**  
Microbiology

**Performed:**  
Monday-Friday, day shift

**Methodology:**  
Microscopy

**Patient Preparation:**  
Samples should be collected before the patient bathes or defecates in the morning.

**Remarks:**

Special collection paddles (SWUBE) are available from outpatient phlebotomy stations or Microbiology; if the paddles are unavailable, transparent, clear Scotch tape, (NOT "Magic Transparent" tape), can be used, applying it sticky-side down to a clean glass microscope slide.

CAUTION: Pinworm eggs are very infectious. Wear gloves when collecting sample and wash hands immediately after collection.

SWUBE paddle procedure:

1. Pinworm collection kits are sealed in a plastic bag. Each kit consists of 3 SWUBE paddles, 3 blank labels, and an instruction sheet for proper collection of the sample. The SWUBE paddles are individually wrapped. Do not use if the package is not intact.
2. Specimens should be collected on three consecutive days to rule out infection.
3. The specimen is best obtained a few hours after the patient has retired, between the hours of 9:00 p.m. and midnight, or in the morning, immediately upon rising and before bathing or bowel movement.
4. Unwrap the SWUBE paddle from its package prior to use. Hold the paddle by the cap and remove it from the tube. Set aside the tube.
5. To collect the specimen use the "sticky side" of the paddle, which is labeled on the far end of the paddle near the cap. If you are not sure which side is the "sticky side," feel the end of the paddle with the finger tip to feel the stickiness.
6. In obtaining the sample, spread the buttocks and press the tacky surface of the paddle firmly against several areas (the right and left) of the peri-anal region. Do not press into the anus.
7. Return the paddle in the original tube for transport to the laboratory.
8. Identify the tube by writing the patient's name, medical record number, and the collection date on the blank label provided.
9. Place the tube in a sealed plastic bag and store at room temperature.

**Collect:**

see notes

**Sample Type:**

SWUBE® paddle

**Preferred Volume:**

3 SWUBE® paddles

**Unacceptable Conditions:**

Improperly collected sample

**Reference Interval:**

Negative

**Stability (from collection to initiation):**

Room temperature 1 week

**Reported:**

1-3 days

**CPT Codes:**

87172

**LOINC Codes:**

675-9

# Pipecolic Acid

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

KNDY

**Reported:**

2-3 weeks

**Synonyms:**

- Peroxisomal disease

## COLLECTION

**Sample Type:**

EDTA plasma, Random urine

**Collect:**

Lavender top, urine cup

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

Plasma: 3 mL

Urine: 10 mL

**Minimum Volume:**

Plasma: 1 mL

Urine: 10 mL

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

KNDY

**Specimen Preparation:**

Freeze at -20C until sent at room temperature by Federal Express for next day delivery.

Ship to: Peroxisomal Diseases Laboratory, Kennedy Krieger Institute, 707 N. Broadway, rm 421, Baltimore, MD 21205, (888)554-2080, fax (410)502-8279 mosera@kennedykrieger.org www.genetics.kennedykrieger.org)

**Preferred Volume:**

Plasma: 3 mL

Urine: 10 mL

**Minimum Volume:**

Plasma: 1 mL

Urine: 10 mL

## RESULT INTERPRETATION

**Reference Interval:**

Negative

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

KNDY

**Sendout:**

Yes

**Collect:**

Lavender top, urine cup

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA plasma, Random urine

**Preferred Volume:**

Plasma: 3 mL

Urine: 10 mL

**Minimum Volume:**

Plasma: 1 mL

Urine: 10 mL

**Specimen Preparation:**

Freeze at -20C until sent at room temperature by Federal Express for next day delivery.

Ship to: Peroxisomal Diseases Laboratory, Kennedy Krieger Institute, 707 N. Broadway, rm 421, Baltimore, MD 21205,  
(888)554-2080, fax (410)502-8279 mosera@kennedykrieger.org www.genetics.kennedykrieger.org)

**Reference Interval:**

Negative

**Synonyms:**

- Peroxisomal disease

**Reported:**

2-3 weeks



# Plasminogen Activator Inhibitor - 1 antigen

PAI1AG

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enzyme immunoassay

**Reported:**

Set up Wednesday and Friday; Report available: 3 days

**Additional Information:**

Deep vein thrombosis and coronary artery disease have been variably associated with increased PAI-1 levels. Elevated PAI-1 levels may help predict risk of reinfarction in survivors of myocardial infarction, particularly in young individuals.

Deficiency of PAI-1, a rare condition that is difficult to diagnose, has been associated with a bleeding diathesis.

As an acute phase reactant, the activity is increased after an acute event. Elevated levels may also be seen in diabetes and pregnancy.

Studies suggest PAI-1 may be prognostic marker in early stage breast cancer.

**Synonyms:**

- PAI-1 antigen

## COLLECTION

**Sample Type:**

Citrated Plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

The venipuncture must be clean, with no trauma. The first 5 mL of blood drawn from a patient should not be used for coagulation testing. If drawn through an indwelling catheter, flush with 5 mL of saline and discard the first 5 mL of blood collected before collecting the specimen for coagulation testing.

Blood should not be collected from heparinized lines.

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 3 days, frozen at -20C 6 months.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Rejection Criteria:**

Sample received thawed.

## PROCESSING

**Test Code:**

PAI1AG

**Test Group:**

Plasminogen

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Forward blue top to Hematology for processing. Aliquot separated plasma into 1 mL sample and freeze in plastic tubes at -20C. Platelet contamination of a test sample will tend to falsely elevate results. Ship on dry ice to China Basin sendout M-F for processing to Quest or LabCorp Ref. Labs. Order Quest test # 59766P, if B/T patient order BTMOLT, order LabCorp test # 500057.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Rejection Criteria:**

Sample received thawed.

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 3 days, frozen at -20C 6 months.

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

4-43 ng/mL

**Additional Information:**

Deep vein thrombosis and coronary artery disease have been variably associated with increased PAI-1 levels. Elevated PAI-1 levels may help predict risk of reinfarction in survivors of myocardial infarction, particularly in young individuals.

Deficiency of PAI-1, a rare condition that is difficult to diagnose, has been associated with a bleeding diathesis.

As an acute phase reactant, the activity is increased after an acute event. Elevated levels may also be seen in diabetes and pregnancy.

Studies suggest PAI-1 may be prognostic marker in early stage breast cancer.

**ADMINISTRATIVE****CPT Codes:**

85415

**LOINC Codes:**

22758-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PAI1AG

**Test Group:**

Plasminogen

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Enzyme immunoassay

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

The venipuncture must be clean, with no trauma. The first 5 mL of blood drawn from a patient should not be used for coagulation testing. If drawn through an indwelling catheter, flush with 5 mL of saline and discard the first 5 mL of blood collected before collecting the specimen for coagulation testing.

Blood should not be collected from heparinized lines.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated Plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Rejection Criteria:**

Sample received thawed.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Forward blue top to Hematology for processing. Aliquot separated plasma into 1 mL sample and freeze in plastic tubes at -20C. Platelet contamination of a test sample will tend to falsely elevate results. Ship on dry ice to China Basin sendout M-F for processing to Quest or LabCorp Ref. Labs. Order Quest test # 59766P, if B/T patient order BTMOLT, order LabCorp test # 500057.

**Units:**

ng/mL

**Reference Interval:**

4-43 ng/mL

**Synonyms:**

- PAI-1 antigen

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 3 days, frozen at -20C 6 months.

**Reported:**

Set up Wednesday and Friday; Report available: 3 days

**Additional Information:**

Deep vein thrombosis and coronary artery disease have been variably associated with increased PAI-1 levels. Elevated PAI-1 levels may help predict risk of reinfarction in survivors of myocardial infarction, particularly in young individuals.

Deficiency of PAI-1, a rare condition that is difficult to diagnose, has been associated with a bleeding diathesis.

As an acute phase reactant, the activity is increased after an acute event. Elevated levels may also be seen in diabetes and pregnancy.

Studies suggest PAI-1 may be prognostic marker in early stage breast cancer.

**CPT Codes:**

85415

**LOINC Codes:**

22758-7

# Plasminogen Activity

PLMA

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Spectrophotometric (chromogenic substrate)

**Reported:**

Test run on Tuesday and Thursday evenings. Turnaround time: 3-7 days.

**Additional Information:**

The activated form of plasminogen, plasmin, lyses fibrin clots. Plasminogen activity is increased in pregnancy and as an acute phase reactant. Rare hereditary deficiency of plasminogen predisposes to ligneous conjunctivitis. Low activity is associated with DIC, liver disease, and increased risk of thrombosis.

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum x2

**Amount to Collect:**

5.4 mL blood

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

1 mL plasma

**Remarks:**

Note the time of draw on requisition.

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated unacceptable, frozen at -20C 1 month.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Hemolyzed sample.

## PROCESSING

**Test Code:**

PLMA

**Test Group:**

Plasminogen

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Process immediately and transfer to a plastic tube w/ a plastic pipet. Freeze at -20C. Order Quest # 59709P

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Hemolyzed sample.

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated unacceptable, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

% activity

**Reference Interval:**

65-176%

**Additional Information:**

The activated form of plasminogen, plasmin, lyses fibrin clots. Plasminogen activity is increased in pregnancy and as an acute phase reactant. Rare hereditary deficiency of plasminogen predisposes to ligneous conjunctivitis. Low activity is associated with DIC, liver disease, and increased risk of thrombosis.

**ADMINISTRATIVE****CPT Codes:**

85420-90

**LOINC Codes:**

28660-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PLMA

**Test Group:**

Plasminogen

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Spectrophotometric (chromogenic substrate)

**Remarks:**

Note the time of draw on requisition.

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

**Collect:**

Blue top filled to full extent of vacuum x2

**Amount to Collect:**

5.4 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Hemolyzed sample.

**Specimen Preparation:**

Process immediately and transfer to a plastic tube w/ a plastic pipet. Freeze at -20C. Order Quest # 59709P

**Units:**

% activity

**Reference Interval:**

65-176%

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated unacceptable, frozen at -20C 1 month.

**Reported:**

Test run on Tuesday and Thursday evenings. Turnaround time: 3-7 days.

**Additional Information:**

The activated form of plasminogen, plasmin, lyses fibrin clots. Plasminogen activity is increased in pregnancy and as an acute phase reactant. Rare hereditary deficiency of plasminogen predisposes to ligneous conjunctivitis. Low activity is associated with DIC, liver disease, and increased risk of thrombosis.

**CPT Codes:**

85420-90

**LOINC Codes:**

28660-9

# Plasminogen Antigen

PLMI

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Fixed time nephelometry

**Reported:**

Test run Tuesday and Friday mornings. Turnaround: 3-7 days.

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is required.

**Sample Type:**

Citrated plasma (EDTA plasma acceptable)

**Collect:**

Blue top filled to full extent of vacuum, Lavender top

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

PLMI

**Test Group:**

Plasminogen

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Centrifuge within one hour of blood draw at 3200 rpm for 15 min. Remove plasma using plastic pipet and freeze immediately at -20C. Order Quest # 59915P

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

8-14 mg/dL

**ADMINISTRATIVE****CPT Codes:**

85421-90

**LOINC Codes:**

4668-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PLMI

**Test Group:**

Plasminogen

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Fixed time nephelometry

**Patient Preparation:**

An 8 hour fast before specimen collection is required.

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

**Collect:**

Blue top filled to full extent of vacuum, Lavender top

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma (EDTA plasma acceptable)

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Centrifuge within one hour of blood draw at 3200 rpm for 15 min. Remove plasma using plastic pipet and freeze immediately at -20C. Order Quest # 59915P

**Units:**

mg/dL

**Reference Interval:**

8-14 mg/dL

**Reported:**

Test run Tuesday and Friday mornings. Turnaround: 3-7 days.

**CPT Codes:**

85421-90

**LOINC Codes:**

4668-0



# Platelet Aggregation

LAB3083

## ORDERING

**Approval Required:**

No, but only run by appointment, Contact Hematology at x3-1747

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

Run as needed, Monday - Friday day shift only

**Reported:**

1-3 days

**Additional Information:**

Measures the release of ATP in the presence of thrombin, collagen and ATP and examines the aggregation response to Thrombin, ADP, arachidonic acid, collagen, and ristocetin at various concentrations:

| Agonist          | Concentration |
|------------------|---------------|
| Thrombin         | 1 Unit        |
| ADP              | 5 µM          |
| ADP              | 10 µM         |
| Collagen         | 1 µg/mL       |
| Collagen         | 5 µg/mL       |
| Arachidonic Acid | 0.5 mM        |
| Ristocetin       | 1.0 mg/mL     |

A platelet count and pathologist evaluation of platelet morphology on a stained blood smear are required for the performance of this assay and will be ordered and separately charged.

If platelet aggregation is ordered without further specification, a full panel of agonists will be run and interpreted:

- If assessment of clopidogrel response is desired, specify "platelet aggregation for clopidogrel response." A 5 micromolar ADP study will be performed and interpreted.
- If assessment of aspirin response is desired, specify "platelet aggregation for aspirin response." 1 microgram/mL collagen and 5 microgram/mL collagen studies will be performed and interpreted.
- Other combinations of particular agonists can be specifically requested when a full panel of agonists is not needed; conferring with a hematology laboratory physician is requested in this circumstance x3-1747

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- lumi-aggregation
- platelet aggregation with luminescence
- clopidogrel
- plavix
- aspirin
- ASA

## COLLECTION

**Patient Preparation:**

Patient should be rested, fasting since midnight, and no smoking before blood collection. No caffeine and no alcohol for 48 hours prior to testing. Take only medication as directed by physician before testing.

**Sample Type:**

Citrated and EDTA anticoagulated whole blood

**Collect:**

Blue tops (x6) and Lavender top

**Amount to Collect:**

20 mL blood

**Preferred Volume:**

20 mL blood

**Minimum Volume:**

17 mL blood

**Remarks:**

By appointment only, contact Hematology at x3-1747

Samples are only collected by Hematology techs.

**Note:** If aggregation testing using less than the full set of agonists is desired, including limited testing for response to aspirin or ADP-receptor antagonists, see "Additional Information" and note specific requests on requisition.

**Stability (from collection to initiation):**

Room temperature 3 hours.

**PROCESSING****Test Code:**

AGGR

**Test Group:**

Platelet function

**Performing Lab:**

Parnassus Hematology

**Preferred Volume:**

20 mL blood

**Minimum Volume:**

17 mL blood

**Stability (from collection to initiation):**

Room temperature 3 hours.

**RESULT INTERPRETATION****Additional Information:**

Measures the release of ATP in the presence of thrombin, collagen and ATP and examines the aggregation response to Thrombin, ADP, arachidonic acid, collagen, and ristocetin at various concentrations:

| Agonist          | Concentration |
|------------------|---------------|
| Thrombin         | 1 Unit        |
| ADP              | 5 µM          |
| ADP              | 10 µM         |
| Collagen         | 1 µg/mL       |
| Collagen         | 5 µg/mL       |
| Arachidonic Acid | 0.5 mM        |
| Ristocetin       | 1.0 mg/mL     |

A platelet count and pathologist evaluation of platelet morphology on a stained blood smear are required for the performance of this assay and will be ordered and separately charged.

If platelet aggregation is ordered without further specification, a full panel of agonists will be run and interpreted:

- If assessment of clopidogrel response is desired, specify "platelet aggregation for clopidogrel response." A 5 micromolar ADP study will be performed and interpreted.
- If assessment of aspirin response is desired, specify "platelet aggregation for aspirin response." 1 microgram/mL collagen and 5 microgram/mL collagen studies will be performed and interpreted.
- Other combinations of particular agonists can be specifically requested when a full panel of agonists is not needed; conferring with a hematology laboratory physician is requested in this circumstance x3-1747

**ADMINISTRATIVE****CPT Codes:**

85576

**LOINC Codes:**

48805-6

**COMPLETE VIEW****Approval Required:**

No, but only run by appointment, Contact Hematology at x3-1747

**Available Stat:**

No

**Test Code:**

AGGR

**Test Group:**

Platelet function

**Performing Lab:**

Parnassus Hematology

**Performed:**

Run as needed, Monday - Friday day shift only

**Patient Preparation:**

Patient should be rested, fasting since midnight, and no smoking before blood collection. No caffeine and no alcohol for 48 hours prior to testing. Take only medication as directed by physician before testing.

**Remarks:**

By appointment only, contact Hematology at x3-1747

Samples are only collected by Hematology techs.

**Note:** If aggregation testing using less than the full set of agonists is desired, including limited testing for response to aspirin or ADP-receptor antagonists, see "Additional Information" and note specific requests on requisition.

**Collect:**

Blue tops (x6) and Lavender top

**Amount to Collect:**

20 mL blood

**Sample Type:**

Citrated and EDTA anticoagulated whole blood

**Preferred Volume:**

20 mL blood

**Minimum Volume:**

17 mL blood

**Synonyms:**

- lumi-aggregation
- platelet aggregation with luminescence
- clopidogrel
- plavix
- aspirin
- ASA

**Stability (from collection to initiation):**

Room temperature 3 hours.

**Reported:**

1-3 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

Measures the release of ATP in the presence of thrombin, collagen and ATP and examines the aggregation response to Thrombin, ADP, arachidonic acid, collagen, and ristocetin at various concentrations:

| Agonist          | Concentration |
|------------------|---------------|
| Thrombin         | 1 Unit        |
| ADP              | 5 µM          |
| ADP              | 10 µM         |
| Collagen         | 1 µg/mL       |
| Collagen         | 5 µg/mL       |
| Arachidonic Acid | 0.5 mM        |
| Ristocetin       | 1.0 mg/mL     |

A platelet count and pathologist evaluation of platelet morphology on a stained blood smear are required for the performance of this assay and will be ordered and separately charged.

If platelet aggregation is ordered without further specification, a full panel of agonists will be run and interpreted:

- If assessment of clopidogrel response is desired, specify "platelet aggregation for clopidogrel response." A 5 micromolar ADP study will be performed and interpreted.
- If assessment of aspirin response is desired, specify "platelet aggregation for aspirin response." 1 microgram/mL collagen and 5 microgram/mL collagen studies will be performed and interpreted.
- Other combinations of particular agonists can be specifically requested when a full panel of agonists is not needed; conferring with a hematology laboratory physician is requested in this circumstance x3-1747

**CPT Codes:**

85576

**LOINC Codes:**

48805-6

# Platelet Antibody Screen (HPA Antibody Screen)

LAB1007

## ORDERING

**Ordering Recommendations:**

Place order for Blood Bank Outside Lab Test" in APeX. Document desired test ( Platelet Antibody Screen (HPA Antibody Screen)") and forward sample to Blood Bank for processing.

**Approval Required:**

Yes. Please contact Blood Bank

**Available Stat:**

No

**Performing Lab:**

American Red Cross National Reference Lab, Pomona, CA

**Methodology:**

Pak Lx® bead-based assay performed on solid phase microwells using Luminex fluorescence detection technology. Detects antibodies to GPIIb-IIIa (HPA-1, HPA-3, HPA-4), GPIB-IX (HPA-2), GPIa-IIa (HPA-5), and GPIV.

**Additional Information:**

This test is performed to assess for the presence of antibodies to polymorphic human platelet antigens (HPA) in select platelet refractory patients who continue to demonstrate limited response to platelet transfusions despite receiving HLA-matched platelets. The assay detects antibodies to GPIIb-IIIa (HPA-1, HPA-3, HPA-4), GPIB-IX (HPA-2), GPIa-IIa (HPA-5), and GPIV, which may rarely cause immune-mediated destruction of transfused platelets. Such antibodies are almost always seen only in patients with severe HLA-alloimmunization. Some low titer and low avidity antibodies may not be detected by this assay. This test requires pre-approval by the Blood Bank resident. For more information on evaluating refractoriness to platelet transfusion, please refer to the UCSF Transfusion Guidelines' section on HLA-matched/Cross Matched Platelets for Platelet Refractoriness (<https://clinlab.ucsf.edu/transfusion-medicine-guide#Platelets>)

**Synonyms:**

- HPA Antibody Screen
- BOLT

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

BOLT

**Collect:**

Red top

**Preferred Volume:**

10 ml whole blood

**Minimum Volume:**

6 ml whole blood

**Remarks:**

Send samples to Blood Bank for processing

**Unacceptable Conditions:**

Samples that are unlabeled, unsigned, or do not have a listed collection date and time on the specimen label will be rejected.

## PROCESSING

**Test Code:**

BOLT

**Sendout:**

Yes

**Performing Lab:**

American Red Cross National Reference Lab, Pomona, CA

**Specimen Preparation:**

Send samples to Blood Bank for processing

**Preferred Volume:**

10 ml whole blood

**Minimum Volume:**

6 ml whole blood

**Unacceptable Conditions:**

Samples that are unlabeled, unsigned, or do not have a listed collection date and time on the specimen label will be rejected.

**RESULT INTERPRETATION****Additional Information:**

This test is performed to assess for the presence of antibodies to polymorphic human platelet antigens (HPA) in select platelet refractory patients who continue to demonstrate limited response to platelet transfusions despite receiving HLA-matched platelets. The assay detects antibodies to GPIIb-IIIa (HPA-1, HPA-3, HPA-4), GPIB-IX (HPA-2), GPIa-IIa (HPA-5), and GPIV, which may rarely cause immune-mediated destruction of transfused platelets. Such antibodies are almost always seen only in patients with severe HLA-alloimmunization. Some low titer and low avidity antibodies may not be detected by this assay. This test requires pre-approval by the Blood Bank resident. For more information on evaluating refractoriness to platelet transfusion, please refer to the UCSF Transfusion Guidelines' section on HLA-matched/Cross Matched Platelets for Platelet Refractoriness (<https://clinlab.ucsf.edu/transfusion-medicine-guide#Platelets>)

**COMPLETE VIEW****Approval Required:**

Yes. Please contact Blood Bank

**Available Stat:**

No

**Ordering Recommendations:**

Place order for Blood Bank Outside Lab Test" in APeX. Document desired test ( Platelet Antibody Screen (HPA Antibody Screen)") and forward sample to Blood Bank for processing.

**Test Code:**

BOLT

**Performing Lab:**

American Red Cross National Reference Lab, Pomona, CA

**Sendout:**

Yes

**Methodology:**

Pak Lx® bead-based assay performed on solid phase microwells using Luminex fluorescence detection technology. Detects antibodies to GPIIb-IIIa (HPA-1, HPA-3, HPA-4), GPIB-IX (HPA-2), GPIa-IIa (HPA-5), and GPIV.

**Remarks:**

Send samples to Blood Bank for processing

**Collect:**

Red top

**Sample Type:**

Serum

**Preferred Volume:**

10 ml whole blood

**Minimum Volume:**

6 ml whole blood

**Unacceptable Conditions:**

Samples that are unlabeled, unsigned, or do not have a listed collection date and time on the specimen label will be rejected.

**Specimen Preparation:**

Send samples to Blood Bank for processing

**Synonyms:**

- HPA Antibody Screen
- BOLT

**Additional Information:**

This test is performed to assess for the presence of antibodies to polymorphic human platelet antigens (HPA) in select platelet refractory patients who continue to demonstrate limited response to platelet transfusions despite receiving HLA-matched platelets. The assay detects antibodies to GPIIb-IIIa (HPA-1, HPA-3, HPA-4), GPIB-IX (HPA-2), GPIa-IIa (HPA-5), and GPIV, which may rarely cause immune-mediated destruction of transfused platelets. Such antibodies are almost always seen only in patients with severe HLA-alloimmunization. Some low titer and low avidity antibodies may not be detected by this assay. This test requires pre-approval by the Blood Bank resident. For more information on evaluating refractoriness to platelet transfusion, please refer to the UCSF Transfusion Guidelines' section on HLA-matched/Cross Matched Platelets for Platelet Refractoriness (<https://clinlab.ucsf.edu/transfusion-medicine-guide#Platelets>)

# Platelet Count

PLT, CBC , CBCD, PLTM

## ORDERING

### Available Stat:

Yes

### Performing Lab:

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

### Performed:

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

### Methodology:

Flow cytometry and/or Phase microscopy

### Reported:

STAT 1 hour, Routine 4 hours

### Additional Information:

Mean platelet volume (MPV) measures the average size of the circulating platelets. The MPV result should be interpreted with other tests and can help in the differential diagnosis of thrombocytopenia or thrombocythemia. MPV is included when a CBC is ordered and no interfering substance is encountered (e.g., schistocytes, platelet clumps).

In the presence of clumping, only platelet counts  $> 100 \times 10^9/L$  are reported.

Platelet estimates derived from a manual review of a peripheral blood slide are released only in cases in which the presence of white blood cell fragments and high numbers of giant platelets negate the use of both the automated machine and phase platelet analysis for generation of a platelet count. Manual platelet counts at low platelet values are subject to high precision errors because of the low number of platelets counted. Therefore, clinical correlation is advised.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

### Reflex Testing:

The less precise manual method is usually performed and billed (PLTM) when required by an intrinsic abnormality of the specimen.

## COLLECTION

### Sample Type:

EDTA whole blood

### Collect:

Lavender top

### Amount to Collect:

1 mL blood

### Preferred Volume:

1 mL blood

### Minimum Volume:

250 µL in pedi-bullet

### Remarks:

Parnassus, Mission Bay & Mt. Zion Hematology:

When platelet counts repeatedly clump in samples collected in a lavender top (EDTA), the physician may order a Citrated Platelet count and have the specimen collected in a blue top (citrate ) tube instead.

When platelets clump in both EDTA and citrate tubes, and the count is  $< 100 \times 10^9/L$ , the physician may contact and consult with the hematology resident or attending to establish a lower reportable range or to discuss scheduling a fingerstick collection for a manual platelet count using phase microscopy.

### Rejection Criteria:

Clotted specimens

## PROCESSING

### Test Code:

PLT, CBC , CBCD, PLTM

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

250 µL in pedi-bullet

**Rejection Criteria:**

Clotted specimens

**RESULT INTERPRETATION****Units:**

Platelet count =  $\times 10^9/L$   
 MPV = fL

**Reference Interval:**

Platelet count = 140-450  $\times 10^9/L$   
 MPV = 9.1 - 12.6 fL

**Critical Values:**

$\leq 10 \times 10^9/L$ : Always called  
 $\leq 25 \times 10^9/L$ : Called if new finding within previous 24 hours.

**Additional Information:**

Mean platelet volume (MPV) measures the average size of the circulating platelets. The MPV result should be interpreted with other tests and can help in the differential diagnosis of thrombocytopenia or thrombocythemia. MPV is included when a CBC is ordered and no interfering substance is encountered (e.g., schistocytes, platelet clumps).

In the presence of clumping, only platelet counts  $> 100 \times 10^9/L$  are reported.

Platelet estimates derived from a manual review of a peripheral blood slide are released only in cases in which the presence of white blood cell fragments and high numbers of giant platelets negate the use of both the automated machine and phase platelet analysis for generation of a platelet count. Manual platelet counts at low platelet values are subject to high precision errors because of the low number of platelets counted. Therefore, clinical correlation is advised.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

PLT, CBC , CBCD, PLTM

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
 Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
 Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Flow cytometry and/or Phase microscopy

**Remarks:**

Parnassus, Mission Bay & Mt. Zion Hematology:

When platelet counts repeatedly clump in samples collected in a lavender top (EDTA), the physician may order a Citrated Platelet count and have the specimen collected in a blue top (citrate ) tube instead.

When platelets clump in both EDTA and citrate tubes, and the count is  $< 100 \times 10^9/L$ , the physician may contact and consult with the hematology resident or attending to establish a lower reportable range or to discuss scheduling a fingerstick collection for a manual platelet count using phase microscopy.

**Collect:**

Lavender top

**Amount to Collect:**

1 mL blood



**Sample Type:**

EDTA whole blood

**Preferred Volume:**

1 mL blood

**Minimum Volume:**

250 µL in pedi-bullet

**Rejection Criteria:**

Clotted specimens

**Units:**

Platelet count =  $\times 10^9/L$

MPV = fL

**Reference Interval:**

Platelet count = 140-450  $\times 10^9/L$

MPV = 9.1 - 12.6 fL

**Critical Values:**

$\leq 10 \times 10^9/L$ : Always called

$\leq 25 \times 10^9/L$ : Called if new finding within previous 24 hours.

**Reported:**

STAT 1 hour, Routine 4 hours

**Reflex Testing:**

The less precise manual method is usually performed and billed (PLTM) when required by an intrinsic abnormality of the specimen.

**Additional Information:**

Mean platelet volume (MPV) measures the average size of the circulating platelets. The MPV result should be interpreted with other tests and can help in the differential diagnosis of thrombocytopenia or thrombocythemia. MPV is included when a CBC is ordered and no interfering substance is encountered (e.g., schistocytes, platelet clumps).

In the presence of clumping, only platelet counts  $> 100 \times 10^9/L$  are reported.

Platelet estimates derived from a manual review of a peripheral blood slide are released only in cases in which the presence of white blood cell fragments and high numbers of giant platelets negate the use of both the automated machine and phase platelet analysis for generation of a platelet count. Manual platelet counts at low platelet values are subject to high precision errors because of the low number of platelets counted. Therefore, clinical correlation is advised.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

# Platelet Crossmatch Test

LAB5417

## ORDERING

**Approval Required:**

Yes, contact Blood Bank

**Available Stat:**

No

**Performing Lab:**

American Red Cross Immunohematology Reference Laboratory

**Methodology:**

Solid Phase Red cell Adherence (Capture-P® IMMUCOR)

**Reported:**

Results of crossmatch test are available the same afternoon (Mon-Fri). However, anticipate a 1-2 day delay in platelet availability as products must undergo bacterial and infectious marker testing.

**Additional Information:**

Test is not available Sat-Sun or on Holidays. Reserved for patients who are refractory to platelet transfusions. Requires pre-approval of Lab Medicine Resident (X3-1313). Please see lab manual's Transfusion Medicine Guide for details.

**Synonyms:**

- XMPLAT

## COLLECTION

**Sample Type:**

Whole blood

**Label Abbreviation:**

XMPLAT

**Collect:**

Lavender top (6 mL) and Red top (6 mL)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

6 mL blood

**Remarks:**

Specimens must be collected early on morning of testing (Mon-Fri ONLY) and delivered to the Blood Bank no later than 11 AM

**Unacceptable Conditions:**

Unsigned samples will be rejected. Samples collected >24 hours before testing will be rejected. Testing is performed at 1PM Mon-Fri.

## PROCESSING

**Test Code:**

XMPLAT

**Sendout:**

Yes

**Performing Lab:**

American Red Cross Immunohematology Reference Laboratory

**Specimen Preparation:**

Samples must be shipped to American Red Cross by no later than noon Mon-Fri.

**Preferred Volume:**

6 mL blood

**Unacceptable Conditions:**

Unsigned samples will be rejected. Samples collected >24 hours before testing will be rejected. Testing is performed at 1PM Mon-Fri.

## RESULT INTERPRETATION

**Reference Interval:**

Compatible with ALL donors tested

**Additional Information:**

Test is not available Sat-Sun or on Holidays. Reserved for patients who are refractory to platelet transfusions. Requires pre-approval of Lab Medicine Resident (X3-1313). Please see lab manual's Transfusion Medicine Guide for details.

**ADMINISTRATIVE****CPT Codes:**

86022-90

**LOINC Codes:**

45370-4

**COMPLETE VIEW****Approval Required:**

Yes, contact Blood Bank

**Available Stat:**

No

**Test Code:**

XMPLAT

**Performing Lab:**

American Red Cross Immunohematology Reference Laboratory

**Sendout:**

Yes

**Methodology:**

Solid Phase Red cell Adherence (Capture-P® IMMUCOR)

**Remarks:**

Specimens must be collected early on morning of testing (Mon-Fri ONLY) and delivered to the Blood Bank no later than 11 AM

**Collect:**

Lavender top (6 mL) and Red top (6 mL)

**Amount to Collect:**

6 mL blood

**Sample Type:**

Whole blood

**Preferred Volume:**

6 mL blood

**Unacceptable Conditions:**

Unsigned samples will be rejected. Samples collected >24 hours before testing will be rejected. Testing is performed at 1PM Mon-Fri.

**Specimen Preparation:**

Samples must be shipped to American Red Cross by no later than noon Mon-Fri.

**Reference Interval:**

Compatible with ALL donors tested

**Synonyms:**

- XMPLAT

**Reported:**

Results of crossmatch test are available the same afternoon (Mon-Fri). However, anticipate a 1-2 day delay in platelet availability as products must undergo bacterial and infectious marker testing.

**Additional Information:**

Test is not available Sat-Sun or on Holidays. Reserved for patients who are refractory to platelet transfusions. Requires pre-approval of Lab Medicine Resident (X3-1313). Please see lab manual's Transfusion Medicine Guide for details.

**CPT Codes:**

86022-90

**LOINC Codes:**

45370-4

**Platelet Derived Growth Factor Receptor Alpha 4Q12 Rearrangement FISH**

PDGFRA, BPDGA

**ORDERING****Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Monday - Friday (day shift)

**Methodology:**

Fluorescence in situ Hybridization (FISH)

**Reported:**

1-2 weeks

**Synonyms:**

- PDGFR-Alpha
- PDGFRA
- BPDGA

**COLLECTION****Sample Type:**

Heparinized whole blood, Bone marrow aspirate, Bone marrow biopsy

**Collect:**

Dark green top vacutainer

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Whole blood: 2 ml  
 Bone marrow: 2 ml  
 Bone core: 2 cm

**Minimum Volume:**

Whole blood: 1 ml  
 Bone marrow: 1 ml  
 ?Bone core: 1 cm

**Remarks:**

Make sure blood or marrow aspirate is well mixed in the Dark Green top. Keep sample at room temperature

**Stability (from collection to initiation):**

2 days

**Unacceptable Conditions:**

Frozen cracked, leaking or unlabeled samples

**PROCESSING****Test Code:**

BPDGA: Blood  
 PDGFRA: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Preferred Volume:**

Whole blood: 2 ml  
 Bone marrow: 2 ml  
 Bone core: 2 cm

**Minimum Volume:**

Whole blood: 1 ml  
 Bone marrow: 1 ml  
 ?Bone core: 1 cm

**Unacceptable Conditions:**

Frozen cracked, leaking or unlabeled samples

**Stability (from collection to initiation):**

2 days

**ADMINISTRATIVE****CPT Codes:**

88271 x3, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BPDGA: Blood

PDGFRA: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Monday - Friday (day shift)

**Methodology:**

Fluorescence in situ Hybridization (FISH)

**Remarks:**

Make sure blood or marrow aspirate is well mixed in the Dark Green top. Keep sample at room temperature

**Collect:**

Dark green top vacutainer

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Heparinized whole blood, Bone marrow aspirate, Bone marrow biopsy

**Preferred Volume:**

Whole blood: 2 ml

Bone marrow: 2 ml

Bone core: 2 cm

**Minimum Volume:**

Whole blood: 1 ml

Bone marrow: 1 ml

?Bone core: 1 cm

**Unacceptable Conditions:**

Frozen cracked, leaking or unlabeled samples

**Synonyms:**

- PDGFR-Alpha
- PDGFRA
- BPDGA

**Stability (from collection to initiation):**

2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x3, 88275

**LDT or Modified FDA:**

Yes

# Platelet Derived Growth Factor Receptor Beta 5Q33.1 Rearrangement FISH

PDGFRB, BPDGB

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Monday - Friday (day shift)

**Methodology:**

Fluorescence in situ Hybridization (FISH)

**Reported:**

1-2 weeks

**Synonyms:**

- PDGFR-Beta
- PDGFRB
- BPDGB

## COLLECTION

**Sample Type:**

Heparinized whole blood, Bone marrow aspirate, Bone marrow biopsy

**Collect:**

Dark green top vacutainer

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

Whole blood: 2 ml

Bone marrow: 2 ml

Bone core: 2 cm

**Minimum Volume:**

Whole blood: 1 ml

Bone marrow: 1 ml

?Bone core: 1 cm

**Remarks:**

Make sure blood or marrow aspirate is well mixed in the Dark Green top. Keep sample at room temperature

**Stability (from collection to initiation):**

2 days

**Unacceptable Conditions:**

Frozen cracked, leaking or unlabeled samples

## PROCESSING

**Test Code:**

BPDGB: Blood

PDGFRB: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Preferred Volume:**

Whole blood: 2 ml

Bone marrow: 2 ml

Bone core: 2 cm

**Minimum Volume:**

Whole blood: 1 ml

Bone marrow: 1 ml

?Bone core: 1 cm

**Unacceptable Conditions:**

Frozen cracked, leaking or unlabeled samples

**Stability (from collection to initiation):**

2 days

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BPDGB: Blood

PDGFRB: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Monday - Friday (day shift)

**Methodology:**

Fluorescence in situ Hybridization (FISH)

**Remarks:**

Make sure blood or marrow aspirate is well mixed in the Dark Green top. Keep sample at room temperature

**Collect:**

Dark green top vacutainer

**Amount to Collect:**

See preferred volume

**Sample Type:**

Heparinized whole blood, Bone marrow aspirate, Bone marrow biopsy

**Preferred Volume:**

Whole blood: 2 ml

Bone marrow: 2 ml

Bone core: 2 cm

**Minimum Volume:**

Whole blood: 1 ml

Bone marrow: 1 ml

?Bone core: 1 cm

**Unacceptable Conditions:**

Frozen cracked, leaking or unlabeled samples

**Synonyms:**

- PDGFR-Beta
- PDGFRB
- BPDGB

**Stability (from collection to initiation):**

2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

# Platelet Mapping

LAB9038

## ORDERING

**Ordering Recommendations:**

For meaningful use, it is recommended to order a concurrent Platelet Count and Fibrinogen for Platelet Mapping orders.

**Approval Required:**

By appointment only, contact Mission Bay Hematology at x-60194.

**Available Stat:**

No

**Performing Lab:**

Mission Bay Hematology

**Performed:**

By appointment only, 0800-1530 daily

**Reported:**

4 hours

## COLLECTION

**Sample Type:**

Whole blood

**Collect:**

Blue top (citrate) AND Green top (sodium heparin)

**Amount to Collect:**

Blue top: 2.7 mL

Green top: 3 mL

**Minimum Volume:**

Blue top: 2.7 mL

Green top: 3 mL

**Remarks:**

By appointment only, contact Mission Bay Hematology at x-60194.

1. Use a 21G needle to perform the venipuncture.
2. Draw and discard the first 3 mL of blood or fill another tube. Blue top cannot be the first tube drawn .
3. After collection, mix each tube by gently inverting 3 to 4 times.
4. Discard the sample if there is a venous collapse or stoppage of blood flow during collection. Likewise, avoid prolonged placement of the tourniquet or a traumatic phlebotomy.
5. Sample should be hand delivered immediately to the Hematology Laboratory.

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection.

**Unacceptable Conditions:**

Unapproved orders, sample past stability time, tubed samples, samples from a traumatic phlebotomy, over or under filled tubes.

## PROCESSING

**Test Code:**

PLTMAP

**Performing Lab:**

Mission Bay Hematology

**Minimum Volume:**

Blue top: 2.7 mL

Green top: 3 mL

**Unacceptable Conditions:**

Unapproved orders, sample past stability time, tubed samples, samples from a traumatic phlebotomy, over or under filled tubes.

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection.

## RESULT INTERPRETATION



**Units:**

% ADP Inhibition  
% AA Inhibition

**Reference Interval:**

The platelet mapping assay has no established normal range and has not been approved by the FDA for pediatric use. Results should be compared with baseline results and should not be used as the sole basis for patient diagnosis. Platelet mapping results should be considered along with a clinical assessment of the patient's condition and other coagulation laboratory tests.

**ADMINISTRATIVE****CPT Codes:**

85576-2

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Approval Required:**

By appointment only, contact Mission Bay Hematology at x-60194.

**Available Stat:**

No

**Ordering Recommendations:**

For meaningful use, it is recommended to order a concurrent Platelet Count and Fibrinogen for Platelet Mapping orders.

**Test Code:**

PLTMAP

**Performing Lab:**

Mission Bay Hematology

**Performed:**

By appointment only, 0800-1530 daily

**Remarks:**

By appointment only, contact Mission Bay Hematology at x-60194.

1. Use a 21G needle to perform the venipuncture.
2. Draw and discard the first 3 mL of blood or fill another tube. Blue top cannot be the first tube drawn .
3. After collection, mix each tube by gently inverting 3 to 4 times.
4. Discard the sample if there is a venous collapse or stoppage of blood flow during collection. Likewise, avoid prolonged placement of the tourniquet or a traumatic phlebotomy.
5. Sample should be hand delivered immediately to the Hematology Laboratory.

**Collect:**

Blue top (citrate) AND Green top (sodium heparin)

**Amount to Collect:**

Blue top: 2.7 mL  
Green top: 3 mL

**Sample Type:**

Whole blood

**Minimum Volume:**

Blue top: 2.7 mL  
Green top: 3 mL

**Unacceptable Conditions:**

Unapproved orders, sample past stability time, tubed samples, samples from a traumatic phlebotomy, over or under filled tubes.

**Units:**

% ADP Inhibition  
% AA Inhibition

**Reference Interval:**

The platelet mapping assay has no established normal range and has not been approved by the FDA for pediatric use. Results should be compared with baseline results and should not be used as the sole basis for patient diagnosis. Platelet mapping results should be considered along with a clinical assessment of the patient's condition and other coagulation laboratory tests.

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection.

**Reported:**

4 hours

**CPT Codes:**  
85576-2

**LDT or Modified FDA:**  
Yes

# Platelet Transfusion Refractory Panel

MOLT

## ORDERING

**Approval Required:**

Yes; this test is required only in rare situations. Blood Bank approval required before order is placed and sample is collected.

For routine platelet refractoriness testing, please order PLATELET REFRACTORY TESTING ORDERS' using the order set in APEX; testing is done at UCSF ITL.

**Available Stat:**

No

**Performing Lab:**

Versiti

**Methodology:**

PCR and Fluorescent Hydrolysis Probes; Platelet Antibody Bead Array (PABA); and Flow Cytometry

**Reported:**

10 days

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Blood

**Collect:**

2 lavender and 2 red tops

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

5-10 mL EDTA whole blood and 10 mL serum

**Minimum Volume:**

3 mL EDTA whole blood and 3 mL serum

**Remarks:**

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimens to Central Processing

## PROCESSING

**Test Code:**

MOLT

**Sendout:**

Yes

**Performing Lab:**

Versiti

**Specimen Preparation:**

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimens to Central Processing

Store refrigerated. Send sample refrigerated. Sample must be received within 4 days of draw date.

**Preferred Volume:**

5-10 mL EDTA whole blood and 10 mL serum

**Minimum Volume:**

3 mL EDTA whole blood and 3 mL serum

## ADMINISTRATIVE

**CPT Codes:**

81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 86022

**COMPLETE VIEW****Approval Required:**

Yes; this test is required only in rare situations. Blood Bank approval required before order is placed and sample is collected.

For routine platelet refractoriness testing, please order PLATELET REFRACTORY TESTING ORDERS' using the order set in APEX; testing is done at UCSF ITL.

**Available Stat:**

No

**Test Code:**

MOLT

**Performing Lab:**

Versiti

**Sendout:**

Yes

**Methodology:**

PCR and Fluorescent Hydrolysis Probes; Platelet Antibody Bead Array (PABA); and Flow Cytometry

**Remarks:**

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimens to Central Processing

**Collect:**

2 lavender and 2 red tops

**Amount to Collect:**

See Preferred Volume

**Sample Type:**

Blood

**Preferred Volume:**

5-10 mL EDTA whole blood and 10 mL serum

**Minimum Volume:**

3 mL EDTA whole blood and 3 mL serum

**Specimen Preparation:**

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimens to Central Processing

Store refrigerated. Send sample refrigerated. Sample must be received within 4 days of draw date.

**Reported:**

10 days

**CPT Codes:**

81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 86022

**Supplemental Test Request Form Required:**

Yes

# PML-RARA FISH

TR1517, BT1517

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization

**Reported:**

7-14 days

**Synonyms:**

- Cytogenetic analysis
- Karyotype
- Karyotyping
- TR1517
- BT1517

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Collect:**

Blood & bone marrow aspirate: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics, 415-353-4844. Dark Green top also acceptable

Bone marrow core: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

Bone marrow: 2 mL

Blood: 2 mL

Bone core: 2 cm

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

Bone core: 1 cm

**Remarks:**

Bone marrow is the preferred specimen, but heparinized peripheral blood may be submitted if a large number of malignant cells are present.

Collect bone marrow in a syringe, transfer to Dark Green top vacutainer and gently invert the tube several times for good mixing.

If a dry tap is obtained, consult the Laboratory Medicine resident in Hematology regarding the possible submission of a green top tube of peripheral blood.

Contact Hematology if the specimen is more than 24 hours old.

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## PROCESSING

**Test Code:**

BT1517: Blood

TR1517: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

Bone core: 1 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Stability (from collection to initiation):**

48 hours

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**ADMINISTRATIVE****CPT Codes:**

88275, 88271x2

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21551-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BT1517: Blood

TR1517: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization

**Remarks:**

Bone marrow is the preferred specimen, but heparinized peripheral blood may be submitted if a large number of malignant cells are present.

Collect bone marrow in a syringe, transfer to Dark Green top vacutainer and gently invert the tube several times for good mixing.

If a dry tap is obtained, consult the Laboratory Medicine resident in Hematology regarding the possible submission of a green top tube of peripheral blood.

Contact Hematology if the specimen is more than 24 hours old.

**Collect:**

Blood & bone marrow aspirate: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics, 415-353-4844. Dark Green top also acceptable

Bone marrow core: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

Bone marrow: 2 mL

Blood: 2 mL

Bone core: 2 cm

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Preferred Volume:**

Bone marrow: 2 mL

Blood: 2 mL

Bone core: 2 cm

**Minimum Volume:**

Bone marrow: 1 mL

Blood: 1 mL

Bone core: 1 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Reference Interval:**

Not detected

**Synonyms:**

- Cytogenetic analysis
- Karyotype
- Karyotyping
- TR1517
- BT1517

**Stability (from collection to initiation):**

48 hours

**Reported:**

7-14 days

**CPT Codes:**

88275, 88271x2

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21551-7

# PML-RARA PCR Quantitative

LAB3307

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1x per week as needed, Tuesday or Thursday, day shift only.

**Methodology:**

Real-Time PCR

**Reported:**

7-10 days

**Additional Information:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

More than 98% of acute promyelocytic leukemia (APL) cases are caused by three translocations, termed bcr1 (long form), bcr2 (variable form) and bcr3 (short form), which fuse the promyelocytic leukemia (PML) gene on chromosome 15q22 to the retinoic acid receptor alpha (RARA) gene on chromosome 17q21. This assay will detect all three translocations. Each translocation results in the expression of a chimeric PML-RARA protein that suppresses the maturation of myeloid cells at the promyelocytic stage.

This assay determines relative mRNA levels of PML-RARA fusion transcripts for the purpose of monitoring therapeutic response in minimal residual disease. The quantitative assay has a sensitivity of 1 in 100,000 cells and an analytical detection sensitivity of 10 PML-RARA copies.

Quantitative results are reported with a percent ratio consisting of PML-RARA transcripts normalized to the internal control ABL. Samples that fall outside the standard curve range, but are clearly positive will be reported as weak positive, without a PML-RARA ratio.

NOTE: The quantitative PML-RARA assay is best interpreted by periodic evaluations of PML-RARA transcript levels in the same laboratory. Quantitative values among different laboratories do not necessarily correlate together.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Reflex Testing:**

If the PML-RARA Quantitative test (PMLQNT) is ordered and the patient has not had a prior qualitative test (PMLR) performed, the qualitative analysis will be performed first to identify if a translocation is present and what type it is prior to quantitative analysis. The qualitative testing will be performed at an additional charge.

**Synonyms:**

- Acute Promyelocytic leukemia
- APL
- AML-M3
- t(15
- 17)
- Retinoic acid receptor alpha

## COLLECTION

**Sample Type:**

EDTA Whole blood, bone marrow

**Collect:**

Lavender top

**Amount to Collect:**

Blood: 5 mL

Bone marrow: 2 mL

**Preferred Volume:**

Blood: 5 mL

?Bone marrow: 2 mL

**Minimum Volume:**

Blood: 2 mL

?Bone marrow: 1 mL



**Remarks:**

Due to limited stability samples for this test should not be collected the day before a holiday or 3-day weekend.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Stability (from collection to initiation):**

Refrigerated 3 days.

**PROCESSING****Test Code:**

PMLQNT

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Refrigerate sample and send the China basin refrigerated.

**Preferred Volume:**

Blood: 5 mL

?Bone marrow: 2 mL

**Minimum Volume:**

Blood: 2 mL

?Bone marrow: 1 mL

**Stability (from collection to initiation):**

Refrigerated 3 days.

**RESULT INTERPRETATION****Units:**

% PML/RARA transcripts to ABL transcripts

**Reference Interval:**

No PML-RARA bcr1, bcr2 or bcr3 fusion transcripts

**Additional Information:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

More than 98% of acute promyelocytic leukemia (APL) cases are caused by three translocations, termed bcr1 (long form), bcr2 (variable form) and bcr3 (short form), which fuse the promyelocytic leukemia (PML) gene on chromosome 15q22 to the retinoic acid receptor alpha (RARA) gene on chromosome 17q21. This assay will detect all three translocations. Each translocation results in the expression of a chimeric PML-RARA protein that suppresses the maturation of myeloid cells at the promyelocytic stage.

This assay determines relative mRNA levels of PML-RARA fusion transcripts for the purpose of monitoring therapeutic response in minimal residual disease. The quantitative assay has a sensitivity of 1 in 100,000 cells and an analytical detection sensitivity of 10 PML-RARA copies.

Quantitative results are reported with a percent ratio consisting of PML-RARA transcripts normalized to the internal control ABL. Samples that fall outside the standard curve range, but are clearly positive will be reported as weak positive, without a PML-RARA ratio.

NOTE: The quantitative PML-RARA assay is best interpreted by periodic evaluations of PML-RARA transcript levels in the same laboratory. Quantitative values among different laboratories do not necessarily correlate together.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

81316

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PMLQNT

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1x per week as needed, Tuesday or Thursday, day shift only.

**Methodology:**

Real-Time PCR

**Remarks:**

Due to limited stability samples for this test should not be collected the day before a holiday or 3-day weekend.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top

**Amount to Collect:**

Blood: 5 mL

Bone marrow: 2 mL

**Sample Type:**

EDTA Whole blood, bone marrow

**Preferred Volume:**

Blood: 5 mL

?Bone marrow: 2 mL

**Minimum Volume:**

Blood: 2 mL

?Bone marrow: 1 mL

**Specimen Preparation:**

Refrigerate sample and send the China basin refrigerated.

**Units:**

% PML/RARA transcripts to ABL transcripts

**Reference Interval:**

No PML-RARA bcr1, bcr2 or bcr3 fusion transcripts

**Synonyms:**

- Acute Promyelocytic leukemia
- APL
- AML-M3
- t(15
- 17)
- Retinoic acid receptor alpha

**Stability (from collection to initiation):**

Refrigerated 3 days.

**Reported:**

7-10 days

**Reflex Testing:**

If the PML-RARA Quantitative test (PMLQNT) is ordered and the patient has not had a prior qualitative test (PMLR) performed, the qualitative analysis will be performed first to identify if a translocation is present and what type it is prior to quantitative analysis. The qualitative testing will be performed at an additional charge.

**Additional Information:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

More than 98% of acute promyelocytic leukemia (APL) cases are caused by three translocations, termed bcr1 (long form), bcr2 (variable form) and bcr3 (short form), which fuse the promyelocytic leukemia (PML) gene on chromosome 15q22 to the retinoic acid receptor alpha (RARA) gene on chromosome 17q21. This assay will detect all three translocations. Each translocation results in the expression of a chimeric PML-RARA protein that suppresses the maturation of myeloid cells at the promyelocytic stage.

This assay determines relative mRNA levels of PML-RARA fusion transcripts for the purpose of monitoring therapeutic response in minimal residual disease. The quantitative assay has a sensitivity of 1 in 100,000 cells and an analytical detection sensitivity of 10 PML-RARA copies.

Quantitative results are reported with a percent ratio consisting of PML-RARA transcripts normalized to the internal control ABL. Samples that fall outside the standard curve range, but are clearly positive will be reported as weak positive, without a PML-RARA ratio.

NOTE: The quantitative PML-RARA assay is best interpreted by periodic evaluations of PML-RARA transcript levels in the same laboratory. Quantitative values among different laboratories do not necessarily correlate together.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**  
81316

**LDT or Modified FDA:**  
Yes

# PML-RARA PCR, Qualitative

LAB3290

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1x per week as needed, Monday or Wednesday, day shift only.

**Methodology:**

PCR

**Reported:**

7-10 days

**Additional Information:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

More than 98% of acute promyelocytic leukemia (APL) cases are caused by three translocations, termed bcr1 (long form), bcr2 (variable form) and bcr3 (short form), which fuse the promyelocytic leukemia (PML) gene on chromosome 15q22 to the retinoic acid receptor alpha (RARA) gene on chromosome 17q21. This assay will detect all three translocations. Each translocation results in the expression of a chimeric PML-RARA protein that suppresses the maturation of myeloid cells at the promyelocytic stage.

If this assay is positive, the follow-up quantitative assay (PMLQNT) will be performed to determine relative mRNA levels of PML-RARA fusion transcripts for the purpose of monitoring therapeutic response in minimal residual disease. The qualitative assay has a sensitivity of 1 in 100,000 cells and an analytical detection sensitivity of 10 PML-RARA copies.

Qualitative results are reported either as negative or positive. Quantitative results are reported with a percent ratio consisting of PML-RARA transcripts normalized to the internal control ABL. Samples that fall outside the standard curve range, but are clearly positive will be reported as weak positive, without a PML-RARA ratio.

NOTE: The quantitative PML-RARA assay is best interpreted by periodic evaluations of PML-RARA transcript levels in the same laboratory. Quantitative values among different laboratories do not necessarily correlate together.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Reflex Testing:**

If a translocation is detected the quantitative assay (PMLQNT) will be performed at an additional charge.

**Note:** If the patient has a prior positive qualitative test (PMLR), the order will be changed to the quantitative test (PMLQNT).

**Synonyms:**

- Acute Promyelocytic leukemia
- APL
- AML-M3
- t(15
- 17)
- Retinoic acid receptor alpha

## COLLECTION

**Sample Type:**

EDTA Whole blood, bone marrow

**Collect:**

Lavender top

**Amount to Collect:**

Blood: 5 mL

Bone marrow: 2 mL

**Preferred Volume:**

Blood: 5 mL

?Bone marrow: 2 mL

**Minimum Volume:**

Blood: 2 mL

?Bone marrow: 1 mL

**Remarks:**

Due to limited stability samples for this test should not be collected the day before a holiday or 3-day weekend.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Stability (from collection to initiation):**

Refrigerated 3 days.

**PROCESSING****Test Code:**

PMLR

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Refrigerate sample. Send to China Basin refrigerated

**Preferred Volume:**

Blood: 5 mL

?Bone marrow: 2 mL

**Minimum Volume:**

Blood: 2 mL

?Bone marrow: 1 mL

**Stability (from collection to initiation):**

Refrigerated 3 days.

**RESULT INTERPRETATION****Reference Interval:**

No PML-RARA bcr1, bcr2 or bcr3 fusion transcripts

**Additional Information:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

More than 98% of acute promyelocytic leukemia (APL) cases are caused by three translocations, termed bcr1 (long form), bcr2 (variable form) and bcr3 (short form), which fuse the promyelocytic leukemia (PML) gene on chromosome 15q22 to the retinoic acid receptor alpha (RARA) gene on chromosome 17q21. This assay will detect all three translocations. Each translocation results in the expression of a chimeric PML-RARA protein that suppresses the maturation of myeloid cells at the promyelocytic stage.

If this assay is positive, the follow-up quantitative assay (PMLQNT) will be performed to determine relative mRNA levels of PML-RARA fusion transcripts for the purpose of monitoring therapeutic response in minimal residual disease. The qualitative assay has a sensitivity of 1 in 100,000 cells and an analytical detection sensitivity of 10 PML-RARA copies.

Qualitative results are reported either as negative or positive. Quantitative results are reported with a percent ratio consisting of PML-RARA transcripts normalized to the internal control ABL. Samples that fall outside the standard curve range, but are clearly positive will be reported as weak positive, without a PML-RARA ratio.

NOTE: The quantitative PML-RARA assay is best interpreted by periodic evaluations of PML-RARA transcript levels in the same laboratory. Quantitative values among different laboratories do not necessarily correlate together.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

81315

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21551-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PMLR

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1x per week as needed, Monday or Wednesday, day shift only.

**Methodology:**

PCR

**Remarks:**

Due to limited stability samples for this test should not be collected the day before a holiday or 3-day weekend.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top

**Amount to Collect:**

Blood: 5 mL

Bone marrow: 2 mL

**Sample Type:**

EDTA Whole blood, bone marrow

**Preferred Volume:**

Blood: 5 mL

?Bone marrow: 2 mL

**Minimum Volume:**

Blood: 2 mL

?Bone marrow: 1 mL

**Specimen Preparation:**

Refrigerate sample. Send to China Basin refrigerated

**Reference Interval:**

No PML-RARA bcr1, bcr2 or bcr3 fusion transcripts

**Synonyms:**

- Acute Promyelocytic leukemia
- APL
- AML-M3
- t(15
- 17)
- Retinoic acid receptor alpha

**Stability (from collection to initiation):**

Refrigerated 3 days.

**Reported:**

7-10 days

**Reflex Testing:**

If a translocation is detected the quantitative assay (PMLQNT) will be performed at an additional charge.

**Note:** If the patient has a prior positive qualitative test (PMLR), the order will be changed to the quantitative test (PMLQNT).**Additional Information:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

More than 98% of acute promyelocytic leukemia (APL) cases are caused by three translocations, termed bcr1 (long form), bcr2 (variable form) and bcr3 (short form), which fuse the promyelocytic leukemia (PML) gene on chromosome 15q22 to the retinoic acid receptor alpha (RARA) gene on chromosome 17q21. This assay will detect all three translocations. Each translocation results in the expression of a chimeric PML-RARA protein that suppresses the maturation of myeloid cells at the promyelocytic stage.

If this assay is positive, the follow-up quantitative assay (PMLQNT) will be performed to determine relative mRNA levels of PML-RARA fusion transcripts for the purpose of monitoring therapeutic response in minimal residual disease. The qualitative assay has a sensitivity of 1 in 100,000 cells and an analytical detection sensitivity of 10 PML-RARA copies.

Qualitative results are reported either as negative or positive. Quantitative results are reported with a percent ratio consisting of PML-RARA transcripts normalized to the internal control ABL. Samples that fall outside the standard curve range, but are clearly positive will be reported as weak positive, without a PML-RARA ratio.

NOTE: The quantitative PML-RARA assay is best interpreted by periodic evaluations of PML-RARA transcript levels in the same laboratory. Quantitative values among different laboratories do not necessarily correlate together.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

81315

**LDT or Modified FDA:**  
Yes

**LOINC Codes:**  
21551-7

# Pm-Scl Antibody

LAB5326

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunodiffusion

**Reported:**

6-7 days

**Additional Information:**

Scleroderma may be localized or diffuse [Progressive Systemic Sclerosis (PSS)] that may involve skin, gastrointestinal tracts, lungs, vascular and cardiac systems, and kidneys. PM-1 (PM-Scl) Antibody is present in approximately one-fourth of patients with the polymyositis/scleroderma overlap syndrome, 8% of patients with polymyositis alone and 2-5% of patients with scleroderma alone. Patients who have PM-1 Antibody have a better prognosis than patients with scleroderma.

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

PMSCL

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month.

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

PMSCL

**Sendout:**

Yes

**Performing Lab:**

Quest

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month.

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

Scleroderma may be localized or diffuse [Progressive Systemic Sclerosis (PSS)] that may involve skin, gastrointestinal tracts, lungs, vascular and cardiac systems, and kidneys. PM-1 (PM-Scl) Antibody is present in approximately one-fourth of patients with the polymyositis/scleroderma overlap syndrome, 8% of patients with polymyositis alone and 2-5% of patients with scleroderma alone. Patients who have PM-1 Antibody have a better prognosis than patients with scleroderma.



**ADMINISTRATIVE**

**CPT Codes:**  
86235-90

**COMPLETE VIEW**

**Available Stat:**  
No

**Test Code:**  
PMSCL

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Immunodiffusion

**Collect:**  
Red top (Gold top **NOT** acceptable)

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

**Unacceptable Conditions:**  
Collected in Gold top

**Reference Interval:**  
Negative

**Stability (from collection to initiation):**  
Room temperature 1 week, refrigerated 2 weeks, frozen 1 month.

**Reported:**  
6-7 days

**Additional Information:**  
Scleroderma may be localized or diffuse [Progressive Systemic Sclerosis (PSS)] that may involve skin, gastrointestinal tracts, lungs, vascular and cardiac systems, and kidneys. PM-1 (PM-Scl) Antibody is present in approximately one-fourth of patients with the polymyositis/scleroderma overlap syndrome, 8% of patients with polymyositis alone and 2-5% of patients with scleroderma alone. Patients who have PM-1 Antibody have a better prognosis than patients with scleroderma.

**CPT Codes:**  
86235-90

# Pneumococcal IgG Antibodies (23 serotypes)

LAB3794

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Multiple Analyte Immuno Detection (MAID)

**Reported:**

Performed Monday-Friday. Turnaround 4-7 days.

**Additional Information:**

Serotypes tested for include: 1,2,3,4,5,8,9 (9N),12(12F),14,17 (17F),19(19F),20,22 (22F),23(23F),26(6B),34(10A),43(11A),51(7F),54 (15B),56(18C),57(19A),68(9V),70 (33F)

Note: Serotype designations are American nomenclature, with Danish nonemclature in parentheses

The MAID procedure measures IgG antibodies recognizing 23 type-specific pneumococcal polysaccharide antigens included in the polyvalent vaccine.

Evaluation of the response to pneumococcal vaccination is best accomplished by comparing pre-vaccination antibody levels and levels obtained 4-6 weeks post-vaccination. A 2- to 4-fold increase in type-specific antibodies measured 4-6 weeks after vaccination is expected in immunocompetent adults. The number of serotypes for which a 2- to 4-fold increase is observed varies greatly among individuals; a consensus panel has suggested that individuals older than 5 years should respond to at least approximately 70% of pneumococcal serotypes. Adults >65 years old may exhibit a smaller (2-fold) increase in type-specific antibody levels.

**Synonyms:**

- Pneumococcal serology

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

APN23

**Collect:**

Gold top, Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Remarks:**

Pneumococcal vaccine response testing should be performed with paired pre- and post-vaccination sera. Please indicate on request form if the specimen is pre- or post-vaccination collections. Label samples "PRE" or "POST".

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 months, frozen at -20C 1 month.

## PROCESSING

**Test Code:**

APN23

**Test Group:**

Pneumococcal

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze aliquot at -20C. Order Quest Test #16963

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 months, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

µg/mL (mcg/mL)

**Reference Interval:**

See additional information

**Additional Information:**

Serotypes tested for include: 1,2,3,4,5,8,9 (9N),12(12F),14,17 (17F),19(19F),20,22 (22F),23(23F),26(6B),34(10A),43(11A),51(7F),54 (15B),56(18C),57(19A),68(9V),70 (33F)

Note: Serotype designations are American nomenclature, with Danish nonemclature in parentheses

The MAID procedure measures IgG antibodies recognizing 23 type-specific pneumococcal polysaccharide antigens included in the polyvalent vaccine.

Evaluation of the response to pneumococcal vaccination is best accomplished by comparing pre-vaccination antibody levels and levels obtained 4-6 weeks post-vaccination. A 2- to 4-fold increase in type-specific antibodies measured 4-6 weeks after vaccination is expected in immunocompetent adults. The number of serotypes for which a 2- to 4-fold increase is observed varies greatly among individuals; a consensus panel has suggested that individuals older than 5 years should respond to at least approximately 70% of pneumococcal serotypes. Adults >65 years old may exhibit a smaller (2-fold) increase in type-specific antibody levels.

**ADMINISTRATIVE****CPT Codes:**

86317-90 x23

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

APN23

**Test Group:**

Pneumococcal

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Multiple Analyte Immuno Detection (MAID)

**Remarks:**

Pneumococcal vaccine response testing should be performed with paired pre- and post-vaccination sera. Please indicate on request form if the specimen is pre- or post-vaccination collections. Label samples "PRE" or "POST".

**Collect:**

Gold top, Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Specimen Preparation:**

Freeze aliquot at -20C. Order Quest Test #16963

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

See additional information

**Synonyms:**

- Pneumococcal serology

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 months, frozen at -20C 1 month.

**Reported:**

Performed Monday-Friday. Turnaround 4-7 days.

**Additional Information:**

Serotypes tested for include: 1,2,3,4,5,8,9 (9N),12(12F),14,17 (17F),19(19F),20,22 (22F),23(23F),26(6B),34(10A),43(11A),51(7F),54 (15B),56(18C),57(19A),68(9V),70 (33F)

Note: Serotype designations are American nomenclature, with Danish nonemclature in parentheses

The MAID procedure measures IgG antibodies recognizing 23 type-specific pneumococcal polysaccharide antigens included in the polyvalent vaccine.

Evaluation of the response to pneumococcal vaccination is best accomplished by comparing pre-vaccination antibody levels and levels obtained 4-6 weeks post-vaccination. A 2- to 4-fold increase in type-specific antibodies measured 4-6 weeks after vaccination is expected in immunocompetent adults. The number of serotypes for which a 2- to 4-fold increase is observed varies greatly among individuals; a consensus panel has suggested that individuals older than 5 years should respond to at least approximately 70% of pneumococcal serotypes. Adults >65 years old may exhibit a smaller (2-fold) increase in type-specific antibody levels.

**CPT Codes:**

86317-90 x23

# Pneumocystis carinii stain

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytology (Dept. of Pathology)

**Methodology:**

PAP and Gomori methenamine silver (GMS) stains

**Synonyms:**

- PCP
- Pneumocystis carinii pneumonia

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Sputum, Bronchialveolar lavage (BAL), Bronchial wash

**Collect:**

Sputum cup, Lukens trap

**Remarks:**

Complete a Non-Gyn Cytology Requisition and deliver with sample. From 0800-1630 deliver sample to M-545. After 1630 deliver to clinical laboratory processing, 5th floor Moffitt.

## PROCESSING

**Performing Lab:**

Cytology (Dept. of Pathology)

**Specimen Preparation:**

If received on a Microbiology requisition forward it and sample to M-545.

## COMPLETE VIEW

**Available Stat:**

No

**Performing Lab:**

Cytology (Dept. of Pathology)

**Methodology:**

PAP and Gomori methenamine silver (GMS) stains

**Remarks:**

Complete a Non-Gyn Cytology Requisition and deliver with sample. From 0800-1630 deliver sample to M-545. After 1630 deliver to clinical laboratory processing, 5th floor Moffitt.

**Collect:**

Sputum cup, Lukens trap

**Sample Type:**

Sputum, Bronchialveolar lavage (BAL), Bronchial wash

**Specimen Preparation:**

If received on a Microbiology requisition forward it and sample to M-545.

**Synonyms:**

- PCP
- Pneumocystis carinii pneumonia

**Supplemental Test Request Form Required:**

Yes

## POCT Activated Clot Time, Low Range (POC211)

### ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test is available 24 hours, 7 days a week

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=596&infocardID=Z7AM3ZWVEJBVBOCK43](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=596&infocardID=Z7AM3ZWVEJBVBOCK43) for the Point of Care Hemochron Signature Elite ACT LR standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- ACTLR
- Hemochron ACT

### COLLECTION

**Sample Type:**

Whole blood

**Collect:**

syringe

### PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

### RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=596&infocardID=Z7AM3ZWVEJBVBOCK43](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=596&infocardID=Z7AM3ZWVEJBVBOCK43) for the Point of Care Hemochron Signature Elite ACT LR standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

### COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test is available 24 hours, 7 days a week

**Collect:**

syringe

**Sample Type:**

Whole blood

**Synonyms:**

- ACTLR
- Hemochron ACT

**Additional Information:**

Please refer to [https://mcmcsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=596&infocardID=Z7AM3ZWVEJBVBOCK43](https://mcmcsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=596&infocardID=Z7AM3ZWVEJBVBOCK43) for the Point of Care Hemochron Signature Elite ACT LR standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

# POCT Activated Clot Time, Plus

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test is available 24 hours, 7 days a week

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=492&infocardID=YKJXXPKPN5D23PYDG7](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=492&infocardID=YKJXXPKPN5D23PYDG7) for the Point of Care Hemochron Signature Elite ACT Plus standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- Hemochron ACT
- ACTP

## COLLECTION

**Sample Type:**

Whole blood

**Collect:**

Syringe

## PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

## RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=492&infocardID=YKJXXPKPN5D23PYDG7](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=492&infocardID=YKJXXPKPN5D23PYDG7) for the Point of Care Hemochron Signature Elite ACT Plus standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## ADMINISTRATIVE

**CPT Codes:**

3184-9

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test is available 24 hours, 7 days a week

**Collect:**

Syringe

**Sample Type:**

Whole blood



**Synonyms:**

- Hemochron ACT
- ACTP

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=492&infocardID=YKJXXPKPN5D23PYDG7](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=492&infocardID=YKJXXPKPN5D23PYDG7) for the Point of Care Hemochron Signature Elite ACT Plus standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**CPT Codes:**

3184-9

# POCT Activated Clotting Time

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Methodology:**

Hemochron Response: Clotting activation &amp; optical clot detection

**Additional Information:**

ACT testing is performed in the operating rooms, Interventional radiology and Cardiac catheterization areas and on selected patient floors. It is not performed or offered by the UCSF Clinical Laboratories.

The HEMOCHRON Response ACT test is intended for monitoring patients receiving heparin anticoagulation therapy. Two ranges of therapeutic heparinization may be monitored by using either the low range (LR) or high range (Plus) cartridges respectively:

| Cartridge | Heparin level  | Reportable range |
|-----------|----------------|------------------|
| LR        | up to 2.5 U/mL | 65-400 sec       |
| Plus(+)   | 1.0-6.0 U/mL   | 67-1005 sec      |

Note: Although the reportable ranges overlap, due to the use of different clotting activators in the LR (celite) and Plus (kaolin) cartridges the ACT values derived from these two cartridges are NOT comparable.

ACT is affected by poor sample collection technique. When the sample is collected by venipuncture, use a two syringe technique to prevent tissue thromboplastin contamination. Care must be taken to adequately flush fluids from indwelling lines or catheters with patient blood before collection. Poor collection technique affects precision and accuracy. The following sample problems may effect results:

1. presence of bubbles or foaming
2. Hemolysis
3. Clotted or partially clotted sample

The following clinical conditions may affect the ACT result: hemodilution, cardioplegic solutions, hypothermia, platelet dysfunction, hypofibrinogenemia and other coagulopathies, and unsuspected heparin or warfarin therapy.

Samples with Hematocrits < 20% or > 55% may have optical densities outside of the operating range of the instrument and may results in 'Sample not seen' error message

Patients with Antiphospholipid Syndrome (APL) may have antibodies that interact with the ACT and cause spurious results. Although not extensively studied with the Hemochron Elite system, patients with this syndrome who require heparin anticoagulation should not be monitored with the ACT and an alternate method should be used.

**Synonyms:**

- ACT
- Activated coagulation time
- CT

## COLLECTION

**Sample Type:**

Whole blood

**Collect:**

Special cartridge specific for the level of heparinization used (See Additional information)

**Amount to Collect:**

200 µL (0.2 mL)

**Preferred Volume:**

50 µL (0.05 mL)

**Minimum Volume:**

15 µL (0.015 mL)

**Remarks:**

Samples should be tested as soon as possible after collection.

## PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

**Preferred Volume:**

50 µL (0.05 mL)

**Minimum Volume:**

15 µL (0.015 mL)

**RESULT INTERPRETATION****Units:**

seconds

**Reference Interval:**

Testing is used to monitor anticoagulation during invasive procedures. ACT levels during anticoagulation are compared to patient baseline values.

| Cartridge          | Normal range |
|--------------------|--------------|
| LR cartridge       | 99-187 sec   |
| Plus (+) cartridge | 98-139 sec   |

See Additional Information for reportable ranges and heparin ranges appropriate for each cartridge.

**Additional Information:**

ACT testing is performed in the operating rooms, Interventional radiology and Cardiac catheterization areas and on selected patient floors. It is not performed or offered by the UCSF Clinical Laboratories.

The HEMOCHRON Response ACT test is intended for monitoring patients receiving heparin anticoagulation therapy. Two ranges of therapeutic heparinization may be monitored by using either the low range (LR) or high range (Plus) cartridges respectively:

| Cartridge | Heparin level  | Reportable range |
|-----------|----------------|------------------|
| LR        | up to 2.5 U/mL | 65-400 sec       |
| Plus(+)   | 1.0-6.0 U/mL   | 67-1005 sec      |

Note: Although the reportable ranges overlap, due to the use of different clotting activators in the LR (celite) and Plus (kaolin) cartridges the ACT values derived from these two cartridges are NOT comparable.

ACT is affected by poor sample collection technique. When the sample is collected by venipuncture, use a two syringe technique to prevent tissue thromboplastin contamination. Care must be taken to adequately flush fluids from indwelling lines or catheters with patient blood before collection. Poor collection technique affects precision and accuracy. The following sample problems may effect results:

1. presence of bubbles or foaming
2. Hemolysis
3. Clotted or partially clotted sample

The following clinical conditions may affect the ACT result: hemodilution, cardioplegic solutions, hypothermia, platelet dysfunction, hypofibrinogenemia and other coagulopathies, and unsuspected heparin or warfarin therapy.

Samples with Hematocrits < 20% or > 55% may have optical densities outside of the operating range of the instrument and may result in 'Sample not seen' error message

Patients with Antiphospholipid Syndrome (APL) may have antibodies that interact with the ACT and cause spurious results. Although not extensively studied with the Hemochron Elite system, patients with this syndrome who require heparin anticoagulation should not be monitored with the ACT and an alternate method should be used.

**COMPLETE VIEW****Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Methodology:**

Hemochron Response: Clotting activation &amp; optical clot detection

**Remarks:**

Samples should be tested as soon as possible after collection.

**Collect:**

Special cartridge specific for the level of heparinization used (See Additional information)

**Amount to Collect:**

200 µL (0.2 mL)

**Sample Type:**

Whole blood

**Preferred Volume:**

50 µL (0.05 mL)

**Minimum Volume:**

15 µL (0.015 mL)

**Units:**

seconds

**Reference Interval:**

Testing is used to monitor anticoagulation during invasive procedures. ACT levels during anticoagulation are compared to patient baseline values.

| Cartridge          | Normal range |
|--------------------|--------------|
| LR cartridge       | 99-187 sec   |
| Plus (+) cartridge | 98-139 sec   |

See Additional Information for reportable ranges and heparin ranges appropriate for each cartridge.

**Synonyms:**

- ACT
- Activated coagulation time
- CT

**Additional Information:**

ACT testing is performed in the operating rooms, Interventional radiology and Cardiac catheterization areas and on selected patient floors. It is not performed or offered by the UCSF Clinical Laboratories.

The HEMOCHRON Response ACT test is intended for monitoring patients receiving heparin anticoagulation therapy. Two ranges of therapeutic heparinization may be monitored by using either the low range (LR) or high range (Plus) cartridges respectively:

| Cartridge | Heparin level  | Reportable range |
|-----------|----------------|------------------|
| LR        | up to 2.5 U/mL | 65-400 sec       |
| Plus(+)   | 1.0-6.0 U/mL   | 67-1005 sec      |

Note: Although the reportable ranges overlap, due to the use of different clotting activators in the LR (celite) and Plus (kaolin) cartridges the ACT values derived from these two cartridges are NOT comparable.

ACT is affected by poor sample collection technique. When the sample is collected by venipuncture, use a two syringe technique to prevent tissue thromboplastin contamination. Care must be taken to adequately flush fluids from indwelling lines or catheters with patient blood before collection. Poor collection technique affects precision and accuracy. The following sample problems may effect results:

1. presence of bubbles or foaming
2. Hemolysis
3. Clotted or partially clotted sample

The following clinical conditions may affect the ACT result: hemodilution, cardioplegic solutions, hypothermia, platelet dysfunction, hypofibrinogenemia and other coagulopathies, and unsuspected heparin or warfarin therapy.

Samples with Hematocrits < 20% or > 55% may have optical densities outside of the operating range of the instrument and may results in 'Sample not seen' error message

Patients with Antiphospholipid Syndrome (APL) may have antibodies that interact with the ACT and cause spurious results. Although not extensively studied with the Hemochron Elite system, patients with this syndrome who require heparin anticoagulation should not be monitored with the ACT and an alternate method should be used.

# POCT Coloscreen (POC113)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test available 24 hours per day 7 days per week

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=188&infocardID=4MZJQOZ3SNDCJH6HEV](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=188&infocardID=4MZJQOZ3SNDCJH6HEV) for the Point of Care Coloscreen standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more. NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- Fecal occult blood

## COLLECTION

**Sample Type:**

Stool

**Collect:**

stool container or ColoScreen slides

## PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

## RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=188&infocardID=4MZJQOZ3SNDCJH6HEV](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=188&infocardID=4MZJQOZ3SNDCJH6HEV) for the Point of Care Coloscreen standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more. NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test available 24 hours per day 7 days per week

**Collect:**

stool container or ColoScreen slides

**Sample Type:**

Stool

**Synonyms:**

- Fecal occult blood

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=188&infocardID=4MZJQOZ3SNDCJH6HEV](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=188&infocardID=4MZJQOZ3SNDCJH6HEV) for the Point of Care Coloscreen standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more. NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

# POCT COVID-19 ANTIGEN, QUALITATIVE, RAPID (POC6239)

## ORDERING

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Methodology:**

Lateral Flow Immunoassay

**Additional Information:**

- This product has not been FDA cleared or approved but has been authorized by FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories.
- Clinical staff that are unable to discriminate color are not allowed to perform this test.
- Inadequate or inappropriate specimen collection, storage, and transport may yield false negative test results.
- Testing should be performed in an area with adequate ventilation.
- Reading results before or after the specified time frame can produce inaccurate results. Do not read results after 15 minutes, this would be considered inaccurate.

**Synonyms:**

- Covid Rapid Antigen Test
- Quidel Quickvue Rapid Antigen

## COLLECTION

**Collect:**

Nasal Swab

**Remarks:**

Use the nasal swab supplied in the kit and follow the sample collection instructions provided.

**Stability (from collection to initiation):**

120 hours

**Storage/Transport Temperature:**

Room Temperature or 2-8C in a clean dry transport tube

## PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

**Stability (from collection to initiation):**

120 hours

**Storage/Transport Temperature:**

Room Temperature or 2-8C in a clean dry transport tube

## RESULT INTERPRETATION

**Reference Interval:**

Not Detected

**Additional Information:**

- This product has not been FDA cleared or approved but has been authorized by FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories.
- Clinical staff that are unable to discriminate color are not allowed to perform this test.
- Inadequate or inappropriate specimen collection, storage, and transport may yield false negative test results.
- Testing should be performed in an area with adequate ventilation.
- Reading results before or after the specified time frame can produce inaccurate results. Do not read results after 15 minutes, this would be considered inaccurate.

## ADMINISTRATIVE

**CPT Codes:**

87811QW

## COMPLETE VIEW

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Methodology:**

Lateral Flow Immunoassay

**Remarks:**

Use the nasal swab supplied in the kit and follow the sample collection instructions provided.

**Collect:**

Nasal Swab

**Reference Interval:**

Not Detected

**Synonyms:**

- Covid Rapid Antigen Test
- Quidel Quickvue Rapid Antigen

**Storage/Transport Temperature:**

Room Temperature or 2-8C in a clean dry transport tube

**Stability (from collection to initiation):**

120 hours

**Additional Information:**

- This product has not been FDA cleared or approved but has been authorized by FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories.
- Clinical staff that are unable to discriminate color are not allowed to perform this test.
- Inadequate or inappropriate specimen collection, storage, and transport may yield false negative test results.
- Testing should be performed in an area with adequate ventilation.
- Reading results before or after the specified time frame can produce inaccurate results. Do not read results after 15 minutes, this would be considered inaccurate.

**CPT Codes:**

87811QW

# POCT Covid-19 RNA, Qualitative Rapid

## ORDERING

**Ordering Recommendations:**

Hospital Epidemiology and Infection Prevention: <https://infectioncontrol.ucsfmedicalcenter.org/ucsf-health-covid-19-resources>

**Available Stat:**

Yes

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=980&infocardID=HJRAWEVK5FGP5DO2XQ](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=980&infocardID=HJRAWEVK5FGP5DO2XQ) for the Point of Care Abbott ID NOW Covid-19 standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- POCT COVID
- POCT coronavirus
- POCT SARS-CoV-2
- Abbott ID COVID
- C19POC

## COLLECTION

**Sample Type:**

Nasal or throat direct swab (included in kit), or nasopharyngeal direct swab (not included in kit)

**Collect:**

Direct swab not in UTM

## RESULT INTERPRETATION

**Reference Interval:**

Not Detected

**Critical Values:**

Detected

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=980&infocardID=HJRAWEVK5FGP5DO2XQ](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=980&infocardID=HJRAWEVK5FGP5DO2XQ) for the Point of Care Abbott ID NOW Covid-19 standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## ADMINISTRATIVE

**CPT Codes:**

89635-QW

**LOINC Codes:**

94534-5

## COMPLETE VIEW

**Available Stat:**

Yes

**Ordering Recommendations:**

Hospital Epidemiology and Infection Prevention: <https://infectioncontrol.ucsfmedicalcenter.org/ucsf-health-covid-19-resources>

**Collect:**

Direct swab not in UTM



**Sample Type:**

Nasal or throat direct swab (included in kit), or nasopharyngeal direct swab (not included in kit)

**Reference Interval:**

Not Detected

**Critical Values:**

Detected

**Synonyms:**

- POCT COVID
- POCT coronavirus
- POCT SARS-CoV-2
- Abbott ID COVID
- C19POC

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=980&infocardID=HJRAWK5FGP5DO2XQ](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=980&infocardID=HJRAWK5FGP5DO2XQ) for the Point of Care Abbott ID NOW Covid-19 standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**CPT Codes:**

89635-QW

**LOINC Codes:**

94534-5

# POCT Creatinine Whole Blood (POC47)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test available 24 hours per day, 7 days per week

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=43&infocardID=JNTQGPB6OZAMPHLXV7](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=43&infocardID=JNTQGPB6OZAMPHLXV7) for the Point of Care iSTAT Radiology Creatinine standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- crea

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Collect:**

Light green top

## PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

## RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=43&infocardID=JNTQGPB6OZAMPHLXV7](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=43&infocardID=JNTQGPB6OZAMPHLXV7) for the Point of Care iSTAT Radiology Creatinine standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test available 24 hours per day, 7 days per week

**Collect:**

Light green top

**Sample Type:**

Heparinized whole blood

**Synonyms:**

- crea

**Additional Information:**

Please refer to [https://mcmcsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=43&infocardID=JNTQGPB6OZAMPHLXV7](https://mcmcsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=43&infocardID=JNTQGPB6OZAMPHLXV7) for the Point of Care iSTAT Radiology Creatinine standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

# POCT Drugs of Abuse Screen

POC220

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care Testing Site staff

**Performed:**

During Clinic hours

**Methodology:**

Competitive Immunoassay (CLIAwaived IDTC II)

**Additional Information:**

This is a screening test for medical purposes only. For confirmatory results, send a specimen to UCSF Clinical Laboratory for confirmation as soon as possible due to stability concerns. Confirmation of all positive results and unexpected negative results are recommended. However, follow up testing is at discretion of the clinical provider. ; Screening procedures should be considered presumptive and unconfirmed screening results are NOT to be used for non-medical use (i.e., employment testing, legal testing). If confirmation of test result(s) is necessary, an order for send out confirmatory testing is required.

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=284&infocardID=4JVARGC72NGQXOFDIT](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=284&infocardID=4JVARGC72NGQXOFDIT) for the Point of Care urine Drug Screen standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- POCT Urine Drug Screen
- POCT UDS

## COLLECTION

**Patient Preparation:**

- Prior to testing, identify the patient using two patient identifiers (e.g., Name, DOB, MRN, etc.).
- Have patient wash his or her hands with soap and warm water at a sink prior to collecting their urine sample. Make sure the soap has been rinsed off and both hands are dry.
- When possible, turn off the water to the bathroom sinks, toilets, and tubs. Bathroom sinks usually have water shut off handles under the sink. This is to prevent adulteration/dilution of the urine sample.
- Limit access to the bathroom cabinets. Vinegar, bleach, and detergents may interfere with obtaining an untampered urine sample.

**Sample Type:**

Freshly voided untreated urine

**Collect:**

Allegiance 4 oz. or other 120 ml specimen container

**Amount to Collect:**

30 ml

**Stability (from collection to initiation):**

Patient specimens should be tested as soon as possible after collection.

## PROCESSING

**Performing Lab:**

Authorized Point of Care Testing Site staff

**Stability (from collection to initiation):**

Patient specimens should be tested as soon as possible after collection.

## RESULT INTERPRETATION

**Reference Interval:**

Not Detected

**Additional Information:**

This is a screening test for medical purposes only. For confirmatory results, send a specimen to UCSF Clinical Laboratory for confirmation as soon as possible due to stability concerns. Confirmation of all positive results and unexpected negative results are recommended. However, follow up testing is at discretion of the clinical provider. ; Screening procedures should be considered presumptive and unconfirmed screening results are NOT to be used for non-medical use (i.e., employment testing, legal testing). If confirmation of test result(s) is necessary, an order for send out confirmatory testing is required.

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=284&infocardID=4JVARGC72NGQXOFDIT](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=284&infocardID=4JVARGC72NGQXOFDIT) for the Point of Care urine Drug Screen standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Interpretive Data:**

Criteria for Acceptability of Test Results:

If a colored line appears next to the control region (C) on all the test strips, the test is valid.

- Control lines should form next to the "C" or control area on all strips.
- The presence of a line (or any indication of a line) indicates a normal or Negative result.
- The absence of a line indicates an abnormal or Presumptive Positive result.
- Interpret the drug test results at five (5) minutes.

**ADMINISTRATIVE****CPT Codes:**

80305QW

**COMPLETE VIEW****Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care Testing Site staff

**Performed:**

During Clinic hours

**Methodology:**

Competitive Immunoassay (CLIAwaived IDTC II)

**Patient Preparation:**

- Prior to testing, identify the patient using two patient identifiers (e.g., Name, DOB, MRN, etc.).
- Have patient wash his or her hands with soap and warm water at a sink prior to collecting their urine sample. Make sure the soap has been rinsed off and both hands are dry.
- When possible, turn off the water to the bathroom sinks, toilets, and tubs. Bathroom sinks usually have water shut off handles under the sink. This is to prevent adulteration/dilution of the urine sample.
- Limit access to the bathroom cabinets. Vinegar, bleach, and detergents may interfere with obtaining an untampered urine sample.

**Collect:**

Allergiance 4 oz. or other 120 ml specimen container

**Amount to Collect:**

30 ml

**Sample Type:**

Freshly voided untreated urine

**Reference Interval:**

Not Detected

**Interpretive Data:**

Criteria for Acceptability of Test Results:

If a colored line appears next to the control region (C) on all the test strips, the test is valid.

- Control lines should form next to the "C" or control area on all strips.
- The presence of a line (or any indication of a line) indicates a normal or Negative result.
- The absence of a line indicates an abnormal or Presumptive Positive result.
- Interpret the drug test results at five (5) minutes.

**Synonyms:**

- POCT Urine Drug Screen
- POCT UDS

**Stability (from collection to initiation):**

Patient specimens should be tested as soon as possible after collection.

**Additional Information:**

This is a screening test for medical purposes only. For confirmatory results, send a specimen to UCSF Clinical Laboratory for confirmation as soon as possible due to stability concerns. Confirmation of all positive results and unexpected negative results are recommended. However, follow up testing is at discretion of the clinical provider. ; Screening procedures should be considered presumptive and unconfirmed screening results are NOT to be used for non-medical use (i.e., employment testing, legal testing). If confirmation of test result(s) is necessary, an order for send out confirmatory testing is required.

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=284&infocardID=4JVARGC72NGQXOFDIT](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=284&infocardID=4JVARGC72NGQXOFDIT) for the Point of Care urine Drug Screen standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**CPT Codes:**

80305QW

# POCT FLU A AND B RNA, QUALITATIVE RAPID

POC6240

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care Testing site staff

**Methodology:**

Isothermal nucleic acid amplification technology, molecular (Abbott ID NOW)

**Additional Information:**

Please refer to <https://poc.ucsf.edu/abbott-id-now-influenza-ab> for the Point of Care Abbott ID NOW Influenza A & B2 standard operating procedure for additional information such as TEST LIMITATIONS, COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL RANGES, and more. NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- ID NOW FLU A AND B

## COLLECTION

**Sample Type:**

nasal or nasopharyngeal swab

**Collect:**

Direct swab not in UTM

## PROCESSING

**Performing Lab:**

Authorized Point of Care Testing site staff

## RESULT INTERPRETATION

**Reference Interval:**

Not Detected

**Additional Information:**

Please refer to <https://poc.ucsf.edu/abbott-id-now-influenza-ab> for the Point of Care Abbott ID NOW Influenza A & B2 standard operating procedure for additional information such as TEST LIMITATIONS, COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL RANGES, and more. NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## ADMINISTRATIVE

**CPT Codes:**

87502-QW

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care Testing site staff

**Methodology:**

Isothermal nucleic acid amplification technology, molecular (Abbott ID NOW)

**Collect:**

Direct swab not in UTM

**Sample Type:**

nasal or nasopharyngeal swab

**Reference Interval:**

Not Detected

**Synonyms:**

- ID NOW FLU A AND B

**Additional Information:**

Please refer to <https://pocf.ucsf.edu/abbott-id-now-influenza-ab> for the Point of Care Abbott ID NOW Influenza A & B2 standard operating procedure for additional information such as TEST LIMITATIONS, COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL RANGES, and more. NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**CPT Codes:**

87502-QW



# POCT Gastric Occult Blood

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test available 24 hours per day 7 days per week

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=387&infocardID=CD665TJA25EIXHK3DT](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=387&infocardID=CD665TJA25EIXHK3DT) for the Point of Care Gastrocult standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- Occult blood
- gastric bleeding

## COLLECTION

**Sample Type:**

Gastric aspirate or vomitus

**Collect:**

NG/OG tube or Gastrocult slides

## PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

## RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=387&infocardID=CD665TJA25EIXHK3DT](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=387&infocardID=CD665TJA25EIXHK3DT) for the Point of Care Gastrocult standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test available 24 hours per day 7 days per week

**Collect:**

NG/OG tube or Gastrocult slides

**Sample Type:**

Gastric aspirate or vomitus

**Synonyms:**

- Occult blood
- gastric bleeding

**Additional Information:**

Please refer to [https://mcmcsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=387&infocardID=CD665TJA25EIXHK3DT](https://mcmcsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=387&infocardID=CD665TJA25EIXHK3DT) for the Point of Care Gastrocult standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

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# POCT Glucose

GLUPCT

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test available 24 hours per day, 7 days per week

**Methodology:**

Nova StatStrip Glucometer

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=405&infocardID=XKFRZ5CFWBCIXCJPKS](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=405&infocardID=XKFRZ5CFWBCIXCJPKS) for the Point of Care Nova StatStrip Glucose Monitoring System standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable using Microsoft Edge.

**Synonyms:**

- Point of care blood glucose
- Glucometer
- Fingerstick glucose

## COLLECTION

**Sample Type:**

Capillary blood (fingerstick)

**Amount to Collect:**

One drop (1.2 ul)

**Remarks:**

Wipe off first drop of blood

## PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

## RESULT INTERPRETATION

**Units:**

mg/dl

**Reference Interval:**

Neonate: 55-115 mg/dl

Adult &amp; Pediatric: 70-199 mg/dl

**Critical Values:**

Neonate: &lt;40 mg/dl or &gt;150 mg/dl

Adult &amp; Pediatric: &lt;60 mg/dl or &gt;400 mg/dl

Note: All Critical results must be repeated on the Nova StatStrip meter within 10 minutes.  
If a result is in Critical Range, a comment must be entered to continue meter use.

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=405&infocardID=XKFRZ5CFWBCIXCJPKS](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=405&infocardID=XKFRZ5CFWBCIXCJPKS) for the Point of Care Nova StatStrip Glucose Monitoring System standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable using Microsoft Edge.

## ADMINISTRATIVE

**CPT Codes:**  
82947 QW

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test available 24 hours per day, 7 days per week

**Methodology:**

Nova StatStrip Glucometer

**Remarks:**

Wipe off first drop of blood

**Amount to Collect:**

One drop (1.2 ul)

**Sample Type:**

Capillary blood (fingerstick)

**Units:**

mg/dl

**Reference Interval:**

Neonate: 55-115 mg/dl

Adult & Pediatric: 70-199 mg/dl

**Critical Values:**

Neonate: <40 mg/dl or >150 mg/dl

Adult & Pediatric: <60 mg/dl or >400 mg/dl

Note: All Critical results must be repeated on the Nova StatStrip meter within 10 minutes.

If a result is in Critical Range, a comment must be entered to continue meter use.

**Synonyms:**

- Point of care blood glucose
- Glucometer
- Fingerstick glucose

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=405&infocardID=XKFRZ5CFWBCIXCJPKS](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=405&infocardID=XKFRZ5CFWBCIXCJPKS) for the Point of Care Nova StatStrip Glucose Monitoring System standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable using Microsoft Edge.

**CPT Codes:**  
82947 QW

# POCT Hemoglobin (POC91)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

24 hours per day, 7 days per week

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=708&infocardID=SVRQFRMGGENENZKI3JG](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=708&infocardID=SVRQFRMGGENENZKI3JG) for the Point of Care Hemocue HB 201 DM standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- HEMPC1
- HEMPOC
- Hemocue
- Hgb

## COLLECTION

**Sample Type:**

Fingerstick, EDTA or Heparinized whole blood

**Collect:**

EDTA or heparinized tube

## PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

## RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=708&infocardID=SVRQFRMGGENENZKI3JG](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=708&infocardID=SVRQFRMGGENENZKI3JG) for the Point of Care Hemocue HB 201 DM standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## ADMINISTRATIVE

**LOINC Codes:**

718-7

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

24 hours per day, 7 days per week

**Collect:**

EDTA or heparinized tube

**Sample Type:**

Fingerstick, EDTA or Heparinized whole blood

**Synonyms:**

- HEMPC1
- HEMPOC
- Hemocue
- Hgb

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=708&infocardID=SVRQFRMGGENENZKI3JG](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=708&infocardID=SVRQFRMGGENENZKI3JG) for the Point of Care Hemocue HB 201 DM standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**LOINC Codes:**

718-7

# POCT Hemoglobin A1c (POC4)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=876&infocardID=M3GFUB7MB5HOFDHMZ3](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=876&infocardID=M3GFUB7MB5HOFDHMZ3) for the Point of Care DCA Vantage standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- Glyco-hgb
- Glycohemoglobin
- Glycosylated hemoglobin

## COLLECTION

**Sample Type:**

Fingerstick or Anticoagulated whole blood

**Collect:**

Lavender top, or DCA 2000 capillary tube

## PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

## RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=876&infocardID=M3GFUB7MB5HOFDHMZ3](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=876&infocardID=M3GFUB7MB5HOFDHMZ3) for the Point of Care DCA Vantage standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Collect:**

Lavender top, or DCA 2000 capillary tube

**Sample Type:**

Fingerstick or Anticoagulated whole blood

**Synonyms:**

- Glyco-hgb
- Glycohemoglobin
- Glycosylated hemoglobin

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=876&infocardID=M3GFUB7MB5HOFDHMZ3](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=876&infocardID=M3GFUB7MB5HOFDHMZ3) for the Point of Care DCA Vantage standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.



# POCT HIV 1/2 Ag/Ab Combo Screening (POC1955)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of care testing staff.

**Performed:**

During clinic hours

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=360&infocardID=ZFMRXYITKZE7E427H](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=360&infocardID=ZFMRXYITKZE7E427H) for the Point of Care HIV 1/2 Ag/Ab Combo Test standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Reflex Testing:**

If the screening test is positive a serum sample should be submitted and the HIV Ag/Ab combination test (HIVAA) ordered for confirmation.

**Synonyms:**

- HIV Ab/Ag
- HIV Antibody/Antigen
- Human Immunodeficiency Virus Antibody
- Human Immunodeficiency Virus Ab
- AIDS
- Rapid HIV screen

## COLLECTION

**Sample Type:**

fingerstick whole blood

**Collect:**

capillary whole blood

## PROCESSING

**Performing Lab:**

Authorized Point of care testing staff.

## RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=360&infocardID=ZFMRXYITKZE7E427H](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=360&infocardID=ZFMRXYITKZE7E427H) for the Point of Care HIV 1/2 Ag/Ab Combo Test standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of care testing staff.

**Performed:**

During clinic hours

**Collect:**

capillary whole blood

**Sample Type:**

fingerstick whole blood

**Synonyms:**

- HIV Ab/Ag
- HIV Antibody/Antigen
- Human Immunodeficiency Virus Antibody
- Human Immunodeficiency Virus Ab
- AIDS
- Rapid HIV screen

**Reflex Testing:**

If the screening test is positive a serum sample should be submitted and the HIV Ag/Ab combination test (HIVAA) ordered for confirmation.

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=360&infocardID=ZFMRXYITKZEW7E427H](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=360&infocardID=ZFMRXYITKZEW7E427H) for the Point of Care HIV 1/2 Ag/Ab Combo Test standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## POCT HIV 1/2 Antibody Screening (POC128)

### ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=892&infocardID=4LJW4AD5KFEJJOQfCIO](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=892&infocardID=4LJW4AD5KFEJJOQfCIO) or the Point of Care OraQuick Advance HIV 1/2 Antibody Test for Patient >= 12 years of age standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Reflex Testing:**

If the screening test is positive a serum sample should be submitted and the HIV Ag/Ab combination test (HIVAA) ordered for confirmation.

**Synonyms:**

- HIV Ab
- HIV Antibody
- Human Immunodeficiency Virus Antibody
- Human Immunodeficiency Virus Ab
- AIDS
- Rapid HIV Screen

### COLLECTION

**Sample Type:**

EDTA Whole Blood

**Collect:**

EDTA

### PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

### RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=892&infocardID=4LJW4AD5KFEJJOQfCIO](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=892&infocardID=4LJW4AD5KFEJJOQfCIO) or the Point of Care OraQuick Advance HIV 1/2 Antibody Test for Patient >= 12 years of age standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

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### COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Collect:**

EDTA

**Sample Type:**

EDTA Whole Blood

**Synonyms:**

- HIV Ab
- HIV Antibody
- Human Immunodeficiency Virus Antibody
- Human Immunodeficiency Virus Ab
- AIDS
- Rapid HIV Screen

**Reflex Testing:**

If the screening test is positive a serum sample should be submitted and the HIV Ag/Ab combination test (HIVAA) ordered for confirmation.

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=892&infocardID=4LJW4AD5KFEJJOQfCIO](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=892&infocardID=4LJW4AD5KFEJJOQfCIO) or the Point of Care OraQuick Advance HIV 1/2 Antibody Test for Patient >= 12 years of age standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

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# POCT iSTAT Blood Gases and Electrolytes (LAB3787)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test is available 24 hours, 7 days a week

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=347&infocardID=HJOXZKYXXZC4NCOV5P](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=347&infocardID=HJOXZKYXXZC4NCOV5P) for the Point of Care Abbott iSTAT EG7 (Blood Gas, Electrolytes, and other analytes) standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- EG7PA
- EG7PV

## COLLECTION

**Sample Type:**

Heparinized capillary whole blood, Arterial blood gas sample

**Collect:**

lithium heparinized

## PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

## RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=347&infocardID=HJOXZKYXXZC4NCOV5P](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=347&infocardID=HJOXZKYXXZC4NCOV5P) for the Point of Care Abbott iSTAT EG7 (Blood Gas, Electrolytes, and other analytes) standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

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## ADMINISTRATIVE

**CPT Codes:**

82803, 84295, 84132, 82330

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test is available 24 hours, 7 days a week

**Collect:**

lithium heparinized

**Sample Type:**

Heparinized capillary whole blood, Arterial blood gas sample

**Synonyms:**

- EG7PA
- EG7PV

**Additional Information:**

Please refer to [https://mcmcsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=347&infocardID=HJOXZKYXXZC4NCOV5P](https://mcmcsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=347&infocardID=HJOXZKYXXZC4NCOV5P) for the Point of Care Abbott iSTAT EG7 (Blood Gas, Electrolytes, and other analytes) standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**CPT Codes:**

82803, 84295, 84132, 82330

# POCT iSTAT Blood Gases, Electrolytes, Glucose (POC120)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized nursing and physician staff

**Performed:**

Test is available 24 hours, 7 days per week

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=954&infocardID=KMHTE4N2XFDNBLRHL4](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=954&infocardID=KMHTE4N2XFDNBLRHL4) for the Point of Care iSTAT CG8 standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- CG8A
- CG8V

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Collect:**

Light green top

## PROCESSING

**Performing Lab:**

Authorized nursing and physician staff

## RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=954&infocardID=KMHTE4N2XFDNBLRHL4](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=954&infocardID=KMHTE4N2XFDNBLRHL4) for the Point of Care iSTAT CG8 standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

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## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized nursing and physician staff

**Performed:**

Test is available 24 hours, 7 days per week

**Collect:**

Light green top

**Sample Type:**

Heparinized whole blood

**Synonyms:**

- CG8A
- CG8V

**Additional Information:**

Please refer to [https://mcmcsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=954&infocardID=KMHTE4N2XFDNBLRHL4](https://mcmcsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=954&infocardID=KMHTE4N2XFDNBLRHL4) for the Point of Care iSTAT CG8 standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

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## POCT iSTAT CHEM8 (POC131)

### ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized nursing and physician staff

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=235&infocardID=QFHDSE4IEJBEDPM6FL](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=235&infocardID=QFHDSE4IEJBEDPM6FL) for the Point of Care Abbott iSTAT CHEM8+ standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

### COLLECTION

**Sample Type:**

Heparinized capillary whole blood, Arterial blood gas sample

**Collect:**

Lithium heparinized tube

### PROCESSING

**Performing Lab:**

Authorized nursing and physician staff

### RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=235&infocardID=QFHDSE4IEJBEDPM6FL](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=235&infocardID=QFHDSE4IEJBEDPM6FL) for the Point of Care Abbott iSTAT CHEM8+ standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

### ADMINISTRATIVE

**CPT Codes:**

80047, 85014

### COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized nursing and physician staff

**Collect:**

Lithium heparinized tube

**Sample Type:**

Heparinized capillary whole blood, Arterial blood gas sample

**Additional Information:**

Please refer to [https://mcmcsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=235&infocardID=QFHDSE4IEJBEDPM6FL](https://mcmcsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=235&infocardID=QFHDSE4IEJBEDPM6FL) for the Point of Care Abbott iSTAT CHEM8+ standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**CPT Codes:**

80047, 85014

# POCT Lipid Testing (POC117)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=411&infocardID=YED2ANIUBFELNSCCD](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=411&infocardID=YED2ANIUBFELNSCCD) for the Point of Care Cholestech LDX\_LipidGlucose standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- total cholesterol
- HDL cholesterol
- triglycerides

## COLLECTION

**Sample Type:**

Heparinized whole blood

**Collect:**

Light Green top or Cholestech heparinized capillary tube

## PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

## RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=411&infocardID=YED2ANIUBFELNSCCD](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=411&infocardID=YED2ANIUBFELNSCCD) for the Point of Care Cholestech LDX\_LipidGlucose standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Collect:**

Light Green top or Cholestech heparinized capillary tube

**Sample Type:**

Heparinized whole blood

**Synonyms:**

- total cholesterol
- HDL cholesterol
- triglycerides

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=411&infocardID=IYED2ANIUBFELNSCCD](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=411&infocardID=IYED2ANIUBFELNSCCD) for the Point of Care Cholestech LDX\_LipidGlucose standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

# POCT Microalbumin Urinalysis Dipstick

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

In Selected clinics by authorized Point of Care testing site staff

**Synonyms:**

- UA
- Urine dipstick
- Urine Microalbumin
- Urine Albumin
- Urine Creatinine
- Urine Albumin to Creatinine Ratio

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

20 mL urine

**Minimum Volume:**

5 mL urine

**Remarks:**

First A.M. void preferred

## PROCESSING

**Performing Lab:**

In Selected clinics by authorized Point of Care testing site staff

**Preferred Volume:**

20 mL urine

**Minimum Volume:**

5 mL urine

## RESULT INTERPRETATION

**Reference Interval:**

Albumin-to-Creatinine Ratio &lt;30 mg/g creatinine

## ADMINISTRATIVE

**CPT Codes:**

82044

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

In Selected clinics by authorized Point of Care testing site staff

**Remarks:**

First A.M. void preferred

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

20 mL urine

**Minimum Volume:**

5 mL urine

**Reference Interval:**

Albumin-to-Creatinine Ratio <30 mg/g creatinine

**Synonyms:**

- UA
- Urine dipstick
- Urine Microalbumin
- Urine Albumin
- Urine Creatinine
- Urine Albumin to Creatinine Ratio

**CPT Codes:**

82044

# POCT Multistix 10SG Urinalysis Dipstick (POC124)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

In Selected clinics by authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Additional Information:**

Please refer to [https://mcmcsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=883&infocardID=VQJKQKFJMJBS7CUNVE](https://mcmcsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=883&infocardID=VQJKQKFJMJBS7CUNVE) for the Point of Care Multistix 10SG standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- UA
- Urine dipstick
- Urine pH
- Specific gravity, urine
- Urine hemoglobin
- Urine protein
- Urine glucose
- Urine nitrate
- Urine Leukocyte esterase
- Urine ketones
- Urine bilirubin
- Urobilinogen

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Sterile urine cup

## PROCESSING

**Performing Lab:**

In Selected clinics by authorized Point of Care testing site staff

## RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmcsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=883&infocardID=VQJKQKFJMJBS7CUNVE](https://mcmcsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=883&infocardID=VQJKQKFJMJBS7CUNVE) for the Point of Care Multistix 10SG standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

In Selected clinics by authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Collect:**

Sterile urine cup

**Sample Type:**

Random urine

**Synonyms:**

- UA
- Urine dipstick
- Urine pH
- Specific gravity, urine
- Urine hemoglobin
- Urine protein
- Urine glucose
- Urine nitrate
- Urine Leukocyte esterase
- Urine ketones
- Urine bilirubin
- Urobilinogen

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=883&infocardID=VQJKQKFJMJB57CUNVE](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=883&infocardID=VQJKQKFJMJB57CUNVE) for the Point of Care Multistix 10SG standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

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# POCT OR Blood Gas, ABL90

ABLOR

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care Testing Site (Inpatient Setting)

**Performed:**

During OR hours

**Methodology:**

Radiometer ABL90 FLEX Plus

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=114&infocardID=GGQVB6W4HFHVPEFWI5C](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=114&infocardID=GGQVB6W4HFHVPEFWI5C) for the Point of Care Radiometer ABL90 Flex Plus SOP for pH, Blood gases, electrolytes, oximetry, and metabolites standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- POCT Blood Gas
- LAB5639

## COLLECTION

**Sample Type:**

Heparinized whole blood (arterial or venous)

**Amount to Collect:**

1 mL

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.15 mL of arterial or venous whole blood

**Unacceptable Conditions:**

Samples not analyzed within 30 minutes from collection. Samples with expected high pO<sub>2</sub> values or for special studies like shunt studies should be analyzed immediately or within 5 minutes.

## PROCESSING

**Test Code:**

ABLOR

**Performing Lab:**

Authorized Point of Care Testing Site (Inpatient Setting)

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.15 mL of arterial or venous whole blood

**Unacceptable Conditions:**

Samples not analyzed within 30 minutes from collection. Samples with expected high pO<sub>2</sub> values or for special studies like shunt studies should be analyzed immediately or within 5 minutes.

## RESULT INTERPRETATION

**Units:**

mmHg, mmol/L, %, g/dl, mg/dl

**Reference Interval:**[Click here for Reference Intervals](#)

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=114&infocardID=GGQVB6W4HFHVPEWJ5C](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=114&infocardID=GGQVB6W4HFHVPEWJ5C) for the Point of Care Radiometer ABL90 Flex Plus SOP for pH, Blood gases, electrolytes, oximetry, and metabolites standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

ABLOR

**Performing Lab:**

Authorized Point of Care Testing Site (Inpatient Setting)

**Performed:**

During OR hours

**Methodology:**

Radiometer ABL90 FLEX Plus

**Amount to Collect:**

1 mL

**Sample Type:**

Heparinized whole blood (arterial or venous)

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.15 mL of arterial or venous whole blood

**Unacceptable Conditions:**

Samples not analyzed within 30 minutes from collection. Samples with expected high pO<sub>2</sub> values or for special studies like shunt studies should be analyzed immediately or within 5 minutes.

**Units:**

mmHg, mmol/L, %, g/dl, mg/dl

**Reference Interval:**

[Click here for Reference Intervals](#)

**Synonyms:**

- POCT Blood Gas
- LAB5639

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=114&infocardID=GGQVB6W4HFHVPEWJ5C](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=114&infocardID=GGQVB6W4HFHVPEWJ5C) for the Point of Care Radiometer ABL90 Flex Plus SOP for pH, Blood gases, electrolytes, oximetry, and metabolites standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## POCT pH, Fluid (POC85)

### ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test available 24 hours per day 7 days per week

**Additional Information:**

Please add: Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=517&infocardID=LQWUDTCIGJG4LP3CBB](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=517&infocardID=LQWUDTCIGJG4LP3CBB) for the Point of Care pH Determination of Gastric, Ocular, and Vaginal Specimens standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- ocular pH
- vaginal pH
- Amniotic fluid pH
- gastric pH
- SROM
- Spontaneous rupture of membranes

### COLLECTION

**Sample Type:**

Vaginal fluid, Ocular fluid, Gastric fluid

**Collect:**

N/A, direct application of patient sample to pH paper

### PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

### RESULT INTERPRETATION

**Additional Information:**

Please add: Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=517&infocardID=LQWUDTCIGJG4LP3CBB](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=517&infocardID=LQWUDTCIGJG4LP3CBB) for the Point of Care pH Determination of Gastric, Ocular, and Vaginal Specimens standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

### COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test available 24 hours per day 7 days per week

**Collect:**

N/A, direct application of patient sample to pH paper

**Sample Type:**

Vaginal fluid, Ocular fluid, Gastric fluid

**Synonyms:**

- ocular pH
- vaginal pH
- Amniotic fluid pH
- gastric pH
- SROM
- Spontaneous rupture of membranes

**Additional Information:**

Please add: Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=517&infocardID=LQWUDTCIGJG4LP3CBB](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=517&infocardID=LQWUDTCIGJG4LP3CBB) for the Point of Care pH Determination of Gastric, Ocular, and Vaginal Specimens standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

# POCT Prothrombin Time, Fingerstick (POC116)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=340&infocardID=6U6PULNQP5ALBDY6K3](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=340&infocardID=6U6PULNQP5ALBDY6K3) for the Point of Care CoaguChek XS Prothrombin Time INR standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- PT/INR
- coumadin
- warfarin

## COLLECTION

**Sample Type:**

Capillary (fingerstick) blood (venous whole blood acceptable)

**Collect:**

Venipuncture samples may be collected using only plastic syringes.

## PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

## RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=340&infocardID=6U6PULNQP5ALBDY6K3](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=340&infocardID=6U6PULNQP5ALBDY6K3) for the Point of Care CoaguChek XS Prothrombin Time INR standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Collect:**

Venipuncture samples may be collected using only plastic syringes.

**Sample Type:**

Capillary (fingerstick) blood (venous whole blood acceptable)

**Synonyms:**

- PT/INR
- coumadin
- warfarin

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=340&infocardID=6U6PULNQP5ALBDY6K3](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=340&infocardID=6U6PULNQP5ALBDY6K3) for the Point of Care CoaguChek XS Prothrombin Time INR standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

# POCT Respiratory Syncytial Virus Antigen (POC90)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=869&infocardID=5AKN64M52NGRTKDW4X](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=869&infocardID=5AKN64M52NGRTKDW4X) for the Point of Care Binax Now RSV Test standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- RSV

## COLLECTION

**Sample Type:**

Nasal swab or nasal wash

**Collect:**

Nasal wash or nasopharyngeal swabs - polyester, rayon, foam, cotton and flocked flexible shaft nasopharyngeal swabs are acceptable

## PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

## RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=869&infocardID=5AKN64M52NGRTKDW4X](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=869&infocardID=5AKN64M52NGRTKDW4X) for the Point of Care Binax Now RSV Test standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Collect:**

Nasal wash or nasopharyngeal swabs - polyester, rayon, foam, cotton and flocked flexible shaft nasopharyngeal swabs are acceptable

**Sample Type:**

Nasal swab or nasal wash

**Synonyms:**

- RSV

**Additional Information:**

Please refer to [https://mcmcsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=869&infocardID=5AKN64M52NGRTKDW4X](https://mcmcsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=869&infocardID=5AKN64M52NGRTKDW4X) for the Point of Care Binax Now RSV Test standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.



# POCT Streptococcus Group A Antigen (POC114)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=588&infocardID=IQP6EOWBHRGMPMCWJR](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=588&infocardID=IQP6EOWBHRGMPMCWJR) for the Point of Care Signify Strep A standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- Beta-hemolytic Strep
- beta-strep

## COLLECTION

**Sample Type:**

Swab of posterior nasopharynx

**Collect:**

Two Sterile rayon or Dacron swabs

## PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

## RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=588&infocardID=IQP6EOWBHRGMPMCWJR](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=588&infocardID=IQP6EOWBHRGMPMCWJR) for the Point of Care Signify Strep A standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

During clinic hours

**Collect:**

Two Sterile rayon or Dacron swabs

**Sample Type:**

Swab of posterior nasopharynx

**Synonyms:**

- Beta-hemolytic Strep
- beta-strep

**Additional Information:**

Please refer to [https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=588&infocardID=IQP6EOWBHRGMPMCWJR](https://mcmsctwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=588&infocardID=IQP6EOWBHRGMPMCWJR) for the Point of Care Signify Strep A standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, CRITICAL VALUES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## POCT Urine Pregnancy $\geq$ 18 years old (POC125)

### ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test available 24 hours per day 7 days per week

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=987&infocardID=MMPOGYUYNJDZFOL24P](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=987&infocardID=MMPOGYUYNJDZFOL24P) for the Point of Care Cardinal Health Urine Pregnancy Test standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- HCG
- Beta-HCG
- b-HCG
- gonadotropin tests
- Human chorionic gonadotropin

### COLLECTION

**Collect:**

Urine cup

### PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

### RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=987&infocardID=MMPOGYUYNJDZFOL24P](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=987&infocardID=MMPOGYUYNJDZFOL24P) for the Point of Care Cardinal Health Urine Pregnancy Test standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection contrainer, and volume required), REFERENCE RANGES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

### COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test available 24 hours per day 7 days per week

**Collect:**

Urine cup

**Synonyms:**

- HCG
- Beta-HCG
- b-HCG
- gonadotropin tests
- Human chorionic gonadotropin

**Additional Information:**

Please refer to [https://mcmstwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=987&infocardID=MMPOGYUYNJDZFOL24P](https://mcmstwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=987&infocardID=MMPOGYUYNJDZFOL24P) for the Point of Care Cardinal Health Urine Pregnancy Test standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

## POCT Urine Pregnancy, <18 years (POC126)

### ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test available 24 hours per day 7 days per week

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=987&infocardID=MMPOGYUYNJDZFOL24P](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=987&infocardID=MMPOGYUYNJDZFOL24P) for the Point of Care Cardinal Health Urine Pregnancy Test standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

**Synonyms:**

- HCG
- Beta-HCG
- b-HCG
- gonadotropin tests
- Human chorionic gonadotropin

### COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

### PROCESSING

**Performing Lab:**

Authorized Point of Care testing site staff

### RESULT INTERPRETATION

**Additional Information:**

Please refer to [https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=987&infocardID=MMPOGYUYNJDZFOL24P](https://mcmsctwvs002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=987&infocardID=MMPOGYUYNJDZFOL24P) for the Point of Care Cardinal Health Urine Pregnancy Test standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

### COMPLETE VIEW

**Available Stat:**

Yes

**Performing Lab:**

Authorized Point of Care testing site staff

**Performed:**

Test available 24 hours per day 7 days per week

**Collect:**

Urine cup

**Sample Type:**

Random urine

**Synonyms:**

- HCG
- Beta-HCG
- b-HCG
- gonadotropin tests
- Human chorionic gonadotropin

**Additional Information:**

Please refer to [https://mcmstwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view\\_pdf.cfm?ui=987&infocardID=MMPOGYUYNJDZFOL24P](https://mcmstwws002.ucsfmedicalcenter.org/mc/Main/MASTERControl/vault/view_pdf.cfm?ui=987&infocardID=MMPOGYUYNJDZFOL24P) for the Point of Care Cardinal Health Urine Pregnancy Test standard operating procedure for additional information such as TEST LIMITATIONS (including interfering substances), COLLECTION INFORMATION (including sample type, collection container, and volume required), REFERENCE RANGES, and more.

NOTE: Document access requires VPN if accessing outside of the UCSF network. Document links are viewable on Microsoft Edge.

# POCT, Whole Blood Oximetry

AVOXPC

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Point of Care

**Methodology:**

AVOX

**Additional Information:**

The POCT, Whole Blood Oximetry test battery is composed of two components: Oxyhemoglobin Saturation (HBO2AV) and Total Hemoglobin (CAHBAV).

**Synonyms:**

- AVOX
- %HbO2 Saturation
- Oxyhemoglobin saturation
- Total Hemoglobin

## COLLECTION

**Sample Type:**

Whole Blood

**Collect:**

Sodium or Lithium Heparin Plastic Syringe

**Amount to Collect:**

2 mL

**Preferred Volume:**

2 mL

**Minimum Volume:**

1 mL

**Remarks:**

Whole blood samples collected from arterial line, arterial puncture, or venipuncture

**Rejection Criteria:**

Use of citrate, fluoride oxalate, and excessive volumes of anticoagulant

## PROCESSING

**Test Code:**

AVOXPC (battery components: HBO2AV, CAHBAV)

**Performing Lab:**

Point of Care

**Preferred Volume:**

2 mL

**Minimum Volume:**

1 mL

**Rejection Criteria:**

Use of citrate, fluoride oxalate, and excessive volumes of anticoagulant

## RESULT INTERPRETATION

**Units:**

Oxyhemoglobin Saturation: %

Total Hemoglobin: g/dL

**Reference Interval:**

Oxyhemoglobin Saturation: 95-99%

Total Hemoglobin:

0-7 days: 14.5-22.5 g/dL

8-14 days: 13.5-21.5 g/dL

2-4 weeks: 12.5-20.5 g/dL

1-2 mos: 10.0-18.0 g/dL

2-3 mos: 9.0-14.0 g/dL

3-6 mos: 9.5-13.5 g/dL

6-24 mos: 11.0-13.5 g/dL

2-5 years: 11.2-13.5g/dL

5-8 years: 11.4-15.5 g/dL

8-12 years: 11.6-15.5 g/dL

Male 12-15 years: 12.3-16.0 g/dL

Male 15-18 years: 12.6-17.0 g/dL

Male 18+ years: 13.6-17.5 g/dL

Female 12-15 years: 11.8-15.5 g/dL

Female 15+ years: 12.0-15.5 g/dL

**Critical Values:**

Total Hemoglobin: &lt; 7.0 g/dL

**Additional Information:**

The POCT, Whole Blood Oximetry test battery is composed of two components: Oxyhemoglobin Saturation (HBO2AV) and Total Hemoglobin (CAHBAV).

**ADMINISTRATIVE****LOINC Codes:**

HBO2AV: 11559-2

CAHBAV: 55782-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AVOXPC (battery components: HBO2AV, CAHBAV)

**Performing Lab:**

Point of Care

**Methodology:**

AVOX

**Remarks:**

Whole blood samples collected from arterial line, arterial puncture, or venipuncture

**Collect:**

Sodium or Lithium Heparin Plastic Syringe

**Amount to Collect:**

2 mL

**Sample Type:**

Whole Blood

**Preferred Volume:**

2 mL

**Minimum Volume:**

1 mL

**Rejection Criteria:**

Use of citrate, fluoride oxalate, and excessive volumes of anticoagulant

**Units:**

Oxyhemoglobin Saturation: %

Total Hemoglobin: g/dL



**Reference Interval:**

Oxyhemoglobin Saturation: 95-99%

Total Hemoglobin:

0-7 days: 14.5-22.5 g/dL

8-14 days: 13.5-21.5 g/dL

2-4 weeks: 12.5-20.5 g/dL

1-2 mos: 10.0-18.0 g/dL

2-3 mos: 9.0-14.0 g/dL

3-6 mos: 9.5-13.5 g/dL

6-24 mos: 11.0-13.5 g/dL

2-5 years: 11.2-13.5g/dL

5-8 years: 11.4-15.5 g/dL

8-12 years: 11.6-15.5 g/dL

Male 12-15 years: 12.3-16.0 g/dL

Male 15-18 years: 12.6-17.0 g/dL

Male 18+ years: 13.6-17.5 g/dL

Female 12-15 years: 11.8-15.5 g/dL

Female 15+ years: 12.0-15.5 g/dL

**Critical Values:**

Total Hemoglobin: < 7.0 g/dL

**Synonyms:**

- AVOX
- %HbO2 Saturation
- Oxyhemoglobin saturation
- Total Hemoglobin

**Additional Information:**

The POCT, Whole Blood Oximetry test battery is composed of two components: Oxyhemoglobin Saturation (HBO2AV) and Total Hemoglobin (CAHBAV).

**LOINC Codes:**

HBO2AV: 11559-2

CAHBAV: 55782-7

# Poliovirus (Types 1,3) Antibody Neutralization

LC4092

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

CF

**Reported:**

Run Monday and Thursday, Turnaround 2-4 days.

**Additional Information:**

Used for assessing response to immunization only. Types 1-3 are tested.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top, Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## PROCESSING

**Test Code:**

POLIO

**Test Group:**

Poliovirus Antibodies

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Refrigerate separated serum. Order Quest # 988X.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## RESULT INTERPRETATION

**Reference Interval:**

Negative titer &lt; 8

**Additional Information:**

Used for assessing response to immunization only. Types 1-3 are tested.

## ADMINISTRATIVE

**CPT Codes:**

86382-90

**LOINC Codes:**

27261-7

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

POLIO

**Test Group:**

Poliovirus Antibodies

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

CF

**Collect:**

Gold top, Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Refrigerate separated serum. Order Quest # 988X.

**Reference Interval:**

Negative titer < 8

**Reported:**

Run Monday and Thursday, Turnaround 2-4 days.

**Additional Information:**

Used for assessing response to immunization only. Types 1-3 are tested.

**CPT Codes:**

86382-90

**LOINC Codes:**

27261-7

# Porphobilinogen deaminase, RBC

UPGS

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Enzymatic endpoint/Spectrofluometric

**Reported:**

5-7 days

**Synonyms:**

- PBG deaminase
- PBG-D
- Erythrocyte Porphobilinogen deaminase

## COLLECTION

**Patient Preparation:**

Have patient fast for 12-14 hours. Water may be taken as needed. No other liquids are allowed. Patient should abstain from alcohol for 24 hours prior to collection.

Note: The patient should be off medications for 1 week. If clinically inappropriate to discontinue medications, forward a list of medications with the specimen.

**Sample Type:**

Heparinized whole blood

**Collect:**

Dark Green top on ice

**Amount to Collect:**

5 mL blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

5 mL blood

**Remarks:**

Draw a full, Dark green-top (Sodium Heparin) tube, and send specimen on wet ice to lab immediately.

Draw specimen Monday-Thursday by noon only.

**Rejection Criteria:**

Sample not received by Mayo within 48 hours of collection. Frozen sample.

## PROCESSING

**Test Code:**

UPGS

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Whole Blood to be washed at Mayo Medical Laboratories. Specimen must arrive within 48 hours of draw.

Place green top on wet ice and forward whole blood to China Basin for MCI courier pickup at 1600 hours. **DO NOT** freeze sample.

Notify sendout at 3-1349 that specimen is en-route. Mark sample REFRIGERATED to Mayo Labs.

Order Mayo test #88925.

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

5 mL blood

**Rejection Criteria:**

Sample not received by Mayo within 48 hours of collection. Frozen sample.

**RESULT INTERPRETATION****Units:**

nmol/L/sec

**Reference Interval:**

Normal: > 6.9 nmol/L/sec

Indeterminate: 6.0-6.9 nmol/L/sec

Decreased: < 6.0 nmol/L/sec

**ADMINISTRATIVE****CPT Codes:**

82657-90

**LOINC Codes:**

2812-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

UPGS

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Enzymatic endpoint/Spectrofluorometric

**Patient Preparation:**

Have patient fast for 12-14 hours. Water may be taken as needed. No other liquids are allowed. Patient should abstain from alcohol for 24 hours prior to collection.

Note: The patient should be off medications for 1 week. If clinically inappropriate to discontinue medications, forward a list of medications with the specimen.

**Remarks:**

Draw a full, Dark green-top (Sodium Heparin) tube, and send specimen on wet ice to lab immediately.

Draw specimen Monday-Thursday by noon only.

**Collect:**

Dark Green top on ice

**Amount to Collect:**

5 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

5 mL blood

**Rejection Criteria:**

Sample not received by Mayo within 48 hours of collection. Frozen sample.

**Specimen Preparation:**

Whole Blood to be washed at Mayo Medical Laboratories. Specimen must arrive within 48 hours of draw.

Place green top on wet ice and forward whole blood to China Basin for MCI courier pickup at 1600 hours. **DO NOT** freeze sample.

Notify sendout at 3-1349 that specimen is en-route. Mark sample REFRIGERATED to Mayo Labs.

Order Mayo test #88925.

**Units:**

nmol/L/sec

**Reference Interval:**

Normal: > 6.9 nmol/L/sec

Indeterminate: 6.0-6.9 nmol/L/sec

Decreased: < 6.0 nmol/L/sec

**Synonyms:**

- PBG deaminase
- PBG-D
- Erythrocyte Porphobilinogen deaminase

**Reported:**

5-7 days

**CPT Codes:**

82657-90

**LOINC Codes:**

2812-6

**Porphobilinogen, Quantitative, random urine**

LAB3468

**ORDERING****Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Colorimetric

**Reported:**

Set up 5x per week. Turnaround 3-5 days

**Additional Information:**

| Disorder                                 | Porphobilinogen Increased?** |
|------------------------------------------|------------------------------|
| Acute intermittent porphyria             | +                            |
| ALA dehydratase deficiency porphyria     | +                            |
| Congenital erythropoietic coproporphyria | -                            |
| Erythropoietic protoporphyria            | -                            |
| Hepatoerythropoietic porphyria           | -                            |
| Hereditary coproporphyria                | +/-                          |
| Porphyria cutanea tarda                  | -                            |
| Variegate porphyria                      | +/-                          |

\*\* Patients with hereditary forms of porphyria usually will present with profound elevations of this analyte (> 5-fold) during acute episodes. Moderate elevations (< 3-fold) are more often due to medications or environmental factors.

**Synonyms:**

- PBG
- Porphyrin precursors
- Porphyria
- DARK

**COLLECTION****Sample Type:**

Random urine

**Label Abbreviation:**

PBQTRU

**Collect:**

Plain container, wrap with foil to protect from light.

**Amount to Collect:**

10 mL

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Remarks:**

Collect random urine, wrap collection cup in aluminum foil to protect sample from light. Transport asap to laboratory for processing. If transport delayed the sample should be refrigerated.

**Stability (from collection to initiation):**

Room temperature not acceptable, refrigerated 1 week, frozen at -20C 1 month.

**Unacceptable Conditions:**

Sample was not protected from light.

**PROCESSING****Test Code:**

PBQTRU

**Test Group:**

Porphobilinogen

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Do not use preservatives. Aliquot to dark pour off tube or wrap with aluminum foil to protect from light. Freeze at -20C and ship frozen on dry ice.

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Unacceptable Conditions:**

Sample was not protected from light.

**Stability (from collection to initiation):**

Room temperature not acceptable, refrigerated 1 week, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

mg/g creatinine

**Reference Interval:**

1-8 years: 0.9-2.8 mg/g creatinine

9-17 years: 0.5-2.0 mg/g creatinine

&gt;= 18 years: &lt;= 1.5 mg/g creatinine

**Additional Information:**

| Disorder                                 | Porphobilinogen Increased?** |
|------------------------------------------|------------------------------|
| Acute intermittent porphyria             | +                            |
| ALA dehydratase deficiency porphyria     | +                            |
| Congenital erythropoietic coproporphyria | -                            |
| Erythropoietic protoporphyria            | -                            |
| Hepatoerythropoietic porphyria           | -                            |
| Hereditary coproporphyria                | +/-                          |
| Porphyria cutanea tarda                  | -                            |
| Variegate porphyria                      | +/-                          |

\*\* Patients with hereditary forms of porphyria usually will present with profound elevations of this analyte (> 5-fold) during acute episodes. Moderate elevations (< 3-fold) are more often due to medications or environmental factors.

**ADMINISTRATIVE****CPT Codes:**

84110-90

**LOINC Codes:**

13797-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PBQTRU

**Test Group:**

Porphobilinogen

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Colorimetric



**Remarks:**

Collect random urine, wrap collection cup in aluminum foil to protect sample from light. Transport asap to laboratory for processing. If transport delayed the sample should be refrigerated.

**Collect:**

Plain container, wrap with foil to protect from light.

**Amount to Collect:**

10 mL

**Sample Type:**

Random urine

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Unacceptable Conditions:**

Sample was not protected from light.

**Specimen Preparation:**

Do not use preservatives. Aliquot to dark pour off tube or wrap with aluminum foil to protect from light. Freeze at -20C and ship frozen on dry ice.

**Units:**

mg/g creatinine

**Reference Interval:**

1-8 years: 0.9-2.8 mg/g creatinine

9-17 years: 0.5-2.0 mg/g creatinine

>= 18 years: <= 1.5 mg/g creatinine

**Synonyms:**

- PBG
- Porphyrin precursors
- Porphyrin
- DARK

**Stability (from collection to initiation):**

Room temperature not acceptable, refrigerated 1 week, frozen at -20C 1 month.

**Reported:**

Set up 5x per week. Turnaround 3-5 days

**Additional Information:**

| Disorder                                 | Porphobilinogen Increased?** |
|------------------------------------------|------------------------------|
| Acute intermittent porphyria             | +                            |
| ALA dehydratase deficiency porphyria     | +                            |
| Congenital erythropoietic coproporphyria | -                            |
| Erythropoietic protoporphyria            | -                            |
| Hepatoerythropoietic porphyria           | -                            |
| Hereditary coproporphyria                | +/-                          |
| Porphyria cutanea tarda                  | -                            |
| Variegata porphyria                      | +/-                          |

\*\* Patients with hereditary forms of porphyria usually will present with profound elevations of this analyte (> 5-fold) during acute episodes. Moderate elevations (< 3-fold) are more often due to medications or environmental factors.

**CPT Codes:**

84110-90

**LOINC Codes:**

13797-6

# Porphobilinogen, Quantitative, Urine, 24 Hour

LAB3426

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Colorimetric

**Reported:**

Test performed Monday-Friday. Turnaround time: 2-3 days.

**Additional Information:**To convert mg/d to  $\mu\text{mol/d}$  (SI units) multiply by 4.420.

This test should almost always be ordered in conjunction with Aminolevulinic Acid (ALA) analysis on same specimen when the diagnosis of Acute Intermittent Porphyria is being considered.

**Synonyms:**

- PBG
- Porphyrin precursors
- Porphyria
- 0080260
- DARK

## COLLECTION

**Sample Type:**

24 hour urine collection

**Label Abbreviation:**

PBGQT

**Collect:**

Amber Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Remarks:**

IMPORTANT: Refrigerate container and protect from light (place in brown paper bag or wrap with aluminum foil) during and after collection.

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 1 month

**Unacceptable Conditions:**

Container not refrigerated or protected from light during collection. Urine pH &lt; 4.0

## PROCESSING

**Test Code:**

PBQT24

**Test Group:**

Porphobilinogen

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze aliquot in dark pour-off container [or wrap container in aluminum foil at -20C. Record total urine volume on the request slip and on the urine container. Order Quest #726.

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Unacceptable Conditions:**

Container not refrigerated or protected from light during collection. Urine pH &lt; 4.0

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 1 month

**RESULT INTERPRETATION****Units:**

mg/24 h

**Reference Interval:**

&lt; 2.8 mg/d

**Additional Information:**To convert mg/d to  $\mu\text{mol/d}$  (SI units) multiply by 4.420.

This test should almost always be ordered in conjunction with Aminolevulinic Acid (ALA) analysis on same specimen when the diagnosis of Acute Intermittent Porphyria is being considered.

**ADMINISTRATIVE****CPT Codes:**

84110-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PBQT24

**Test Group:**

Porphobilinogen

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Colorimetric

**Remarks:**

IMPORTANT: Refrigerate container and protect from light (place in brown paper bag or wrap with aluminum foil) during and after collection.

**Collect:**

Amber Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

10 mL urine

**Minimum Volume:**

2 mL urine

**Unacceptable Conditions:**

Container not refrigerated or protected from light during collection. Urine pH &lt; 4.0

**Specimen Preparation:**

Freeze aliquot in dark pour-off container [or wrap container in aluminum foil at -20C. Record total urine volume on the request slip and on the urine container. Order Quest #726.

**Units:**

mg/24 h

**Reference Interval:**

&lt; 2.8 mg/d

**Synonyms:**

- PBG
- Porphyrin precursors
- Porphyria
- 0080260
- DARK

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 1 month

**Reported:**

Test performed Monday-Friday. Turnaround time: 2-3 days.

**Additional Information:**

To convert mg/d to  $\mu\text{mol/d}$  (SI units) multiply by 4.420.

This test should almost always be ordered in conjunction with Aminolevulinic Acid (ALA) analysis on same specimen when the diagnosis of Acute Intermittent Porphyria is being considered.

**CPT Codes:**

84110-90

# Porphyrins Evaluation, RBC

EPQTS

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Spectrofluorometric, HPLC

**Reported:**

Test run Monday-Friday. Turnaround time: 3-6 days.

**Reflex Testing:**For samples with porphyrin  $\geq 80\text{p } \mu\text{g/dL}$  fractionation is automatically performed at an additional charge.**Synonyms:**

- Porphyrin fractionation
- RBC porphyrins

## COLLECTION

**Patient Preparation:**

Have patient fast for 12-14 hours. Water may be taken as needed. No other liquids are allowed. Patient should abstain from alcohol for 24 hours prior to sample collection. The patient should be off medications for at least 1 week prior to sample collection. If clinically inappropriate to discontinue medications, forward a list of medications with the specimen.

**Sample Type:**

Heparinized whole blood

**Collect:**

Dark Green top on ice

**Amount to Collect:**

5 mL blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

3 mL blood

**Remarks:**

Draw a full, Dk. green top (heparin) tube, and send entire heparinized whole blood specimen on wet ice to lab immediately.

Draw specimen Monday-Thursday by noon only.

**Unacceptable Conditions:**

Hemolyzed or collected outside of stated time frames.

**Rejection Criteria:**

Sample not received by Mayo within 48 hours of collection. Frozen sample.

## PROCESSING

**Test Code:**

EPQTS

**Test Group:**

Porphyrins

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Whole Blood to be washed at Mayo Medical Laboratories. Specimen must arrive within 48 hours of draw.

Place green top on wet ice and forward whole blood to China Basin for MCI courier pickup at 1600 hours. **DO NOT** freeze sample.

Notify sendout at 3-1349 that specimen is en-route. Mark sample REFRIGERATED to Mayo Labs.

Order MAYO #88886. Call MCS for pickup.

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Hemolyzed or collected outside of stated time frames.

**Rejection Criteria:**

Sample not received by Mayo within 48 hours of collection. Frozen sample.

**RESULT INTERPRETATION****Units:**

µg/dL

**Reference Interval:**

&lt; 80 µg/dL

**ADMINISTRATIVE****CPT Codes:**

82542-90

**LOINC Codes:**

2814-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

EPQTS

**Test Group:**

Porphyrins

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Spectrofluorometric, HPLC

**Patient Preparation:**

Have patient fast for 12-14 hours. Water may be taken as needed. No other liquids are allowed. Patient should abstain from alcohol for 24 hours prior to sample collection. The patient should be off medications for at least 1 week prior to sample collection. If clinically inappropriate to discontinue medications, forward a list of medications with the specimen.

**Remarks:**

Draw a full, Dk. green top (heparin) tube, and send entire heparinized whole blood specimen on wet ice to lab immediately.

Draw specimen Monday-Thursday by noon only.

**Collect:**

Dark Green top on ice

**Amount to Collect:**

5 mL blood

**Sample Type:**

Heparinized whole blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

3 mL blood

**Rejection Criteria:**

Sample not received by Mayo within 48 hours of collection. Frozen sample.

**Unacceptable Conditions:**

Hemolyzed or collected outside of stated time frames.

**Specimen Preparation:**

Whole Blood to be washed at Mayo Medical Laboratories. Specimen must arrive within 48 hours of draw.

Place green top on wet ice and forward whole blood to China Basin for MCI courier pickup at 1600 hours. **DO NOT** freeze sample.

Notify sendout at 3-1349 that specimen is en-route. Mark sample REFRIGERATED to Mayo Labs.

Order MAYO #88886. Call MCS for pickup.

**Units:**

µg/dL

**Reference Interval:**

< 80 µg/dL

**Synonyms:**

- Porphyrin fractionation
- RBC porphyrins

**Reported:**

Test run Monday-Friday. Turnaround time: 3-6 days.

**Reflex Testing:**

For samples with porphyrin  $\geq 80$  µg/dL fractionation is automatically performed at an additional charge.

**CPT Codes:**

82542-90

**LOINC Codes:**

2814-2

**Porphyrins, Fecal**  
MOLT

**ORDERING**

**Ordering Recommendations:**  
Distinguish among acute intermittent porphyria (AIP), variegate porphyria (VP), and hereditary coproporphyria (HCP).

**Available Stat:**  
No

**Performed:**  
Mon

**Methodology:**  
Quantitative High Performance Liquid Chromatography (HPLC)

**Reported:**  
2-7 days

**Synonyms:**

- CoproporphyrinI
- Coproporphyrins
- Isocoproporphyrins
- Protoporphyrin

**COLLECTION**

**Collect:**  
Random stool.

**Stability (from collection to initiation):**  
Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 weeks

**Storage/Transport Temperature:**  
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Unacceptable Conditions:**  
Complete timed collections (24-72 hour). Specimens stored in one gallon cans or other large containers. Liquid stool.

**PROCESSING**

**Test Code:**  
MOLT

**ARUP Test Code:**  
0099824

**Specimen Preparation:**  
Protect from light during collection, storage, and shipment. Freeze specimen and wrap in foil immediately after collection.  
Transport 5 g stool. (Min: 1 g)

**Unacceptable Conditions:**  
Complete timed collections (24-72 hour). Specimens stored in one gallon cans or other large containers. Liquid stool.

**Stability (from collection to initiation):**  
Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 weeks

**Storage/Transport Temperature:**  
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**RESULT INTERPRETATION**

**Reference Interval:**

| Components            | Reference Interval      |
|-----------------------|-------------------------|
| Coproporphyrin, Feces | 0-45 nmol/g dry weight  |
| Protoporphyrin, Feces | 0-100 nmol/g dry weight |



**Interpretive Data:**

This test is useful for differentiation of acute porphyrias following a positive porphobilinogen (PBG), or diagnosis or strong suspicion of acute porphyria. Fecal porphyrin excretion usually is not elevated in acute intermittent porphyria (AIP), but massive increases of fecal coproporphyrin are seen in hereditary coproporphyria (HCP). Fecal protoporphyrin and coproporphyrin excretion is increased in variegate porphyria (VP).

This fecal porphyrins assay is not a screening test. Total porphyrins are not measured.

For additional information, access the Porphyrias topic in ARUP Consult ([arupconsult.com](http://arupconsult.com)).

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

84126

**LOINC:**

- 29266-4
- 14884-1
- 29267-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Distinguish among acute intermittent porphyria (AIP), variegate porphyria (VP), and hereditary coproporphyria (HCP).

**Test Code:**

MOLT

**ARUP Test Code:**

009824

**Performed:**

Mon

**Methodology:**

Quantitative High Performance Liquid Chromatography (HPLC)

**Collect:**

Random stool.

**Unacceptable Conditions:**

Complete timed collections (24-72 hour). Specimens stored in one gallon cans or other large containers. Liquid stool.

**Specimen Preparation:**

Protect from light during collection, storage, and shipment. Freeze specimen and wrap in foil immediately after collection.

Transport 5 g stool. (Min: 1 g)

**Reference Interval:**

| Components            | Reference Interval      |
|-----------------------|-------------------------|
| Coproporphyrin, Feces | 0-45 nmol/g dry weight  |
| Protoporphyrin, Feces | 0-100 nmol/g dry weight |

**Interpretive Data:**

This test is useful for differentiation of acute porphyrias following a positive porphobilinogen (PBG), or diagnosis or strong suspicion of acute porphyria. Fecal porphyrin excretion usually is not elevated in acute intermittent porphyria (AIP), but massive increases of fecal coproporphyrin are seen in hereditary coproporphyria (HCP). Fecal protoporphyrin and coproporphyrin excretion is increased in variegate porphyria (VP).

This fecal porphyrins assay is not a screening test. Total porphyrins are not measured.

For additional information, access the Porphyrias topic in ARUP Consult ([arupconsult.com](http://arupconsult.com)).

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- CoproporphyrinI
- Coproporphyrins
- Isocoproporphyrins
- Protoporphyrin

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 weeks

**Reported:**

2-7 days

**CPT Codes:**

84126

**LOINC:**

- 29266-4
- 14884-1
- 29267-2

**Notes:**

Bacterial modification of fecal porphyrins is extensive. The recommended specimen for uroporphyrin and coproporphyrin is urine (random or 24-hour). Refer to Porphyrins, Fractionation & Quantitation, Urine (ARUP test code 2002058). The recommended specimen for protoporphyrin is serum. Refer to Porphyrins, Serum Total (ARUP test code 0080429).

# Porphyryns, Fractionated, Quantitative, Random Urine

LAB5262

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC

**Reported:**

Test set up 5x per week, Turnaround 5-7 days

**Synonyms:**

- Porphyria
- DARK

## COLLECTION

**Sample Type:**

Random urine

**Label Abbreviation:**

PORFUR

**Collect:**

Plain container wrapped with foil to protect from light

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Remarks:**Collect urine in plastic cup, **wrap with aluminum foil to protect from light.**

Transport sample asap to laboratory, if transport is delayed refrigerate the sample.

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month

Note samples must be protected from light

**Unacceptable Conditions:**

Received at room temperature, not protected from light.

**Rejection Criteria:**

Received at room temperature, not protected from light, pH &lt; 4.0 when rec'd at Quest.

## PROCESSING

**Test Code:**

PORFUR

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Protect specimen from light, aliquot urine into dark brown specimen vial or wrap in foil . Freeze aliquot and submit to China Basin sendout , order Quest test #36592X.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Unacceptable Conditions:**

Received at room temperature, not protected from light.

**Rejection Criteria:**

Received at room temperature, not protected from light, pH &lt; 4.0 when rec'd at Quest.

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month

Note samples must be protected from light

**RESULT INTERPRETATION****Units:**

µg/g creatinine (mcg/g creatinine)

**Reference Interval:**

Uroporphyrin:

|             |                               |
|-------------|-------------------------------|
| 1-10 years  | 4.3-16.2 mcg/g creatinine     |
| 11-17 years | 4.6-18.9 mcg/g creatinine     |
| >= 18 years | 22.0 or less mcg/g creatinine |

Heptacarboxyporphyrin:

|           |                              |
|-----------|------------------------------|
| >= 1 year | 4.6 or less mcg/g creatinine |
|-----------|------------------------------|

Hexacarboxyporphyrin:

|           |              |
|-----------|--------------|
| >= 1 year | NOT DETECTED |
|-----------|--------------|

Pentacarboxyporphyrin:

|             |                              |
|-------------|------------------------------|
| 1-10 years  | 3.2 or less mcg/g creatinine |
| 11-17 years | 3.0 or less mcg/g creatinine |
| >= 18 years | 1.7 or less mcg/g creatinine |

Coproporphyrin:

|             |                             |
|-------------|-----------------------------|
| 1-10 years  | 10.1-254.7 mcg/g creatinine |
| 11-17 years | 11.8-107.2 mcg/g creatinine |
| >= 18 years | 23.0-130.0 mcg/g creatinine |

Total Porphyrins:

|             |                             |
|-------------|-----------------------------|
| 1-10 years  | 17.0-269.7 mcg/g creatinine |
| 11-17 years | 16.4-121.5 mcg/g creatinine |
| >= 18 years | 31.0-139.0 mcg/g creatinine |

**ADMINISTRATIVE****CPT Codes:**

84120-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PORFUR

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC

**Remarks:**Collect urine in plastic cup, **wrap with aluminum foil to protect from light.**

Transport sample asap to laboratory, if transport is delayed refrigerate the sample.

**Collect:**

Plain container wrapped with foil to protect from light

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Rejection Criteria:**

Received at room temperature, not protected from light, pH &lt; 4.0 when rec'd at Quest.

**Unacceptable Conditions:**

Received at room temperature, not protected from light.

**Specimen Preparation:**

Protect specimen from light, aliquot urine into dark brown specimen vial or wrap in foil . Freeze aliquot and submit to China Basin sendout , order Quest test #36592X.

**Units:**

µg/g creatinine (mcg/g creatinine)

**Reference Interval:**

Uroporphyrin:

|             |                               |
|-------------|-------------------------------|
| 1-10 years  | 4.3-16.2 mcg/g creatinine     |
| 11-17 years | 4.6-18.9 mcg/g creatinine     |
| >= 18 years | 22.0 or less mcg/g creatinine |

Heptacarboxyporphyrin:

|           |                              |
|-----------|------------------------------|
| >= 1 year | 4.6 or less mcg/g creatinine |
|-----------|------------------------------|

Hexacarboxyporphyrin:

|           |              |
|-----------|--------------|
| >= 1 year | NOT DETECTED |
|-----------|--------------|

Pentacarboxyporphyrin:

|             |                              |
|-------------|------------------------------|
| 1-10 years  | 3.2 or less mcg/g creatinine |
| 11-17 years | 3.0 or less mcg/g creatinine |
| >= 18 years | 1.7 or less mcg/g creatinine |

Coproporphyrin:

|             |                             |
|-------------|-----------------------------|
| 1-10 years  | 10.1-254.7 mcg/g creatinine |
| 11-17 years | 11.8-107.2 mcg/g creatinine |
| >= 18 years | 23.0-130.0 mcg/g creatinine |

Total Porphyrins:

|             |                             |
|-------------|-----------------------------|
| 1-10 years  | 17.0-269.7 mcg/g creatinine |
| 11-17 years | 16.4-121.5 mcg/g creatinine |
| >= 18 years | 31.0-139.0 mcg/g creatinine |

**Synonyms:**

- Porphyria
- DARK

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month

Note samples must be protected from light

**Reported:**

Test set up 5x per week, Turnaround 5-7 days

**CPT Codes:**

84120-90

# Porphyryns, Fractionated, Urine

LAB3429

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC

**Reported:**

Test run Monday-Friday. Turnaround time: 3-6 days.

**Additional Information:**

To convert µg/d to nmol/d (SI units) multiply TetraCP by 1.53, PentaCP by 1.44, HexaCP by 1.36, HeptaCP by 1.28, OctaCP by 1.20. To convert mg/d of Porphobilinogen to µmol/d (SI units) multiply by 4.42.

**Synonyms:**

- Porphyria

## COLLECTION

**Sample Type:**

24 hour urine collection

**Collect:**

Amber Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Remarks:**

IMPORTANT: Refrigerate container and protect from light (place in brown paper bag or wrap with aluminum foil) during and after collection.

**Note:** This assay does not include urinary porphobilinogen which, if desired, must be ordered separately.

**Unacceptable Conditions:**

Container not refrigerated or protected from light during collection.

## PROCESSING

**Test Code:**

PORFU

**Test Group:**

Porphyryns

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate aliquot in a foil-wrapped vial and record the total volume of the collection on the request slip and the transport vial. Order Quest #729

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Unacceptable Conditions:**

Container not refrigerated or protected from light during collection.

## RESULT INTERPRETATION

**Units:**

µg/24 hours (mcg/24 hours)

**Reference Interval:**

|                                           |               |
|-------------------------------------------|---------------|
| Tetracarboxylporphyrins (Coproporphyrins) | <= 155 µg/d   |
| Pentacarboxylporphyrins                   | <= 4.7 µg/d   |
| Hexacarboxylporphyrins                    | <= 0.9 µg/d   |
| Heptacarboxylporphyrins                   | <= 6.8 µg/d   |
| Octacarboxylporphyrins (Uroporphyrins)    | 3.3-29.5 µg/d |
| Total porphyrins                          | 12-190 µg/d   |

**Additional Information:**

To convert µg/d to nmol/d (SI units) multiply TetraCP by 1.53, PentaCP by 1.44, HexaCP by 1.36, HeptaCP by 1.28, OctaCP by 1.20. To convert mg/d of Porphobilinogen to µmol/d (SI units) multiply by 4.42.

**ADMINISTRATIVE****CPT Codes:**

84120-90

**LOINC Codes:**

43116-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PORFU

**Test Group:**

Porphyrins

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC

**Remarks:**

IMPORTANT: Refrigerate container and protect from light (place in brown paper bag or wrap with aluminum foil) during and after collection.

**Note:** This assay does not include urinary porphobilinogen which, if desired, must be ordered separately.

**Collect:**

Amber Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Unacceptable Conditions:**

Container not refrigerated or protected from light during collection.

**Specimen Preparation:**

Refrigerate aliquot in a foil-wrapped vial and record the total volume of the collection on the request slip and the transport vial. Order Quest #729

**Units:**

µg/24 hours (mcg/24 hours)

**Reference Interval:**

|                                           |               |
|-------------------------------------------|---------------|
| Tetracarboxylporphyrins (Coproporphyrins) | <= 155 µg/d   |
| Pentacarboxylporphyrins                   | <= 4.7 µg/d   |
| Hexacarboxylporphyrins                    | <= 0.9 µg/d   |
| Heptacarboxylporphyrins                   | <= 6.8 µg/d   |
| Octacarboxylporphyrins (Uroporphyrins)    | 3.3-29.5 µg/d |
| Total porphyrins                          | 12-190 µg/d   |

**Synonyms:**

- Porphyria

**Reported:**

Test run Monday-Friday. Turnaround time: 3-6 days.

**Additional Information:**

To convert µg/d to nmol/d (SI units) multiply TetraCP by 1.53, PentaCP by 1.44, HexaCP by 1.36, HeptaCP by 1.28, OctaCP by 1.20. To convert mg/d of Porphobilinogen to µmol/d (SI units) multiply by 4.42.

**CPT Codes:**

84120-90

**LOINC Codes:**

43116-3



# Posaconazole Level

LAB3467

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday, Wednesday and Friday (excluding holidays)

In order to be run on Monday, Wednesday or Friday, samples have to be received by the lab by 5am that day.

**Methodology:**

LC-MS/MS

**Reported:**

2-3 days.

**Additional Information:**
**Background**

Posaconazole is a triazole antifungal agent with potent activity against yeasts and molds. It is proven to be effective in the prophylaxis of invasive fungal infections in immunocompromised patients, and is considered an alternative treatment for zygomycosis, invasive Aspergillus infections, Candida and other infections caused by pathogenic yeasts.

Posaconazole was originally available only as an oral suspension with limited bioavailability. A delayed-release tablet formulation with improved absorption and an intravenous formulation are now available. The oral suspension and delayed-release tablet are not directly interchangeable - consultation with ID pharmacy is strongly recommended if switching between formulations. Posaconazole is an inhibitor of cytochrome P450 3A4 and a substrate of the p-glycoprotein drug transporter.

**Indications for Posaconazole TDM**

- 1) Any use of the oral suspension for prolonged (>7 days) use for prophylaxis or treatment.
- 2) Use of the delayed-release tablet formulation in patients receiving the drug for prophylaxis and with one or more of the following:
  - known or suspected gastrointestinal absorption abnormalities
  - altered pharmacokinetics
  - receipt of other drugs likely to have a significant interaction with posaconazole (e.g. phenytoin, rifabutin, carbamazepine) which cannot be discontinued without an adverse effect on patient care
  - experiencing substantial hepatic toxicity (AST/ALT > 5 times upper limit of normal or total bilirubin > 3 mg/dl) while on posaconazole, with other potential causes ruled out.
  - If develops concern for breakthrough infection while on prophylaxis
- 3) Use of the delayed-release tablet formulation or the intravenous formulation when used to treat invasive fungal infections

When trough levels are indicated, samples should be obtained 5-7 days after:

- start of therapy
- change in dose
- change in route of administration
- change in potentially interacting drugs

|                                                   |          |        |         |           |          |         |          |
|---------------------------------------------------|----------|--------|---------|-----------|----------|---------|----------|
| Posaconazole start/change date:                   | Sunday   | Monday | Tuesday | Wednesday | Thursday | Friday  | Saturday |
| Posaconazole (assumes dose is given before noon): | Thursday | Sunday | Sunday  | Sunday    | Tuesday  | Tuesday | Thursday |

**Synonyms:**

- Posanol, Noxafil

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Remarks:**

In most cases, a single trough level of posaconazole should be adequate. This level should be drawn after at least seven days of posaconazole (steady state is 7-10 days) have been administered.

Posaconazole should be administered with food or nutritional supplement. The level should be drawn from 11-12 hours after the previous dose and less than one hour prior to the next dose. Peak levels should only be drawn in special circumstances.

**Stability (from collection to initiation):**

Refrigerated: 1 week

Frozen: 6 months

**PROCESSING****Test Code:**

PSCA

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Refrigerate serum.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Refrigerated: 1 week

Frozen: 6 months

**RESULT INTERPRETATION****Units:**

µg/mL (mcg/mL)

**Reference Interval:**

Target Range:

Adults (&gt;= 18 years old):

Prophylaxis: steady-state trough &gt;0.7 µg/mL

Treatment: steady-state trough &gt;1.25 µg/mL

Pediatrics (&lt; 18 years old):

Prophylaxis: steady-state trough &gt;0.7 µg/mL

Treatment: steady-state trough &gt;1.0 µg/mL

Insufficient data exists to provide an upper therapeutic range, but patients with trough levels above 5 µg/mL should be reviewed for presence of toxicity

Levels should be re-checked until a result in the therapeutic range is obtained, and after changes in doses/route/interacting drugs. For patients on long-term posaconazole on stable doses, consider checking surveillance levels every 3 months.

**References:**

Ashbee HR et al. Therapeutic drug monitoring of antifungal agents: guidelines from the British Society for Medical Mycology. J Antimicrob Chemother 2014;69:1162-1176

Chau MM et al. Consensus guidelines for optimizing antifungal drug delivery and monitoring to avoid toxicity and improve outcomes in patients with haematological malignancy, 2014. Inten Med Journal 2014;44:1364-1388

Lewis et al. Triazole antifungal therapeutic drug monitoring. European Conference on Infections in Leukemia. 2015.

Hamada et al. Practice Guidelines for therapeutic drug monitoring of voriconazole: a consensus review of the Japanese Society of Chemotherapy and the Japanese Society of Therapeutic Drug Monitoring. Journal of Infection and Chemotherapy. 2013; 19(3): 381-392.

**Additional Information:****Background**

Posaconazole is a triazole antifungal agent with potent activity against yeasts and molds. It is proven to be effective in the prophylaxis of invasive fungal infections in immunocompromised patients, and is considered an alternative treatment for zygomycosis, invasive Aspergillus infections, Candida and other infections caused by pathogenic yeasts.

Posaconazole was originally available only as an oral suspension with limited bioavailability. A delayed-release tablet formulation with improved absorption and an intravenous formulation are now available. The oral suspension and delayed-release tablet are not directly interchangeable - consultation with ID pharmacy is strongly recommended if switching between formulations. Posaconazole is an inhibitor of cytochrome P450 3A4 and a substrate of the p-glycoprotein drug transporter.

**Indications for Posaconazole TDM**

1) Any use of the oral suspension for prolonged (>7 days) use for prophylaxis or treatment.

2) Use of the delayed-release tablet formulation in patients receiving the drug for prophylaxis and with one or more of the following:

- known or suspected gastrointestinal absorption abnormalities
- altered pharmacokinetics
- receipt of other drugs likely to have a significant interaction with posaconazole (e.g. phenytoin, rifabutin, carbamazepine) which cannot be discontinued without an adverse effect on patient care
- experiencing substantial hepatic toxicity (AST/ALT > 5 times upper limit of normal or total bilirubin > 3 mg/dl) while on posaconazole, with other potential causes ruled out.
- If develops concern for breakthrough infection while on prophylaxis

3) Use of the delayed-release tablet formulation or the intravenous formulation when used to treat invasive fungal infections

When trough levels are indicated, samples should be obtained 5-7 days after:

- start of therapy
- change in dose
- change in route of administration
- change in potentially interacting drugs

|                                                   |          |        |         |           |          |         |          |
|---------------------------------------------------|----------|--------|---------|-----------|----------|---------|----------|
| Posaconazole start/change date:                   | Sunday   | Monday | Tuesday | Wednesday | Thursday | Friday  | Saturday |
| Posaconazole (assumes dose is given before noon): | Thursday | Sunday | Sunday  | Sunday    | Tuesday  | Tuesday | Thursday |

**ADMINISTRATIVE****CPT Codes:**

80187

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

53731-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PSCA

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday, Wednesday and Friday (excluding holidays)

In order to be run on Monday, Wednesday or Friday, samples have to be received by the lab by 5am that day.

**Methodology:**

LC-MS/MS

**Remarks:**

In most cases, a single trough level of posaconazole should be adequate. This level should be drawn after at least seven days of posaconazole (steady state is 7-10 days) have been administered.

Posaconazole should be administered with food or nutritional supplement. The level should be drawn from 11-12 hours after the previous dose and less than one hour prior to the next dose. Peak levels should only be drawn in special circumstances.

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Refrigerate serum.

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

Target Range:

Adults ( $\geq$  18 years old):

Prophylaxis: steady-state trough  $>0.7$  µg/mL

Treatment: steady-state trough  $>1.25$  µg/mL

Pediatrics ( $<$  18 years old):

Prophylaxis: steady-state trough  $>0.7$  µg/mL

Treatment: steady-state trough  $>1.0$  µg/mL

Insufficient data exists to provide an upper therapeutic range, but patients with trough levels above 5 µg/mL should be reviewed for presence of toxicity

Levels should be re-checked until a result in the therapeutic range is obtained, and after changes in doses/route/interacting drugs. For patients on long-term posaconazole on stable doses, consider checking surveillance levels every 3 months.

**References:**

Ashbee HR et al. Therapeutic drug monitoring of antifungal agents: guidelines from the British Society for Medical Mycology. J Antimicrob Chemother 2014;69:1162-1176

Chau MM et al. Consensus guidelines for optimizing antifungal drug delivery and monitoring to avoid toxicity and improve outcomes in patients with haematological malignancy, 2014. Inten Med Journal 2014;44:1364-1388

Lewis et al. Triazole antifungal therapeutic drug monitoring. European Conference on Infections in Leukemia. 2015.

Hamada et al. Practice Guidelines for therapeutic drug monitoring of voriconazole: a consensus review of the Japanese Society of Chemotherapy and the Japanese Society of Therapeutic Drug Monitoring. Journal of Infection and Chemotherapy. 2013; 19(3): 381-392.

**Synonyms:**

- Posanol, Noxafil

**Stability (from collection to initiation):**

Refrigerated: 1 week

Frozen: 6 months

**Reported:**

2-3 days.

**Additional Information:****Background**

Posaconazole is a triazole antifungal agent with potent activity against yeasts and molds. It is proven to be effective in the prophylaxis of invasive fungal infections in immunocompromised patients, and is considered an alternative treatment for zygomycosis, invasive Aspergillus infections, Candida and other infections caused by pathogenic yeasts.

Posaconazole was originally available only as an oral suspension with limited bioavailability. A delayed-release tablet formulation with improved absorption and an intravenous formulation are now available. The oral suspension and delayed-release tablet are not directly interchangeable - consultation with ID pharmacy is strongly recommended if switching between formulations. Posaconazole is an inhibitor of cytochrome P450 3A4 and a substrate of the p-glycoprotein drug transporter.

**Indications for Posaconazole TDM**

- 1) Any use of the oral suspension for prolonged (>7 days) use for prophylaxis or treatment.
- 2) Use of the delayed-release tablet formulation in patients receiving the drug for prophylaxis and with one or more of the following:
  - known or suspected gastrointestinal absorption abnormalities
  - altered pharmacokinetics
  - receipt of other drugs likely to have a significant interaction with posaconazole (e.g. phenytoin, rifabutin, carbamazepine) which cannot be discontinued without an adverse effect on patient care
  - experiencing substantial hepatic toxicity (AST/ALT > 5 times upper limit of normal or total bilirubin > 3 mg/dl) while on posaconazole, with other potential causes ruled out.
  - If develops concern for breakthrough infection while on prophylaxis
- 3) Use of the delayed-release tablet formulation or the intravenous formulation when used to treat invasive fungal infections

When trough levels are indicated, samples should be obtained 5-7 days after:

- start of therapy
- change in dose
- change in route of administration
- change in potentially interacting drugs

|                                                   |          |        |         |           |          |         |          |
|---------------------------------------------------|----------|--------|---------|-----------|----------|---------|----------|
| Posaconazole start/change date:                   | Sunday   | Monday | Tuesday | Wednesday | Thursday | Friday  | Saturday |
| Posaconazole (assumes dose is given before noon): | Thursday | Sunday | Sunday  | Sunday    | Tuesday  | Tuesday | Thursday |

**CPT Codes:**

80187

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

53731-6

# Post Dialysis BUN, Serum/Plasma

LAB6055

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Urease, Spectrophotometric

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.357.

**Synonyms:**

- Post BUN, BUNPST

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

## PROCESSING

**Test Code:**

BUNPST

**Test Group:**

Urea

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

| Age                | mg/dL |
|--------------------|-------|
| 0 to 14 days       | 3-23  |
| 15 days to <1 year | 3-17  |
| 1 to <10 years     | 9-22  |
| 10 to <18 years    | 7-21  |
| >=18 years         | 7-25  |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/#/>

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.357.

**ADMINISTRATIVE****CPT Codes:**

84520

**LOINC Codes:**

11064-3

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

BUNPST

**Test Group:**

Urea

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Urease, Spectrophotometric

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

mg/dL

**Reference Interval:**

| Age                | mg/dL |
|--------------------|-------|
| 0 to 14 days       | 3-23  |
| 15 days to <1 year | 3-17  |
| 1 to <10 years     | 9-22  |
| 10 to <18 years    | 7-21  |
| >=18 years         | 7-25  |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/#/>

**Synonyms:**

- Post BUN, BUNPST

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.357.

**CPT Codes:**

84520

**LOINC Codes:**

11064-3



# Post-Transfusion Purpura

MOLT

## ORDERING

**Approval Required:**

Must be approved by Clinical Hematology Consult Service/Blood Bank.

**Available Stat:**

No

**Performing Lab:**

Versiti via Blood Center of Wisconsin

**Methodology:**

Flow cytometry, ELISA and PCR

**Reported:**

1-2 weeks

**Additional Information:**

Post-transfusion purpura may arise from the cross-reaction of antibodies to transfused platelets with the patient's own platelets in the 2% of the general population whose platelets lack the common PIA1 antigen or other less common antigens such as PIA2, Bak and Pen or, more rarely, following the administration of blood products collected from previously sensitized donors. It is most common in multiparous women and in previously transfused patients.

**Synonyms:**

- P1A1
- P1A2
- Bak
- Pen
- PTP

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

EDTA whole blood **AND** serum

**Collect:**

EDTA Lavender 6 (x2) and Red top (x2)

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

5-10 ml EDTA Whole Blood (Lavender top) and 10 ml Serum (Red top)

**Remarks:**

**See Information under Approval Req'd before submitting samples**

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimens to Central Processing

Specimens only accepted 8am-5pm Monday-Thursday, and up to noon on Fridays.

Note: Samples must be received at the Blood Center of Wisconsin within 4 days of draw.

**Stability (from collection to initiation):**

Samples must be received within 4 days of draw date at the Blood Center of Wisconsin.

**Unacceptable Conditions:**

Samples collected outside of acceptable time frames.

**Rejection Criteria:**

Samples > 4 days old when received. Whole blood sample received frozen.

## PROCESSING

**Test Code:**

MOLT

**Sendout:**

Yes

**Performing Lab:**

Versiti via Blood Center of Wisconsin

**Specimen Preparation:**

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimens to Central Processing

Store refrigerated. Send sample refrigerated. Sample must be received within 4 days of draw date.

**Preferred Volume:**

5-10 ml EDTA Whole Blood (Lavender top) and 10 ml Serum (Red top)

**Unacceptable Conditions:**

Samples collected outside of acceptable time frames.

**Rejection Criteria:**

Samples &gt; 4 days old when received. Whole blood sample received frozen.

**Stability (from collection to initiation):**

Samples must be received within 4 days of draw date at the Blood Center of Wisconsin.

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Post-transfusion purpura may arise from the cross-reaction of antibodies to transfused platelets with the patient's own platelets in the 2% of the general population whose platelets lack the common PIA1 antigen or other less common antigens such as PIA2, Bak and Pen or, more rarely, following the administration of blood products collected from previously sensitized donors. It is most common in multiparous women and in previously transfused patients.

**ADMINISTRATIVE****CPT Codes:**

83891-90, 83896-90 x18, 83900-90, 83901-90 x5, 83912-90, 86022-90 x11

**COMPLETE VIEW****Approval Required:**

Must be approved by Clinical Hematology Consult Service/Blood Bank.

**Available Stat:**

No

**Test Code:**

MOLT

**Performing Lab:**

Versiti via Blood Center of Wisconsin

**Sendout:**

Yes

**Methodology:**

Flow cytometry, ELISA and PCR

**Remarks:****See Information under Approval Req'd before submitting samples**

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimens to Central Processing

Specimens only accepted 8am-5pm Monday-Thursday, and up to noon on Fridays.

Note: Samples must be received at the Blood Center of Wisconsin within 4 days of draw.

**Collect:**

EDTA Lavender 6 (x2) and Red top (x2)

**Amount to Collect:**

See Preferred Volume

**Sample Type:**

EDTA whole blood **AND** serum

**Preferred Volume:**

5-10 ml EDTA Whole Blood (Lavender top) and 10 ml Serum (Red top)

**Rejection Criteria:**

Samples > 4 days old when received. Whole blood sample received frozen.

**Unacceptable Conditions:**

Samples collected outside of acceptable time frames.

**Specimen Preparation:**

Provider must fill out the outside lab (BCW) requisition form.

[https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil\\_requisition.pdf?\\_ga=2.88586079.573452753.1671484325-543083915.1671484325](https://media.versiti.org/versiti/versiti/media/downloadables/diagnostic-labs/requisitions/pnil_requisition.pdf?_ga=2.88586079.573452753.1671484325-543083915.1671484325)

Submit form, APEX MOLT order requisition and specimens to Central Processing

Store refrigerated. Send sample refrigerated. Sample must be received within 4 days of draw date.

**Reference Interval:**

Negative

**Synonyms:**

- P1A1
- P1A2
- Bak
- Pen
- PTP

**Stability (from collection to initiation):**

Samples must be received within 4 days of draw date at the Blood Center of Wisconsin.

**Reported:**

1-2 weeks

**Additional Information:**

Post-transfusion purpura may arise from the cross-reaction of antibodies to transfused platelets with the patient's own platelets in the 2% of the general population whose platelets lack the common P1A1 antigen or other less common antigens such as P1A2, Bak and Pen or, more rarely, following the administration of blood products collected from previously sensitized donors. It is most common in multiparous women and in previously transfused patients.

**CPT Codes:**

83891-90,83896-90 x18,83900-90,83901-90 x5, 83912-90,86022-90 x11

**Supplemental Test Request Form Required:**

Yes

# Post-Transfusion Study

TRXN

## ORDERING

- Available Stat:**  
Yes
- Performing Lab:**  
Parnassus & Mission Bay Blood Banks
- Performed:**  
Test available 24 hours per day 7 days per week
- Reported:**  
1 hour
- Synonyms:**
- Transfusion reaction

## COLLECTION

- Sample Type:**  
EDTA whole blood
- Collect:**  
Lavender top (6 mL)
- Amount to Collect:**  
6 mL blood
- Preferred Volume:**  
6 mL blood
- Remarks:**  
Fill out Transfusion Reaction Report form and send to Blood Bank IMMEDIATELY, together with post-transfusion blood specimens Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.
- Unacceptable Conditions:**  
Unsigned, mislabeled or unlabeled sample

## PROCESSING

- Test Code:**  
TRXN
- Performing Lab:**  
Parnassus & Mission Bay Blood Banks
- Preferred Volume:**  
6 mL blood
- Unacceptable Conditions:**  
Unsigned, mislabeled or unlabeled sample

## ADMINISTRATIVE

- CPT Codes:**  
86900, 86901, 86880

## COMPLETE VIEW

- Available Stat:**  
Yes
- Test Code:**  
TRXN
- Performing Lab:**  
Parnassus & Mission Bay Blood Banks
- Performed:**  
Test available 24 hours per day 7 days per week
- Remarks:**  
Fill out Transfusion Reaction Report form and send to Blood Bank IMMEDIATELY, together with post-transfusion blood specimens Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Lavender top (6 mL)

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

6 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled or unlabeled sample

**Synonyms:**

- Transfusion reaction

**Reported:**

1 hour

**CPT Codes:**

86900, 86901, 86880

# Potassium, Body Fluid

LAB193

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Indirect, solid state electrode

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

Turbid samples, including watery stools, will be centrifuged and the test run on the supernatant

**Synonyms:**

- K
- K<sup>+</sup>
- Body fluid electrolytes

## COLLECTION

**Sample Type:**

Body Fluid

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

## PROCESSING

**Test Code:**

KBF

**Test Group:**

Potassium

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

## RESULT INTERPRETATION

**Units:**

mmol/L

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

Turbid samples, including watery stools, will be centrifuged and the test run on the supernatant

**ADMINISTRATIVE****CPT Codes:**

84132

**LOINC Codes:**

2821-7

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

KBF

**Test Group:**

Potassium

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Indirect, solid state electrode

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Sample Type:**

Body Fluid

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Units:**

mmol/L

**Synonyms:**

- K
- K+
- Body fluid electrolytes

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

Turbid samples, including watery stools, will be centrifuged and the test run on the supernatant

**CPT Codes:**

84132

**LOINC Codes:**

2821-7



# Potassium, Fecal

LAB1000002

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Ion-Selective Electrode

**Reported:**

1-2 days

**Synonyms:**

- Electrolytes, Feces
- POTF

## COLLECTION

**Label Abbreviation:**

POTF

**Collect:**

24-hour or random stool.

**Stability (from collection to initiation):**

Ambient: 1 hour; Refrigerated: 2 weeks; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Formed or viscous stool.

## PROCESSING

**Test Code:**

POTF

**ARUP Test Code:**

0020380

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer a 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact Client Services at (800) 522-2787. (Min: 1 g) Mix 24-hour collection well. Do not add saline or water to liquefy specimen.

**Unacceptable Conditions:**

Formed or viscous stool.

**Stability (from collection to initiation):**

Ambient: 1 hour; Refrigerated: 2 weeks; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**

A reference interval has not been established for fecal specimens.

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

84999

**LOINC:**

- 15202-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

POTF

**ARUP Test Code:**

0020380

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Ion-Selective Electrode

**Collect:**

24-hour or random stool.

**Unacceptable Conditions:**

Formed or viscous stool.

**Specimen Preparation:**

Transfer a 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact Client Services at (800) 522-2787. (Min: 1 g) Mix 24-hour collection well. Do not add saline or water to liquefy specimen.

**Reference Interval:**

A reference interval has not been established for fecal specimens.

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Electrolytes, Feces
- POTF

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: 1 hour; Refrigerated: 2 weeks; Frozen: 6 months

**Reported:**

1-2 days

**CPT Codes:**

84999

**LOINC:**

- 15202-5

# Potassium, Serum/Plasma

LAB114

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)  
Peninsula Outpatient Center (Mon-Fri 0800-1630)  
Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Indirect, solid state electrode on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: Indirect ISE on Roche cobas c311

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Hemolysis may artifactually increase the result. Levels in serum are normally 0.3 mmol/L higher than plasma levels due to liberation of potassium by platelets during clotting (c. 0.07 mmol/L per 100K platelets). Thus not only hemolysis but thrombocytosis and leukocytosis can falsely elevate potassium levels, which can be circumvented by measuring plasma rather than serum potassium.

**Synonyms:**

- K
- K+
- Electrolytes

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

## PROCESSING

**Test Code:**

K

**Test Group:**

Potassium

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

**RESULT INTERPRETATION****Units:**

mmol/L

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; Saint Marys Chemistry

| Age      | mmol/L  |
|----------|---------|
| < 1 year | 3.2-6.0 |
| > 1 year | 3.5-5.0 |

1. Normal range for infants 0 to <1 year adopted from Soldin, Steven J., "Pediatric Reference Intervals", 7th edition, AACC Press, 2011, test 1.
2. Adult range used for children >1 year old.
3. UCSF Clinical Labs verified the adult reference range stated in the Abbott ICT package insert (May 2016) by running 20 male and 20 female lab volunteers.

Berkeley outpatient Center and Peninsula Outpatient Center

| Age         | mmol/L  |
|-------------|---------|
| >= 19 years | 3.5-5.0 |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Abbott c system package insert by running 20 male and 20 female lab volunteers.

**Critical Values:**

&lt; 3.0 mmol/L or &gt; 6.0 mmol/L

**Additional Information:**

Hemolysis may artifactually increase the result. Levels in serum are normally 0.3 mmol/L higher than plasma levels due to liberation of potassium by platelets during clotting (c. 0.07 mmol/L per 100K platelets). Thus not only hemolysis but thrombocytosis and leukocytosis can falsely elevate potassium levels, which can be circumvented by measuring plasma rather than serum potassium.

**ADMINISTRATIVE****CPT Codes:**

84132

**LOINC Codes:**

2823-3

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

K

**Test Group:**

Potassium

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Indirect, solid state electrode on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: Indirect ISE on Roche cobas c311

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

mmol/L

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry

| Age      | mmol/L  |
|----------|---------|
| < 1 year | 3.2-6.0 |
| > 1 year | 3.5-5.0 |

1. Normal range for infants 0 to <1 year adopted from Soldin, Steven J., "Pediatric Reference Intervals", 7th edition, AACC Press, 2011, test 1.

2. Adult range used for children >1 year old.

3. UCSF Clinical Labs verified the adult reference range stated in the Abbott ICT package insert (May 2016) by running 20 male and 20 female lab volunteers.

Berkeley outpatient Center and Peninsula Outpatient Center

| Age         | mmol/L  |
|-------------|---------|
| >= 19 years | 3.5-5.0 |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Abbott c system package insert by running 20 male and 20 female lab volunteers.

**Critical Values:**

< 3.0 mmol/L or > 6.0 mmol/L

**Synonyms:**

- K
- K+
- Electrolytes

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Hemolysis may artifactually increase the result. Levels in serum are normally 0.3 mmol/L higher than plasma levels due to liberation of potassium by platelets during clotting (c. 0.07 mmol/L per 100K platelets). Thus not only hemolysis but thrombocytosis and leukocytosis can falsely elevate potassium levels, which can be circumvented by measuring plasma rather than serum potassium.

**CPT Codes:**

84132

**LOINC Codes:**

2823-3

# Potassium, Urine, Random

LAB3032

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Indirect, solid state electrode

**Reported:**

4-18 hours

**Synonyms:**

- K
- K+
- Urine electrolytes
- KU

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature 45 days, refrigerated 2 months, frozen at -20C 1 year

## PROCESSING

**Test Code:**

KU

**Test Group:**

Potassium

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature 45 days, refrigerated 2 months, frozen at -20C 1 year

## RESULT INTERPRETATION

**Units:**

mmol/L

**Reference Interval:**

Varies with diet, typically &gt; 20 mmol/d

## ADMINISTRATIVE

**CPT Codes:**

84133

**LOINC Codes:**  
2828-2

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
KU

**Test Group:**  
Potassium

**Performing Lab:**  
Parnassus, Mission Bay, Saint Francis, & Saint Marys Chemistry

**Performed:**  
Test available 24 hours per day 7 days per week

**Methodology:**  
Indirect, solid state electrode

**Collect:**  
Urine cup

**Amount to Collect:**  
20 mL urine

**Sample Type:**  
Random urine

**Preferred Volume:**  
1 mL urine

**Minimum Volume:**  
0.2 mL urine

**Units:**  
mmol/L

**Reference Interval:**  
Varies with diet, typically > 20 mmol/d

**Synonyms:**

- K
- K+
- Urine electrolytes
- KU

**Stability (from collection to initiation):**  
Room temperature 45 days, refrigerated 2 months, frozen at -20C 1 year

**Reported:**  
4-18 hours

**CPT Codes:**  
84133

**LOINC Codes:**  
2828-2

# Potassium, Urine, Timed

LAB436

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Indirect, solid state electrode

**Reported:**

4-18 hours

**Additional Information:**

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Synonyms:**

- K
- K+
- Urine electrolytes
- KUR

## COLLECTION

**Sample Type:**

Timed urine collection

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 10g Boric Acid

**Amount to Collect:**

Entire urine output for collection period

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Remarks:**

Refrigerate the container during the period of the collection.

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Stability (from collection to initiation):**

Room temperature 45 days, refrigerated 2 months, frozen at -20C 1 year

## PROCESSING

**Test Code:**

KUR

**Test Group:**

Potassium

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature 45 days, refrigerated 2 months, frozen at -20C 1 year



**RESULT INTERPRETATION****Units:**

mmol/D

**Reference Interval:**

25-125 mmol/D

**Additional Information:**

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**ADMINISTRATIVE****CPT Codes:**

84133

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

KUR

**Test Group:**

Potassium

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Indirect, solid state electrode

**Remarks:**

Refrigerate the container during the period of the collection.

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 10g Boric Acid

**Amount to Collect:**

Entire urine output for collection period

**Sample Type:**

Timed urine collection

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Units:**

mmol/D

**Reference Interval:**

25-125 mmol/D

**Synonyms:**

- K
- K+
- Urine electrolytes
- KUR

**Stability (from collection to initiation):**

Room temperature 45 days, refrigerated 2 months, frozen at -20C 1 year

**Reported:**

4-18 hours

**Additional Information:**

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**CPT Codes:**

84133

# Potassium, Whole Blood

LAB4460

## ORDERING

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Potentiometry, Radiometer ABL 90 FLEX Plus

**Reported:**

Stat 15 min, Routine 30 min

**Additional Information:**

Hemolysis may artifactually increase the result.

All reported values are corrected to 37C unless otherwise specified. Results beyond the linear range of the instrument will be reported as < or > the extreme of the linear range. Samples containing small bubbles may be run at the laboratory's discretion. If analyzed, a comment will be added to the result regarding the presence of bubbles in the sample.

**Synonyms:**

- K
- K+
- Electrolytes
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV
- NLYTE
- Blood gas
- ABG

## COLLECTION

**Sample Type:**

Heparinized whole blood (Blood gas syringe only)

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, fingertip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab >30 minutes after collection may yield erroneous results.

**Unacceptable Conditions:**

Samples submitted > 60 min. after collection. Samples with needle attached, containing large bubbles, unlabeled, mislabeled, clotted or of insufficient volume for testing.

**PROCESSING****Test Code:**

KSB

LAB4460: Arterial source

LAB4461: Venous source

LAB4462: Central venous source

LAB4463: Mixed venous source

LAB4464: Capillary source

**Test Group:**

Potassium

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Chemistry

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Samples submitted > 60 min. after collection. Samples with needle attached, containing large bubbles, unlabeled, mislabeled, clotted or of insufficient volume for testing.

**RESULT INTERPRETATION****Units:**

mmol/L

**Reference Interval:**

Arterial and Capillary:

&lt;= 1 year: 3.0-5.4 mmol/L

&gt; 1 year: 3.4-4.5 mmol/L

Arterial reference ranges adopted from the UCSF reference ranges previously used with the ABL 835 blood gas analyzers.

Venous, mixed venous and central venous:

3.7-4.7 mmol/L

Venous reference range adopted from Ress KL et al, Pathology 2018, volume 50, supplement page S94 and verified by running 25 male and 25 female normal volunteers from UCSF Clinical Laboratories

**Critical Values:**

&lt; 3.0 mmol/L or &gt; 6.0 mmol/L

**Additional Information:**

Hemolysis may artifactually increase the result.

All reported values are corrected to 37C unless otherwise specified. Results beyond the linear range of the instrument will be reported as < or > the extreme of the linear range. Samples containing small bubbles may be run at the laboratory's discretion. If analyzed, a comment will be added to the result regarding the presence of bubbles in the sample.

**ADMINISTRATIVE****CPT Codes:**

84132

**LOINC Codes:**

6298-4

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Test Code:**

KSB

LAB4460: Arterial source

LAB4461: Venous source

LAB4462: Central venous source

LAB4463: Mixed venous source

LAB4464: Capillary source

**Test Group:**

Potassium

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Potentiometry, Radiometer ABL 90 FLEX Plus

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, fingertip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab >30 minutes after collection may yield erroneous results.

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Sample Type:**

Heparinized whole blood (Blood gas syringe only)

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Samples submitted > 60 min. after collection. Samples with needle attached, containing large bubbles, unlabeled, mislabeled, clotted or of insufficient volume for testing.

**Units:**

mmol/L

**Reference Interval:**

Arterial and Capillary:

<= 1 year: 3.0-5.4 mmol/L

> 1 year: 3.4-4.5 mmol/L

Arterial reference ranges adopted from the UCSF reference ranges previously used with the ABL 835 blood gas analyzers.

Venous, mixed venous and central venous:

3.7-4.7 mmol/L

Venous reference range adopted from Ress KL et al, Pathology 2018, volume 50, supplement page S94 and verified by running 25 male and 25 female normal volunteers from UCSF Clinical Laboratories

**Critical Values:**

< 3.0 mmol/L or > 6.0 mmol/L

**Synonyms:**

- K
- K+
- Electrolytes
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV
- NLYTE
- Blood gas
- ABG

**Reported:**

Stat 15 min, Routine 30 min

**Additional Information:**

Hemolysis may artifactually increase the result.

All reported values are corrected to 37C unless otherwise specified. Results beyond the linear range of the instrument will be reported as < or > the extreme of the linear range. Samples containing small bubbles may be run at the laboratory's discretion. If analyzed, a comment will be added to the result regarding the presence of bubbles in the sample.

**CPT Codes:**

84132

**LOINC Codes:**

6298-4

**Prealbumin**  
LAB115

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Immunology

**Performed:**  
Monday-Friday (day shift)

**Methodology:**  
Immunoturbidimetric

**Reported:**  
1-3 days

**Synonyms:**

- PAB

**COLLECTION**

**Sample Type:**  
Serum

**Label Abbreviation:**  
PAB

**Collect:**  
Gold Top or Red Top

**Amount to Collect:**  
1 mL blood

**Preferred Volume:**  
0.5 mL serum

**Minimum Volume:**  
0.3 mL serum

**Stability (from collection to initiation):**  
Refrigerated 2 - 8°C: up to 5 days  
Frozen -20°C: up to 6 months

**PROCESSING**

**Test Code:**  
PAB

**Performing Lab:**  
Immunology

**Specimen Preparation:**  
Refrigerate

**Preferred Volume:**  
0.5 mL serum

**Minimum Volume:**  
0.3 mL serum

**Stability (from collection to initiation):**  
Refrigerated 2 - 8°C: up to 5 days  
Frozen -20°C: up to 6 months

**RESULT INTERPRETATION**

**Units:**  
mg/dL

**Reference Interval:**

| Age             | mg/dL |
|-----------------|-------|
| 0 to 1 year     | 7-25  |
| > 1 to 12 years | 11-34 |
| > 12 years      | 16-45 |



**Interpretive Data:**

## Notes:

Reference ranges have not been verified by UCSF Clinical Laboratories for patients 0-12 years old.

## References:

Ritchie RF, editor. Serum Proteins in Clinical Medicine, Vol 1. AACC, 1996:9.01-9.06.

**ADMINISTRATIVE****CPT Codes:**

84134

**LOINC Codes:**

46130-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PAB

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Immunoturbidimetric

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Refrigerate

**Units:**

mg/dL

**Reference Interval:**

| Age             | mg/dL |
|-----------------|-------|
| 0 to 1 year     | 7-25  |
| > 1 to 12 years | 11-34 |
| > 12 years      | 16-45 |

**Interpretive Data:**

## Notes:

Reference ranges have not been verified by UCSF Clinical Laboratories for patients 0-12 years old.

## References:

Ritchie RF, editor. Serum Proteins in Clinical Medicine, Vol 1. AACC, 1996:9.01-9.06.

**Synonyms:**

- PAB

**Stability (from collection to initiation):**

Refrigerated 2 - 8°C: up to 5 days

Frozen -20°C: up to 6 months

**Reported:**

1-3 days

**CPT Codes:**

84134

**LOINC Codes:**

46130-1

# Pregnenolone

LAB9068

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Sun-Fri

**Methodology:**

LC/MS/MS

**Reported:**

1-4 days

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

PREGN

**Collect:**

Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature: Unacceptable

Refrigerated: 72 hours

Frozen -20° C: 14 days

Frozen -70° C: 30 days

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Moderate to gross hemolysis • Received room temperature • Serum separator tube (SST®)

## PROCESSING

**Test Code:**

PREGN

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze serum. Transport to CB frozen. Order Quest test code 28373P.

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Moderate to gross hemolysis • Received room temperature • Serum separator tube (SST®)

**Stability (from collection to initiation):**

Room temperature: Unacceptable

Refrigerated: 72 hours

Frozen -20° C: 14 days

Frozen -70° C: 30 days

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

ng/dL

**Reference Interval:**

Adult: 22-237 ng/dL

**Pediatric:**

| Age              | ng/dL     |
|------------------|-----------|
| 1 - 59 Days      | 68 - 1303 |
| 60 Days - 1 Year | <= 219    |
| 2 - 6 Years      | <= 140    |
| 7 - 9 Years      | 156       |
| 10 - 12 Years    | 15 - 220  |
| 13 - 17 Years    | 12 - 196  |

**ADMINISTRATIVE****CPT Codes:**

84140

**LOINC Codes:**

2837-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PREGN

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Sun-Fri

**Methodology:**

LC/MS/MS

**Collect:**

Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Moderate to gross hemolysis • Received room temperature • Serum separator tube (SST®)

**Specimen Preparation:**

Aliquot and freeze serum. Transport to CB frozen. Order Quest test code 28373P.

**Units:**

ng/dL

**Reference Interval:**

Adult: 22-237 ng/dL

## Pediatric:

| Age              | ng/dL     |
|------------------|-----------|
| 1 - 59 Days      | 68 - 1303 |
| 60 Days - 1 Year | <= 219    |
| 2 - 6 Years      | <= 140    |
| 7 - 9 Years      | 156       |
| 10 - 12 Years    | 15 - 220  |
| 13 - 17 Years    | 12 - 196  |

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: Unacceptable

Refrigerated: 72 hours

Frozen -20° C: 14 days

Frozen -70° C: 30 days

**Reported:**

1-4 days

**CPT Codes:**

84140

**LOINC Codes:**

2837-3

# Prenatal Screen, Cell-free DNA

CFFD

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Counsyl

**Methodology:**

Massively parallel sequencing

**Reported:**

7 days

**Additional Information:**

Determination in women at high risk for fetal trisomies 13, 18, and 21 who are pregnant with twins or a single fetus of at least 10 weeks' gestation. Test results that suggest high risk for fetal trisomy should prompt consideration for genetic counseling and/or additional genetic testing. Test results that suggest low risk for fetal trisomy should be reviewed with the patient by the health care provider. Results should be considered in the context of other clinical criteria.

**Synonyms:**

- Counsyl Prelude Prenatal Screen
- NIPT
- Non-invasive prenatal test

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Whole blood

**Collect:**

Cell-Free DNA (cfDNA) BCT Tube

**Amount to Collect:**

10 mL blood

**Preferred Volume:**

10 mL blood

**Minimum Volume:**

10 mL blood

**Remarks:**

Draw two BCT black/tan tubes per patient. Fully completed Counsyl requisition/kit required before draw.

**Stability (from collection to initiation):**

5 days

**Rejection Criteria:**

Gestational age <10 weeks; incorrect or expired blood tube; quantity not sufficient for analysis; specimen received more than five days from collection; excessive hemolysis; frozen specimens

## PROCESSING

**Test Code:**

CFFD

**Sendout:**

Yes

**Performing Lab:**

Counsyl

**Specimen Preparation:**

Do not aliquot. Maintain at ambient temperature.

**Preferred Volume:**

10 mL blood

**Minimum Volume:**

10 mL blood

**Rejection Criteria:**

Gestational age <10 weeks; incorrect or expired blood tube; quantity not sufficient for analysis; specimen received more than five days from collection; excessive hemolysis; frozen specimens

**Stability (from collection to initiation):**  
5 days

## RESULT INTERPRETATION

**Additional Information:**

Determination in women at high risk for fetal trisomies 13, 18, and 21 who are pregnant with twins or a single fetus of at least 10 weeks' gestation. Test results that suggest high risk for fetal trisomy should prompt consideration for genetic counseling and/or additional genetic testing. Test results that suggest low risk for fetal trisomy should be reviewed with the patient by the health care provider. Results should be considered in the context of other clinical criteria.

## ADMINISTRATIVE

**CPT Codes:**  
81599-90

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

CFFD

**Performing Lab:**

Counsyl

**Sendout:**

Yes

**Methodology:**

Massively parallel sequencing

**Remarks:**

Draw two BCT black/tan tubes per patient. Fully completed Counsyl requisition/kit required before draw.

**Collect:**

Cell-Free DNA (cfDNA) BCT Tube

**Amount to Collect:**

10 mL blood

**Sample Type:**

Whole blood

**Preferred Volume:**

10 mL blood

**Minimum Volume:**

10 mL blood

**Rejection Criteria:**

Gestational age <10 weeks; incorrect or expired blood tube; quantity not sufficient for analysis; specimen received more than five days from collection; excessive hemolysis; frozen specimens

**Specimen Preparation:**

Do not aliquot. Maintain at ambient temperature.

**Synonyms:**

- Counsyl Prelude Prenatal Screen
- NIPT
- Non-invasive prenatal test

**Stability (from collection to initiation):**

5 days

**Reported:**

7 days

**Additional Information:**

Determination in women at high risk for fetal trisomies 13, 18, and 21 who are pregnant with twins or a single fetus of at least 10 weeks' gestation. Test results that suggest high risk for fetal trisomy should prompt consideration for genetic counseling and/or additional genetic testing. Test results that suggest low risk for fetal trisomy should be reviewed with the patient by the health care provider. Results should be considered in the context of other clinical criteria.

**CPT Codes:**  
81599-90

**Supplemental Test Request Form Required:**  
Yes

# Pre-Surgical Type and Screen

LAB6126

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus Mt. Zion &amp; Mission Bay Blood Banks

**Performed:**

Test available 24-hours a day 7-days a week at Parnassus and Mission Bay Blood Banks only.

Testing available at Mt. Zion 0700 Monday to 2300 Friday.

**Reported:**

Routine 4 hours

**Additional Information:**
Samples for this test should **NOT** be collected > 28 days prior to the patient's planned procedure.

If the patient has been transfused or pregnant in the preceding 3 months sample should **NOT be collected > 3 days prior to procedure. The concern is that such patients could be developing red cell allo-antibodies that could be missed if the samples are collected too far in advance.**

**Synonyms:**

- Specimen In BB-28 Days

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top (6 mL)

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

| Patient Age   | Amount to Collect                     |
|---------------|---------------------------------------|
| < 4 mo        | 2x Full Microtainer (1.6 mL)          |
| 4 mo - 1 year | 3 mL                                  |
| 1 -18 years   | 3 - 6 mL (3 mL OK for small children) |
| > 18 years    | 6 mL x 2                              |

**Minimum Volume:**

| Patient Age   | Amount to Collect                 |
|---------------|-----------------------------------|
| < 4 mo        | Full Microtainer (0.8 mL)         |
| 4 mo - 1 year | 1 mL                              |
| 1 -18 years   | 3 mL (3 mL OK for small children) |
| > 18 years    | 5 mL                              |

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name or ID of the person who collected the sample

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

## PROCESSING

**Test Code:**

BB28

**Performing Lab:**

Parnassus Mt. Zion &amp; Mission Bay Blood Banks

**Preferred Volume:**

| Patient Age   | Amount to Collect                     |
|---------------|---------------------------------------|
| < 4 mo        | 2x Full Microtainer (1.6 mL)          |
| 4 mo - 1 year | 3 mL                                  |
| 1 -18 years   | 3 - 6 mL (3 mL OK for small children) |
| > 18 years    | 6 mL x 2                              |

**Minimum Volume:**

| Patient Age   | Amount to Collect                 |
|---------------|-----------------------------------|
| < 4 mo        | Full Microtainer (0.8 mL)         |
| 4 mo - 1 year | 1 mL                              |
| 1 -18 years   | 3 mL (3 mL OK for small children) |
| > 18 years    | 5 mL                              |

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

**RESULT INTERPRETATION****Additional Information:**

Samples for this test should **NOT** be collected > 28 days prior to the patient's planned procedure.

If the patient has been transfused or pregnant in the preceding 3 months sample should **NOT be collected > 3 days prior to procedure. The concern is that such patients could be developing red cell allo-antibodies that could be missed if the samples are collected too far in advance.**

**ADMINISTRATIVE****LOINC Codes:**

34532-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BB28

**Performing Lab:**

Parnassus Mt. Zion & Mission Bay Blood Banks

**Performed:**

Test available 24-hours a day 7-days a week at Parnassus and Mission Bay Blood Banks only.

Testing available at Mt. Zion 0700 Monday to 2300 Friday.

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name or ID of the person who collected the sample

**Collect:**

Lavender top (6 mL)

**Amount to Collect:**

See preferred volume.

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

| Patient Age   | Amount to Collect                     |
|---------------|---------------------------------------|
| < 4 mo        | 2x Full Microtainer (1.6 mL)          |
| 4 mo - 1 year | 3 mL                                  |
| 1 -18 years   | 3 - 6 mL (3 mL OK for small children) |
| > 18 years    | 6 mL x 2                              |



**Minimum Volume:**

| Patient Age   | Amount to Collect                 |
|---------------|-----------------------------------|
| < 4 mo        | Full Microtainer (0.8 mL)         |
| 4 mo - 1 year | 1 mL                              |
| 1 -18 years   | 3 mL (3 mL OK for small children) |
| > 18 years    | 5 mL                              |

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

**Synonyms:**

- Specimen In BB-28 Days

**Reported:**

Routine 4 hours

**Additional Information:**

Samples for this test should **NOT** be collected > 28 days prior to the patient's planned procedure.

If the patient has been transfused or pregnant in the preceding 3 months sample should **NOT be collected > 3 days prior to procedure. The concern is that such patients could be developing red cell allo-antibodies that could be missed if the samples are collected too far in advance.**

**LOINC Codes:**

34532-2

# Primidone Level

LAB485

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay

**Reported:**

Test performed Monday-Saturday. Turnaround time: 1-4 days.

**Additional Information:**

Assay of Primidone levels is accompanied by the measurement of Primidone's major metabolite Phenobarbital, for which Quest considers the adult therapeutic level to be 10-40 mg/L, the pediatric therapeutic level to be 10-30, and the potentially toxic level to be > 40. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**Synonyms:**

- Mysoline

## COLLECTION

**Sample Type:**

Serum (EDTA plasma acceptable)

**Label Abbreviation:**

PRIM

**Collect:**Red top (Gold top **NOT** acceptable), Lavender OK**Amount to Collect:**

4 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Remarks:**

Time to steady state: 2-3 days.

A trough levels is ideally drawn &lt; 1 hour before the next dose.

Indicate the time of draw on the requisition.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks, frozen at -20C 1 month

**Unacceptable Conditions:**

Collected in Gold top (SST). Severely icteric, lipemic or hemolyzed samples

**Rejection Criteria:**

Severely icteric, lipemic or hemolyzed samples

## PROCESSING

**Test Code:**

PRIM

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Centrifuge and immediately separate serum or plasma specimens from the cells into clean, plastic screw-capped vials. Refrigerate. Order Quest test # 751X . If B/T, order LabCorp #007856

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Unacceptable Conditions:**

Collected in Gold top (SST). Severely icteric, lipemic or hemolyzed samples

**Rejection Criteria:**

Severely icteric, lipemic or hemolyzed samples

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks, frozen at -20C 1 month

**RESULT INTERPRETATION****Units:**

mg/L

**Reference Interval:**

Primidone:

Therapeutic: 5-15 mg/L

Potentially toxic: > 15 mg/L

Phenobarbital: 15.0-40.0 mg/L

**Critical Values:**

Quest Priority-1: > 15 mg/L

**Additional Information:**

Assay of Primidone levels is accompanied by the measurement of Primidone's major metabolite Phenobarbital, for which Quest considers the adult therapeutic level to be 10-40 mg/L, the pediatric therapeutic level to be 10-30, and the potentially toxic level to be > 40. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**ADMINISTRATIVE****CPT Codes:**

80188-90, 80184-90

**LOINC Codes:**

3978-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PRIM

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Immunoassay

**Remarks:**

Time to steady state: 2-3 days.

A trough levels is ideally drawn < 1 hour before the next dose.

Indicate the time of draw on the requisition.

**Collect:**

Red top (Gold top **NOT** acceptable), Lavender OK

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum (EDTA plasma acceptable)

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Rejection Criteria:**

Severely icteric, lipemic or hemolyzed samples

**Unacceptable Conditions:**

Collected in Gold top (SST). Severely icteric, lipemic or hemolyzed samples

**Specimen Preparation:**

Centrifuge and immediately separate serum or plasma specimens from the cells into clean, plastic screw-capped vials.  
Refrigerate. Order Quest test # 751X . If B/T, order LabCorp #007856

**Units:**

mg/L

**Reference Interval:**

Primidone:

Therapeutic: 5-15 mg/L

Potentially toxic: > 15 mg/L

Phenobarbital: 15.0-40.0 mg/L

**Critical Values:**

Quest Priority-1: > 15 mg/L

**Synonyms:**

- Mysoline

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks, frozen at -20C 1 month

**Reported:**

Test performed Monday-Saturday. Turnaround time: 1-4 days.

**Additional Information:**

Assay of Primidone levels is accompanied by the measurement of Primidone's major metabolite Phenobarbital, for which Quest considers the adult therapeutic level to be 10-40 mg/L, the pediatric therapeutic level to be 10-30, and the potentially toxic level to be > 40. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**CPT Codes:**

80188-90, 80184-90

**LOINC Codes:**

3978-4

# Pro-B-Type Natriuretic Peptide, N-terminal

LAB6225

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mt. Zion Chemistry

**Performed:**

M-F except holidays 0800 - 1700

**Methodology:**

Electrochemiluminescence immunoassay (ECLIA) - Roche cobas e411 instrument

**Reported:**

1-4 days

**Additional Information:**

BNP, is the active form of this protein hormone, has a short biological half-life of 20 minutes. NT-ProBNP, inactive fragment, has a half-life of 1-2 hours. Both are increased in CHF and both levels correlate to the severity of condition. In the future these two hormones may be used as prognostic indicators in ACS also; studies have shown that levels predict cardiac mortality and adverse cardiac events in patients with ACS.

Because of its longer half-life, there are advantages to measuring NT-ProBNP over BNP. In CHF patients receiving exogenous and synthetic BNP for treatment, BNP levels may be affected while NT-ProBNP will not be affected. NT-ProBNP is thought to be primarily cleared by kidneys and therefore falsely elevated in severe renal disease.

Unlike BNP, NT-ProBNP is not increased by therapy with sacubitril (present in Entresto™).

Under 50 years of age: N-terminal pro brain natriuretic peptide (NT-proBNP) values below 300 pg/mL have a 99% negative predictive value for excluding acute congestive heart failure (CHF). A cutoff of 1,200 pg/mL for patients with an estimated glomerular filtration rate (eGFR) below 60 yields a diagnostic sensitivity and specificity of 89% and 72% for acute CHF. NT-proBNP values greater than 450 pg/mL are consistent with CHF in adults under 50 years of age

50-75 years of age: NT-proBNP values below 300 pg/mL have a 99% negative predictive value for excluding acute CHF. A cutoff of 1,200 pg/mL, for patients with an eGFR below 60 yields a diagnostic sensitivity and specificity of 89% and 72% for acute CHF. A diagnostic NT-proBNP cutoff of 900 pg/mL has been suggested in adults 50 to 75 years of age in the absence of renal failure.

Over 75 years of age: NT-proBNP values below 300 pg/mL have a 99% negative predictive value for excluding acute CHF. A cutoff of 1,200 pg/mL for patients with an eGFR below 60 yields a diagnostic sensitivity and specificity of 89% and 72% for acute CHF. A diagnostic NT-proBNP cutoff of 1,800 pg/mL has been suggested in adults over 75 years of age in the absence of renal failure.

From: DeFilippi C, van Kimmenade R, Pinto YM: Amino-terminal pro-B-type natriuretic peptide testing in renal disease. Am J Cardiol 2008;101[suppl]:82A- 88A

Note that BNP is available stat while NT-Pro BNP is not.

According to the assay manufacturer, there is no interference in this assay from biotin levels up to 3500 ng/mL. Because high dose biotin treatment does not raise biotin levels above 3500 ng/mL, it should not be necessary to stop biotin therapy before blood collection for measurement of NT-proBNP

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- BNP
- brain type
- ANF
- ANH
- Atrial natriuretic factor
- Atrial natriuretic hormone
- Pro-BNP
- NT-Pro BNP
- NPNP

## COLLECTION

**Sample Type:**

Blood

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature: 3 days

Refrigerated: 6 days

Frozen: 2 years

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Gross hemolysis

## PROCESSING

**Test Code:**

NPBNP

**Performing Lab:**

Mt. Zion Chemistry

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Gross hemolysis

**Stability (from collection to initiation):**

Room temperature: 3 days

Refrigerated: 6 days

Frozen: 2 years

**Storage/Transport Temperature:**

Refrigerated

## RESULT INTERPRETATION

**Units:**

pg/mL

**Reference Interval:**

Congestive heart failure risk-based reference ranges (the cut-off of > 300 pg/mL is used to flag results as abnormal)

|             |                             |                                                                     |
|-------------|-----------------------------|---------------------------------------------------------------------|
| 18-49 years | <=300 pg/mL<br>>=450 pg/mL  | Normal, heart failure unlikely<br>High probability of heart failure |
| 50-75 years | <=300 pg/mL<br>>=900 pg/mL  | Normal, heart failure unlikely<br>High probability of heart failure |
| >75 years   | <=300 pg/mL<br>>=1800 pg/mL | Normal, heart failure unlikely<br>High probability of heart failure |

Reference ranges adopted from Quest Diagnostics based on method comparisons between Quest and UCSF using 45 patient samples. Reference ranges are based on the following publications: Shah et al., Clin Biochem 2010; 43:1405 and Januzzi et al., Eur Heart J 2006; 27:330.

Reference ranges from Manufacturer (95th percentile)

| Age (years) | Male (pg/mL) | Female (pg/mL) |
|-------------|--------------|----------------|
| < 45        | < 92.6       | < 178          |
| 45-54       | < 138        | < 192          |
| 55-64       | < 177        | < 226          |
| 65-74       | < 229        | < 353          |
| >= 75       | < 852        | < 624          |

Please note, a verification study of the Manufacturer's reference ranges was not performed by UCSF Clinical Laboratories.

**Additional Information:**

BNP, is the active form of this protein hormone, has a short biological half-life of 20 minutes. NT-ProBNP, inactive fragment, has a half-life of 1-2 hours. Both are increased in CHF and both levels correlate to the severity of condition. In the future these two hormones may be used as prognostic indicators in ACS also; studies have shown that levels predict cardiac mortality and adverse cardiac events in patients with ACS.

Because of its longer half-life, there are advantages to measuring NT-ProBNP over BNP. In CHF patients receiving exogenous and synthetic BNP for treatment, BNP levels may be affected while NT-ProBNP will not be affected. NT-ProBNP is thought to be primarily cleared by kidneys and therefore falsely elevated in severe renal disease.

Unlike BNP, NTProBNP is not increased by therapy with sacubitril (present in Entresto™).

Under 50 years of age: N-terminal pro brain natriuretic peptide (NT-proBNP) values below 300 pg/mL have a 99% negative predictive value for excluding acute congestive heart failure (CHF). A cutoff of 1,200 pg/mL for patients with an estimated glomerular filtration rate (eGFR) below 60 yields a diagnostic sensitivity and specificity of 89% and 72% for acute CHF. NT-proBNP values greater than 450 pg/mL are consistent with CHF in adults under 50 years of age

50-75 years of age: NT-proBNP values below 300 pg/mL have a 99% negative predictive value for excluding acute CHF. A cutoff of 1,200 pg/mL, for patients with an eGFR below 60 yields a diagnostic sensitivity and specificity of 89% and 72% for acute CHF. A diagnostic NT-proBNP cutoff of 900 pg/mL has been suggested in adults 50 to 75 years of age in the absence of renal failure.

Over 75 years of age: NT-proBNP values below 300 pg/mL have a 99% negative predictive value for excluding acute CHF. A cutoff of 1,200 pg/mL for patients with an eGFR below 60 yields a diagnostic sensitivity and specificity of 89% and 72% for acute CHF. A diagnostic NT-proBNP cutoff of 1,800 pg/mL has been suggested in adults over 75 years of age in the absence of renal failure.

From: DeFilippi C, van Kimmenade R, Pinto YM: Amino-terminal pro-B-type natriuretic peptide testing in renal disease. Am J Cardiol 2008;101[suppl]:82A- 88A

Note that BNP is available stat while NT-Pro BNP is not.

According to the assay manufacturer, there is no interference in this assay from biotin levels up to 3500 ng/mL. Because high dose biotin treatment does not raise biotin levels above 3500 ng/mL, it should not be necessary to stop biotin therapy before blood collection for measurement of NT-proBNP

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE**

**CPT Codes:**  
83880

**LOINC Codes:**  
33762-6

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
NPBNP

**Performing Lab:**  
Mt. Zion Chemistry

**Performed:**  
M-F except holidays 0800 - 1700

**Methodology:**  
Electrochemiluminescence immunoassay (ECLIA) - Roche cobas e411 instrument

**Collect:**  
Gold top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Blood

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.3 mL serum

**Unacceptable Conditions:**  
Gross hemolysis

**Units:**  
pg/mL

**Reference Interval:**  
Congestive heart failure risk-based reference ranges (the cut-off of > 300 pg/mL is used to flag results as abnormal)

|             |                             |                                                                     |
|-------------|-----------------------------|---------------------------------------------------------------------|
| 18-49 years | <=300 pg/mL<br>>=450 pg/mL  | Normal, heart failure unlikely<br>High probability of heart failure |
| 50-75 years | <=300 pg/mL<br>>=900 pg/mL  | Normal, heart failure unlikely<br>High probability of heart failure |
| >75 years   | <=300 pg/mL<br>>=1800 pg/mL | Normal, heart failure unlikely<br>High probability of heart failure |

Reference ranges adopted from Quest Diagnostics based on method comparisons between Quest and UCSF using 45 patient samples. Reference ranges are based on the following publications: Shah et al., Clin Biochem 2010; 43:1405 and Januzzi et al., Eur Heart J 2006; 27:330.

Reference ranges from Manufacturer (95th percentile)

| Age (years) | Male (pg/mL) | Female (pg/mL) |
|-------------|--------------|----------------|
| < 45        | < 92.6       | < 178          |
| 45-54       | < 138        | < 192          |
| 55-64       | < 177        | < 226          |
| 65-74       | < 229        | < 353          |
| >= 75       | < 852        | < 624          |

Please note, a verification study of the Manufacturer's reference ranges was not performed by UCSF Clinical Laboratories.

### Synonyms:

- BNP
- brain type
- ANF
- ANH
- Atrial natriuretic factor
- Atrial natriuretic hormone
- Pro-BNP
- NT-Pro BNP
- NPBNP



**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Room temperature: 3 days

Refrigerated: 6 days

Frozen: 2 years

**Reported:**

1-4 days

**Additional Information:**

BNP, is the active form of this protein hormone, has a short biological half-life of 20 minutes. NT-ProBNP, inactive fragment, has a half-life of 1-2 hours. Both are increased in CHF and both levels correlate to the severity of condition. In the future these two hormones may be used as prognostic indicators in ACS also; studies have shown that levels predict cardiac mortality and adverse cardiac events in patients with ACS.

Because of its longer half-life, there are advantages to measuring NT-ProBNP over BNP. In CHF patients receiving exogenous and synthetic BNP for treatment, BNP levels may be affected while NT-ProBNP will not be affected. NT-ProBNP is thought to be primarily cleared by kidneys and therefore falsely elevated in severe renal disease.

Unlike BNP, NTProBNP is not increased by therapy with sacubitril (present in Entresto™).

Under 50 years of age: N-terminal pro brain natriuretic peptide (NT-proBNP) values below 300 pg/mL have a 99% negative predictive value for excluding acute congestive heart failure (CHF). A cutoff of 1,200 pg/mL for patients with an estimated glomerular filtration rate (eGFR) below 60 yields a diagnostic sensitivity and specificity of 89% and 72% for acute CHF. NT-proBNP values greater than 450 pg/mL are consistent with CHF in adults under 50 years of age

50-75 years of age: NT-proBNP values below 300 pg/mL have a 99% negative predictive value for excluding acute CHF. A cutoff of 1,200 pg/mL, for patients with an eGFR below 60 yields a diagnostic sensitivity and specificity of 89% and 72% for acute CHF. A diagnostic NT-proBNP cutoff of 900 pg/mL has been suggested in adults 50 to 75 years of age in the absence of renal failure.

Over 75 years of age: NT-proBNP values below 300 pg/mL have a 99% negative predictive value for excluding acute CHF. A cutoff of 1,200 pg/mL for patients with an eGFR below 60 yields a diagnostic sensitivity and specificity of 89% and 72% for acute CHF. A diagnostic NT-proBNP cutoff of 1,800 pg/mL has been suggested in adults over 75 years of age in the absence of renal failure.

From: DeFilippi C, van Kimmenade R, Pinto YM: Amino-terminal pro-B-type natriuretic peptide testing in renal disease. Am J Cardiol 2008;101[suppl]:82A- 88A

Note that BNP is available stat while NT-Pro BNP is not.

According to the assay manufacturer, there is no interference in this assay from biotin levels up to 3500 ng/mL. Because high dose biotin treatment does not raise biotin levels above 3500 ng/mL, it should not be necessary to stop biotin therapy before blood collection for measurement of NT-proBNP

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

83880

**LOINC Codes:**

33762-6

# Procainamide

LAB5661

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay

**Reported:**

3-5 days

**Additional Information:**

Includes measurement of the metabolite NAPA. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

NAPA

**Collect:**

Red top preferred (Gold top **NOT** acceptable) Lavender top, Light green top or Gray top acceptable

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Remarks:**

Time to steady state: 12-24 hours.

Collect samples 6-12 hours after start of infusion.

Indicate date and time of draw on requisition.

DO NOT collect in Gold top. Trough should be collected just before next dose.

**Stability (from collection to initiation):**

Room temperature 4 days

Refrigerated 1 week

**Unacceptable Conditions:**

Sample collected in Gold top

## PROCESSING

**Test Code:**

PNAPA

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 851N

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Unacceptable Conditions:**

Sample collected in Gold top

**Stability (from collection to initiation):**

Room temperature 4 days  
Refrigerated 1 week

**RESULT INTERPRETATION****Units:**

mg/L

**Reference Interval:**

Therapeutic: 4.0-8.0 mg/L

Potentially toxic: > 16.0 mg/L

NAPA: < 30.0 mg/L

**Critical Values:**

$\geq 14$  mg/L ( $> 30$  mg/L for total of Procainamide + NAPA)

**Additional Information:**

Includes measurement of the metabolite NAPA. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**ADMINISTRATIVE****CPT Codes:**

80192

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PNAPA

**Performing Lab:**

Quest

**Methodology:**

Immunoassay

**Remarks:**

Time to steady state: 12-24 hours.

Collect samples 6-12 hours after start of infusion.

Indicate date and time of draw on requisition.

DO NOT collect in Gold top. Trough should be collected just before next dose.

**Collect:**

Red top preferred (Gold top **NOT** acceptable) Lavender top, Light green top or Gray top acceptable

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Unacceptable Conditions:**

Sample collected in Gold top

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 851N

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 4.0-8.0 mg/L

Potentially toxic: > 16.0 mg/L

NAPA: < 30.0 mg/L

**Critical Values:**

$\geq 14$  mg/L ( $> 30$  mg/L for total of Procainamide + NAPA)

**Stability (from collection to initiation):**

Room temperature 4 days

Refrigerated 1 week

**Reported:**

3-5 days

**Additional Information:**

Includes measurement of the metabolite NAPA. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**CPT Codes:**

80192

# Procainamide and N-Acetylprocainamide (NAPA)

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Stanford Healthcare Lab

**Methodology:**

Competitive homogeneous enzyme immunoassays (Roche Cobas c503)

**Reported:**

Samples received in the Mission Bay lab by 12pm will be reported the same day. Samples received after this time will be reported the following day.

Samples received in the Parnassus lab by 10am will be reported the same day. Samples received after this time will be reported the following day.

**Additional Information:**

Includes measurement of procainamide and the metabolite NAPA. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**Synonyms:**

- Pronestyl
- Procan
- N-Acetylprocainamide
- NAPA

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, gold top acceptable

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma and serum

**Remarks:**

Time to steady state: 12-24 hours.

Collect samples 6-12 hours after start of infusion.

Indicate date and time of draw on requisition.

Trough should be collected just before next dose.

**Stability (from collection to initiation):**

Refrigerated 24 weeks, frozen 6 months.

## PROCESSING

**Test Code:**

PNAPA (battery code)  
PROCAN and NACPR (test codes)

**Sendout:**

Yes

**Performing Lab:**

Stanford Healthcare Lab

**Specimen Preparation:**

Centrifuge within 2 hours of collection.

Samples should be aliquoted and refrigerated and shipped to China Basin (Monday through Friday) or Mission Bay (holidays and weekends) if received at another location.

**Mission Bay Processing:**

Complete Stanford Hospital Laboratory paper requisition form with the patient information.

Check box for LABANAPL (Procainamide and NAPA).

Monday through Friday: send samples to China Basin.

Holidays and weekends: If there are procainamide/NAPA samples, at 3pm every day, call an AmTran courier to take the samples to Stanford.

Courier: AmTran

Courier phone number: 877-243-8733

**Stanford lab address:**

ATTN: Chemistry Lab

Stanford Healthcare Lab, 300 Pasteur Drive, Clinical Lab, F17, Room H1537, Palo Alto, CA 94305

**China Basin Processing:**

Place procainamide/NAPA samples and requisitions with the other samples that are sent to Stanford and ensure the Stanford courier picks them up.

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma and serum

**Stability (from collection to initiation):**

Refrigerated 24 weeks, frozen 6 months.

**RESULT INTERPRETATION****Units:**

µg/mL

**Reference Interval:**

Procainamide: Therapeutic: 4.0-10.0 µg/mL

NAPA: 12-18 µg/mL

**Critical Values:**

Procainamide: > 10 µg/mL

NAPA: >= 40 µg/mL

**Additional Information:**

Includes measurement of procainamide and the metabolite NAPA. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**ADMINISTRATIVE****CPT Codes:**

80192

**LOINC Codes:**

3982-6, 3834-9, 3983-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PNAPA (battery code)

PROCAN and NACPR (test codes)

**Performing Lab:**

Stanford Healthcare Lab

**Sendout:**

Yes

**Methodology:**

Competitive homogeneous enzyme immunoassays (Roche Cobas c503)

**Remarks:**

Time to steady state: 12-24 hours.

Collect samples 6-12 hours after start of infusion.

Indicate date and time of draw on requisition.

Trough should be collected just before next dose.

**Collect:**

Light green top preferred, gold top acceptable

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma and serum

**Specimen Preparation:**

Centrifuge within 2 hours of collection.

Samples should be aliquoted and refrigerated and shipped to China Basin (Monday through Friday) or Mission Bay (holidays and weekends) if received at another location.

Mission Bay Processing:

Complete Stanford Hospital Laboratory paper requisition form with the patient information.

Check box for LABANAPL (Procainamide and NAPA).

Monday through Friday: send samples to China Basin.

Holidays and weekends: If there are procainamide/NAPA samples, at 3pm every day, call an AmTran courier to take the samples to Stanford.

Courier: AmTran

Courier phone number: 877-243-8733

Stanford lab address:

ATTN: Chemistry Lab

Stanford Healthcare Lab, 300 Pasteur Drive, Clinical Lab, F17, Room H1537, Palo Alto, CA 94305

China Basin Processing:

Place procainamide/NAPA samples and requisitions with the other samples that are sent to Stanford and ensure the Stanford courier picks them up.

**Units:**

µg/mL

**Reference Interval:**

Procainamide: Therapeutic: 4.0-10.0 µg/mL

NAPA: 12-18 µg/mL

**Critical Values:**

Procainamide: > 10 µg/mL

NAPA: >= 40 µg/mL

**Synonyms:**

- Pronestyl
- Procan
- N-Acetylprocainamide
- NAPA

**Stability (from collection to initiation):**

Refrigerated 24 weeks, frozen 6 months.

**Reported:**

Samples received in the Mission Bay lab by 12pm will be reported the same day. Samples received after this time will be reported the following day.

Samples received in the Parnassus lab by 10am will be reported the same day. Samples received after this time will be reported the following day.

**Additional Information:**

Includes measurement of procainamide and the metabolite NAPA. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**CPT Codes:**

80192

**LOINC Codes:**

3982-6, 3834-9, 3983-4



# Procalcitonin

LAB9019

## ORDERING

**Ordering Recommendations:**

Click [here](#) for the Procalcitonin (PCT) Clinical Decision Support Tool.

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, & Saint Marys Chemistry

**Performed:**

Test run 24 hours per day, 7 days per week

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000/ci4000)

**Reported:**

Results will be available within 1-4 hours of receipt in the laboratory.

**Synonyms:**

- PCT
- Sepsis
- PCTN

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Preferred: Lt Green (Li-Heparin) top

Acceptable: Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.3 mL plasma/serum

**Minimum Volume:**

0.15 mL plasma/serum

**Remarks:**

When monitoring patients, use the same specimen collection tube type throughout the evaluation.

**Stability (from collection to initiation):**

Room Temperature:

<= 8 hours on the clot, red blood cell, or separator gel

<= 24 hours off the clot, red blood cell, or separator gel

Refrigerated (2-8°C): <= 48 hours

Frozen (-10°C or colder): <= 15 days

Avoid more than 3 freeze-thaw cycles.

**Storage/Transport Temperature:**

Refrigerated (2-8°C)

## PROCESSING

**Test Code:**

PCTN

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, & Saint Marys Chemistry

**Specimen Preparation:**

Aliquot and store refrigerated (2-8°C)

**Preferred Volume:**

0.3 mL plasma/serum

**Minimum Volume:**

0.15 mL plasma/serum

**Stability (from collection to initiation):**

Room Temperature:

&lt;= 8 hours on the clot, red blood cell, or separator gel

&lt;= 24 hours off the clot, red blood cell, or separator gel

Refrigerated (2-8°C): &lt;= 48 hours

Frozen (-10°C or colder): &lt;= 15 days

Avoid more than 3 freeze-thaw cycles.

**Storage/Transport Temperature:**

Refrigerated (2-8°C)

**RESULT INTERPRETATION****Units:**

µg/L

**Reference Interval:**

&lt; 0.26 µg/L

The following cutoffs for guiding interpretation of procalcitonin results were established with the UCSF Infectious Disease service and verified in-house with 30 normal volunteers. These guidelines are also consistent with [www.UpToDate.com](http://www.UpToDate.com).

**Interpretive Data:**

The purpose of procalcitonin (PCT) testing at UCSF is mainly for assisting in decision making about de-escalation of antibiotics in the setting of sepsis and/or lower respiratory tract infection. Importantly, PCT should be used adjunctively with clinical judgment in the de-escalation of antibiotics.

The following cutoffs for guiding interpretation of PCT results were established based on published literature and in consultation with the UCSF Infectious Disease service.

&lt;0.1 microgram/L = very low likelihood of bacterial infection \*

0.1-0.25 microgram/L = low likelihood of bacterial infection \*

&gt; 0.25 microgram/L = elevated likelihood of bacterial infection \*

\* Note, these cutoffs for guiding interpretation of PCT results do not apply in all clinical circumstances. Guidelines have not been established for interpretation of procalcitonin results in pediatric patients. Procalcitonin levels are not elevated in all bacterial infections and may be elevated in other conditions besides bacterial infections.

Examples where false negative results may occur - (low PCT values in presence of bacterial infection):

- Contained infections (mediastinitis, empyema, or abscess)
- Intracellular bacteria (listeria, legionella, mycoplasma)
- Procalcitonin sample drawn in the first 6-12 hours of infection

Examples where false positive results may occur - (elevated PCT values in the absence of bacterial infection):

- Severe trauma
- Surgery
- Cardiac shock
- Burns
- Malaria
- Systemic vasculitis
- Severe pancreatitis
- Receipt of certain immunomodulatory agents: granulocyte transfusions, antilymphocyte globulin, anti-CD3 antibodies
- Systemic fungal and parasitic infections
- Medullary thyroid tumors
- End-stage renal disease (if not yet on hemodialysis)
- Elderly (age >80)

Procalcitonin should not be sent in immunocompromised patients or pregnant patients.

For detailed guidance on interpretation of procalcitonin levels, see [www.uptodate.com](http://www.uptodate.com)

**ADMINISTRATIVE****CPT Codes:**

84145

**LOINC Codes:**

33959-8

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**Click [here](#) for the Procalcitonin (PCT) Clinical Decision Support Tool.**Test Code:**

PCTN

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test run 24 hours per day, 7 days per week

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000/ci4000)

**Remarks:**

When monitoring patients, use the same specimen collection tube type throughout the evaluation.

**Collect:**

Preferred: Lt Green (Li-Heparin) top

Acceptable: Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.3 mL plasma/serum

**Minimum Volume:**

0.15 mL plasma/serum

**Specimen Preparation:**

Aliquot and store refrigerated (2-8°C)

**Units:**

µg/L

**Reference Interval:**

&lt; 0.26 µg/L

The following cutoffs for guiding interpretation of procalcitonin results were established with the UCSF Infectious Disease service and verified in-house with 30 normal volunteers. These guidelines are also consistent with [www.UpToDate.com](http://www.UpToDate.com).

**Interpretive Data:**

The purpose of procalcitonin (PCT) testing at UCSF is mainly for assisting in decision making about de-escalation of antibiotics in the setting of sepsis and/or lower respiratory tract infection. Importantly, PCT should be used adjunctively with clinical judgment in the de-escalation of antibiotics.

The following cutoffs for guiding interpretation of PCT results were established based on published literature and in consultation with the UCSF Infectious Disease service.

<0.1 microgram/L = very low likelihood of bacterial infection \*  
 0.1-0.25 microgram/L = low likelihood of bacterial infection \*  
 > 0.25 microgram/L = elevated likelihood of bacterial infection \*

\* Note, these cutoffs for guiding interpretation of PCT results do not apply in all clinical circumstances. Guidelines have not been established for interpretation of procalcitonin results in pediatric patients. Procalcitonin levels are not elevated in all bacterial infections and may be elevated in other conditions besides bacterial infections.

Examples where false negative results may occur - (low PCT values in presence of bacterial infection):

- Contained infections (mediastinitis, empyema, or abscess)
- Intracellular bacteria (listeria, legionella, mycoplasma)
- Procalcitonin sample drawn in the first 6-12 hours of infection

Examples where false positive results may occur - (elevated PCT values in the absence of bacterial infection):

- Severe trauma
- Surgery
- Cardiac shock
- Burns
- Malaria
- Systemic vasculitis
- Severe pancreatitis
- Receipt of certain immunomodulatory agents: granulocyte transfusions, antilymphocyte globulin, anti-CD3 antibodies
- Systemic fungal and parasitic infections
- Medullary thyroid tumors
- End-stage renal disease (if not yet on hemodialysis)
- Elderly (age >80)

Procalcitonin should not be sent in immunocompromised patients or pregnant patients.

For detailed guidance on interpretation of procalcitonin levels, see [www.uptodate.com](http://www.uptodate.com)

**Synonyms:**

- PCT
- Sepsis
- PCTN

**Storage/Transport Temperature:**

Refrigerated (2-8°C)

**Stability (from collection to initiation):**

Room Temperature:

<= 8 hours on the clot, red blood cell, or separator gel  
 <= 24 hours off the clot, red blood cell, or separator gel

Refrigerated (2-8°C): <= 48 hours

Frozen (-10°C or colder): <= 15 days

Avoid more than 3 freeze-thaw cycles.

**Reported:**

Results will be available within 1-4 hours of receipt in the laboratory.

**CPT Codes:**

84145

**LOINC Codes:**

33959-8

# Procollagen I Peptide

LAB5635

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay

**Reported:**

5 - 7 days

**Synonyms:**

- P1NP

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

P1NP

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 27 days, frozen 2 months

**Unacceptable Conditions:**

Grossly hemolyzed or lipemic samples

**Rejection Criteria:**

Grossly hemolyzed or lipemic samples

## PROCESSING

**Test Code:**

P1NP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 16609.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed or lipemic samples

**Rejection Criteria:**

Grossly hemolyzed or lipemic samples

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 27 days, frozen 2 months

## RESULT INTERPRETATION

**Units:**

µg/L (mcg/L)

**ADMINISTRATIVE****CPT Codes:**

83519-90

**LOINC Codes:**

47255-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P1NP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Immunoassay

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Rejection Criteria:**

Grossly hemolyzed or lipemic samples

**Unacceptable Conditions:**

Grossly hemolyzed or lipemic samples

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 16609.

**Units:**

µg/L (mcg/L)

**Synonyms:**

- P1NP

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 27 days, frozen 2 months

**Reported:**

5 - 7 days

**CPT Codes:**

83519-90

**LOINC Codes:**

47255-5

# Progesterone Quantitative by HPLC-MS/MS, Serum or Plasma

LAB529

## ORDERING

**Ordering Recommendations:**

Aids in the workup of suspected infertility, detection of ovulation, and assessment of the luteal phase.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-5 days

**Synonyms:**

- P4
- PGSN

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

PGSN

**Collect:**

Serum separator tube (SST). Also acceptable: Plain red, pink (K<sub>2</sub>EDTA), plasma separator tube (PST), green (sodium heparin), or green (lithium heparin).

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 3 Days; Refrigerated: 1 week; Frozen: 6 months.

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

## PROCESSING

**Test Code:**

PGSN

**ARUP Test Code:**

2008509

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL)

**Additional Processing Instructions:**

Aliquot and freeze sample. Transport to CB frozen. Order ARUP test code 2008509.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 3 Days; Refrigerated: 1 week; Frozen: 6 months.

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**RESULT INTERPRETATION****Reference Interval:**

Effective May 16, 2016

| Age                | Males                            |
|--------------------|----------------------------------|
| Less than 1 year   | Not Established                  |
| 1-16 years         | Less than or equal to 0.15 ng/mL |
| 17 years and older | Less than or equal to 0.11 ng/mL |

| Age                         | Females                           |
|-----------------------------|-----------------------------------|
| Less than 1 year            | Not Established                   |
| 1-10 years                  | Less than or equal to 0.26 ng/mL  |
| 11 years                    | Less than or equal to 2.55 ng/mL  |
| 12 years                    | Less than or equal to 8.56 ng/mL  |
| 13 years                    | Less than or equal to 6.93 ng/mL  |
| 14 years                    | Less than or equal to 12.04 ng/mL |
| 15 years                    | Less than or equal to 10.76 ng/mL |
| 16 years                    | Less than or equal to 12.94 ng/mL |
| 17 years and older          | Based on Cycle Days               |
| 1-6 days                    | Less than or equal to 0.17 ng/mL  |
| 7-12 days                   | Less than or equal to 1.35 ng/mL  |
| 13-15 days                  | Less than or equal to 15.63 ng/mL |
| 16-28 days                  | Less than or equal to 25.55 ng/mL |
| Post-Menopausal             | Less than or equal to 0.10 ng/mL  |
| Pregnancy, First Trimester  | 6.25 - 45.46 ng/mL                |
| Pregnancy, Second Trimester | 15.40 - 52.10 ng/mL               |
| Pregnancy, Third Trimester  | 24.99 - 99.92 ng/mL               |

**ADMINISTRATIVE****CPT Codes:**

84144

**LOINC:**

- 2839-9

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aids in the workup of suspected infertility, detection of ovulation, and assessment of the luteal phase.

**Test Code:**

PGSN

**ARUP Test Code:**

2008509

**Performing Lab:**

ARUP

**Sendout:**

Yes



**Performed:**

Sun-Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**Serum separator tube (SST). Also acceptable: Plain red, pink (K<sub>2</sub>EDTA), plasma separator tube (PST), green (sodium heparin), or green (lithium heparin).**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed specimens.

**Specimen Preparation:**

Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL)

**Additional Processing Instructions:**

Aliquot and freeze sample. Transport to CB frozen. Order ARUP test code 2008509.

**Reference Interval:**

Effective May 16, 2016

| Age                | Males                            |
|--------------------|----------------------------------|
| Less than 1 year   | Not Established                  |
| 1-16 years         | Less than or equal to 0.15 ng/mL |
| 17 years and older | Less than or equal to 0.11 ng/mL |

| Age                         | Females                           |
|-----------------------------|-----------------------------------|
| Less than 1 year            | Not Established                   |
| 1-10 years                  | Less than or equal to 0.26 ng/mL  |
| 11 years                    | Less than or equal to 2.55 ng/mL  |
| 12 years                    | Less than or equal to 8.56 ng/mL  |
| 13 years                    | Less than or equal to 6.93 ng/mL  |
| 14 years                    | Less than or equal to 12.04 ng/mL |
| 15 years                    | Less than or equal to 10.76 ng/mL |
| 16 years                    | Less than or equal to 12.94 ng/mL |
| 17 years and older          | Based on Cycle Days               |
| 1-6 days                    | Less than or equal to 0.17 ng/mL  |
| 7-12 days                   | Less than or equal to 1.35 ng/mL  |
| 13-15 days                  | Less than or equal to 15.63 ng/mL |
| 16-28 days                  | Less than or equal to 25.55 ng/mL |
| Post-Menopausal             | Less than or equal to 0.10 ng/mL  |
| Pregnancy, First Trimester  | 6.25 - 45.46 ng/mL                |
| Pregnancy, Second Trimester | 15.40 - 52.10 ng/mL               |
| Pregnancy, Third Trimester  | 24.99 - 99.92 ng/mL               |

**Synonyms:**

- P4
- PGSN

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 3 Days; Refrigerated: 1 week; Frozen: 6 months.

**Reported:**

1-5 days

**CPT Codes:**

84144

**LOINC:**

- 2839-9

# Progesterone, Ultrasensitive

LAB3453

## ORDERING

**Approval Required:**

Yes, contact Chemistry/Immunology Resident at x3-1438. for patients > 20 years old.

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

Test run 5x per week. Turnaround time: 6-8 days.

**Additional Information:**

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Progesterone" (test code PROG). It requires approval if ordered in patients over the age of 20.

This test (1) establishes the presence of a functioning corpus luteum or luteal cell function, (2) confirms basal body temperature measurements of the occurrence of ovulation, (3) affords an indication of the day of ovulation, (4) assesses placental function during pregnancy.

**Synonyms:**

- Progesterone ultrasensitive

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

NPRO

**Collect:**

Red top (Gold top **NOT** acceptable)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 4 weeks, frozen 2 years.

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

NPROG

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate serum. Specify age, sex and menstrual phase and menopausal and pregnancy status on the request form.  
Order Quest # 17183

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 4 weeks, frozen 2 years.

**RESULT INTERPRETATION****Reference Interval:**

Males:

|             |              |
|-------------|--------------|
| 5-9 years   | <= 0.7 ng/mL |
| 10-13 years | <= 1.2 ng/mL |
| 14-17 years | <= 0.8 ng/mL |
| 18-29 years | <= 0.3 ng/mL |
| 30-39 years | <= 0.2 ng/mL |
| 40-49 years | <= 0.2 ng/mL |
| 50-59 years | <= 0.2 ng/mL |

Females:

|                        |                   |
|------------------------|-------------------|
| 5-9 years              | 0.6 ng/mL         |
| 10-13 years            | 10.2 ng/mL        |
| 14-17 years            | 11.9 ng/mL        |
| Early Follicular Phase | <= 0.6 ng/mL      |
| Late Follicular Phase  | <= 2.7 ng/mL      |
| Mid-Cycle Phase        | <= 16.1 ng/mL     |
| Luteal Phase           | <= 3.0-31.4 ng/mL |
| Postmenopausal Women   | <= 0.2 ng/mL      |

**Additional Information:**

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Progesterone" (test code PROG). It requires approval if ordered in patients over the age of 20.

This test (1) establishes the presence of a functioning corpus luteum or luteal cell function, (2) confirms basal body temperature measurements of the occurrence of ovulation, (3) affords an indication of the day of ovulation, (4) assesses placental function during pregnancy.

**ADMINISTRATIVE****CPT Codes:**

84144-90

**LOINC Codes:**

2839-9

**COMPLETE VIEW****Approval Required:**

Yes, contact Chemistry/Immunology Resident at x3-1438. for patients &gt; 20 years old.

**Available Stat:**

No

**Test Code:**

NPROG

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Refrigerate serum. Specify age, sex and menstrual phase and menopausal and pregnancy status on the request form.  
Order Quest # 17183

**Reference Interval:**

Males:

|             |              |
|-------------|--------------|
| 5-9 years   | <= 0.7 ng/mL |
| 10-13 years | <= 1.2 ng/mL |
| 14-17 years | <= 0.8 ng/mL |
| 18-29 years | <= 0.3 ng/mL |
| 30-39 years | <= 0.2 ng/mL |
| 40-49 years | <= 0.2 ng/mL |
| 50-59 years | <= 0.2 ng/mL |

Females:

|                        |                   |
|------------------------|-------------------|
| 5-9 years              | 0.6 ng/mL         |
| 10-13 years            | 10.2 ng/mL        |
| 14-17 years            | 11.9 ng/mL        |
| Early Follicular Phase | <= 0.6 ng/mL      |
| Late Follicular Phase  | <= 2.7 ng/mL      |
| Mid-Cycle Phase        | <= 16.1 ng/mL     |
| Luteal Phase           | <= 3.0-31.4 ng/mL |
| Postmenopausal Women   | <= 0.2 ng/mL      |

**Synonyms:**

- Progesterone ultrasensitive

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 4 weeks, frozen 2 years.

**Reported:**

Test run 5x per week. Turnaround time: 6-8 days.

**Additional Information:**

This send-out assay is primarily reserved for testing in pediatric patients with suspected or complex endocrine abnormalities. For adult patients see "Progesterone" (test code PROG). It requires approval if ordered in patients over the age of 20.

This test (1) establishes the presence of a functioning corpus luteum or luteal cell function, (2) confirms basal body temperature measurements of the occurrence of ovulation, (3) affords an indication of the day of ovulation, (4) assesses placental function during pregnancy.

**CPT Codes:**

84144-90

**LOINC Codes:**

2839-9

# Proinsulin

LAB1086

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Immunochemiluminescent assay

**Reported:**

4-7 days

**Additional Information:**

Normal individuals will have proinsulin concentrations below the upper limit of the normal fasting reference range (20 pmol/L) when hypoglycemic (blood glucose <45-60 mg/dL). Conversely, most (>80%) insulinoma patients will have proinsulin concentrations above the upper limit of the reference range. The sensitivity and specificity for a diagnosis of insulinoma during hypoglycemia are approximately 75% and near 100%, respectively, at the 20 pmol/L cutoff. A higher sensitivity (>95%) can be achieved using a 5 pmol/L cutoff, and this is the cutoff recommended by the Mayo Clinic's highly experienced hypoglycemia team to avoid missing cases. However, the lower cutoff results in a reduced specificity (approximately 40%), emphasizing the need for a combination of different tests to assure accurate biochemical diagnosis.

Patients with PC1/3 deficiency have low, or sometimes undetectable, insulin levels and substantially elevated proinsulin levels, exceeding the upper limit of the reference range substantially in the fasting state and rising even higher after food intake. Many other hormonal abnormalities are also present, including cortisol deficiency (because of lack of processing of pro-opiomelanocortin to adrenocorticotrophic hormone and other peptides), infertility and, often, morbid obesity.

This assay demonstrates no cross-reactivity with insulin or C-peptide.

A polyclonal capture antibody-conjugated bead recognizing human insulin is incubated with standards, controls and patient samples, capturing insulin and proinsulin, but not free C-peptide. Following washing, a polyclonal acridinium ester-labeled antiserum that recognizes C-peptide is added, binding to captured proinsulin, but not to captured insulin. After overnight incubation, the bead is washed, and flash-chemiluminescence is triggered and measured. The chemiluminescence signal is proportional to the concentration of proinsulin in the sample. (Kao PC, Taylor RT, Service FG: Proinsulin by novel ICMA-diagnostic implication for insulinoma. 75th Annual Meeting, Endocrine Society, #740, p 235, 1993; Kao PC, Taylor RT, Service FG: Proinsulin by immunochemiluminometric assay for the diagnosis of insulinoma. J Clin Endocrinol Metab 1994;78:1048-1051)

**Synonyms:**

- PINS
- ICE

## COLLECTION

**Patient Preparation:**

Overnight fasting before specimen collection is required.

**Sample Type:**

EDTA Plasma

**Label Abbreviation:**

PROINS

**Collect:**

Lavender top (on ice)

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

1.0 mL plasma

**Remarks:**

Pre-chill lavender top in ice prior to collection. Transport sample to lab on ice immediately after collection.,

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 2 weeks.

**Unacceptable Conditions:**

Grossly hemolyzed or lipemic samples.

**Rejection Criteria:**

Sample received at room temperature, gross hemolysis or lipemia

**PROCESSING****Test Code:**

PROINS

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Use refrigerated centrifuge to spin sample down. Aliquot 1.5 mL plasma into plastic vial and freeze at -20C. Transport frozen on dry ice. Mayo order PINS

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

1.0 mL plasma

**Unacceptable Conditions:**

Grossly hemolyzed or lipemic samples.

**Rejection Criteria:**

Sample received at room temperature, gross hemolysis or lipemia

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 2 weeks.

**RESULT INTERPRETATION****Units:**

pmol/L

**Reference Interval:**

3 - 20 pmol/L

**Additional Information:**

Normal individuals will have proinsulin concentrations below the upper limit of the normal fasting reference range (20 pmol/L) when hypoglycemic (blood glucose <45-60 mg/dL). Conversely, most (>80%) insulinoma patients will have proinsulin concentrations above the upper limit of the reference range. The sensitivity and specificity for a diagnosis of insulinoma during hypoglycemia are approximately 75% and near 100%, respectively, at the 20 pmol/L cutoff. A higher sensitivity (>95%) can be achieved using a 5 pmol/L cutoff, and this is the cutoff recommended by the Mayo Clinic's highly experienced hypoglycemia team to avoid missing cases. However, the lower cutoff results in a reduced specificity (approximately 40%), emphasizing the need for a combination of different tests to assure accurate biochemical diagnosis.

Patients with PC1/3 deficiency have low, or sometimes undetectable, insulin levels and substantially elevated proinsulin levels, exceeding the upper limit of the reference range substantially in the fasting state and rising even higher after food intake. Many other hormonal abnormalities are also present, including cortisol deficiency (because of lack of processing of pro-opiomelanocortin to adrenocorticotrophic hormone and other peptides), infertility and, often, morbid obesity.

This assay demonstrates no cross-reactivity with insulin or C-peptide.

A polyclonal capture antibody-conjugated bead recognizing human insulin is incubated with standards, controls and patient samples, capturing insulin and proinsulin, but not free C-peptide. Following washing, a polyclonal acridinium ester-labeled antiserum that recognizes C-peptide is added, binding to captured proinsulin, but not to captured insulin. After overnight incubation, the bead is washed, and flash-chemiluminescence is triggered and measured. The chemiluminescence signal is proportional to the concentration of proinsulin in the sample. (Kao PC, Taylor RT, Service FG: Proinsulin by novel ICMA-diagnostic implication for insulinoma. 75th Annual Meeting, Endocrine Society, #740, p 235, 1993; Kao PC, Taylor RT, Service FG: Proinsulin by immunochemiluminometric assay for the diagnosis of insulinoma. J Clin Endocrinol Metab 1994;78:1048-1051)

**ADMINISTRATIVE****CPT Codes:**

84206-90

**LOINC Codes:**

27882-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PROINS

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Immunochemiluminescent assay

**Patient Preparation:**

Overnight fasting before specimen collection is required.

**Remarks:**

Pre-chill lavender top in ice prior to collection. Transport sample to lab on ice immediately after collection.,

**Collect:**

Lavender top (on ice)

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA Plasma

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

1.0 mL plasma

**Rejection Criteria:**

Sample received at room temperature, gross hemolysis or lipenmia

**Unacceptable Conditions:**

Grossly hemolyzed or lipemic samples.

**Specimen Preparation:**

Use refrigerated centrifuge to spin sample down. Aliquot 1.5 mL plasma into plastic vial and freeze at -20C. Transport frozen on dry ice. Mayo order PINS

**Units:**

pmol/L

**Reference Interval:**

3 - 20 pmol/L

**Synonyms:**

- PINS
- ICE

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -20C 2 weeks.

**Reported:**

4-7 days

**Additional Information:**

Normal individuals will have proinsulin concentrations below the upper limit of the normal fasting reference range (20 pmol/L) when hypoglycemic (blood glucose <45-60 mg/dL). Conversely, most (>80%) insulinoma patients will have proinsulin concentrations above the upper limit of the reference range. The sensitivity and specificity for a diagnosis of insulinoma during hypoglycemia are approximately 75% and near 100%, respectively, at the 20 pmol/L cutoff. A higher sensitivity (>95%) can be achieved using a 5 pmol/L cutoff, and this is the cutoff recommended by the Mayo Clinic's highly experienced hypoglycemia team to avoid missing cases. However, the lower cutoff results in a reduced specificity (approximately 40%), emphasizing the need for a combination of different tests to assure accurate biochemical diagnosis.

Patients with PC1/3 deficiency have low, or sometimes undetectable, insulin levels and substantially elevated proinsulin levels, exceeding the upper limit of the reference range substantially in the fasting state and rising even higher after food intake. Many other hormonal abnormalities are also present, including cortisol deficiency (because of lack of processing of pro-opiomelanocortin to adrenocorticotrophic hormone and other peptides), infertility and, often, morbid obesity.

This assay demonstrates no cross-reactivity with insulin or C-peptide.

A polyclonal capture antibody-conjugated bead recognizing human insulin is incubated with standards, controls and patient samples, capturing insulin and proinsulin, but not free C-peptide. Following washing, a polyclonal acridinium ester-labeled antiserum that recognizes C-peptide is added, binding to captured proinsulin, but not to captured insulin. After overnight incubation, the bead is washed, and flash-chemiluminescence is triggered and measured. The chemiluminescence signal is proportional to the concentration of proinsulin in the sample. (Kao PC, Taylor RT, Service FG: Proinsulin by novel ICMA-diagnostic implication for insulinoma. 75th Annual Meeting, Endocrine Society, #740, p 235, 1993; Kao PC, Taylor RT, Service FG: Proinsulin by immunochemiluminometric assay for the diagnosis of insulinoma. J Clin Endocrinol Metab 1994;78:1048-1051)

**CPT Codes:**

84206-90



**LOINC Codes:**  
27882-0

# Prolactin

LAB531

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Daily (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

1 day

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 1/8/18. The Abbott Architect method reads approximately 23% higher than the Centaur method. Please note that the reference ranges have changed.

The Abbott assay standardization is traceable to the World Health Organization (WHO) Prolactin 3rd International Standard, (84/500). The Abbott assay is not susceptible to the high dose hook effect because it employs an extra wash step missing in most other prolactin assays (Ned Tijdschr Klin Chem Labgeneesk 2015; 40: 230-233).

Levels in newborns are > 10x those in adults. Levels in menstruating or post-menopausal women do not differ greatly from random levels in females.

Note-Prolactin immunoassays vary in sensitivity to the presence of macroprolactin (Reference 1). Macroprolactin, a high molecular weight aggregate of monomeric prolactin and immunoglobulin, is estimated to be present in 5-25% of hyperprolactinemic patients (Reference 1, 2). Although the precise biologic role of macroprolactin remains unclear, patients with hyperprolactinemia due to macroprolactin often respond to treatment with dopamine agonists (Reference 2). Clinicians should be aware that there may be inter-laboratory variation in reported values of prolactin due to the different sensitivities of commercial immunoassays to the presence of macroprolactin.

Assay for macroprolactin using the PEG precipitation procedure is available by sendout of 0.4 ml of serum to Quest (Test code: MACPRO)

**References**

1. Smith TP, Suliman AM, Fahie-Wilson MN, McKenna TJ. Gross variability in the detection of prolactin in sera containing big big prolactin (macroprolactin) by commercial immunoassays. J Clin Endocrinol Metab. 2002 Dec;87(12):5410-5.
2. Olukoga AO, Kane JW. Macroprolactinaemia: validation and application of the polyethylene glycol precipitation test and clinical characterization of the condition. Clin Endocrinol (Oxf). 1999 Jul;51(1):119-26.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- PROL

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold or red top preferred.

Dark green or light green acceptable.

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Remarks:**

Because of circadian changes in prolactin secretion, with peaks at night and in the afternoon, specimens should be drawn at the same time of day for comparability, preferably after fasting overnight.

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-10°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells, or serum separator gel.

Avoid multiple freeze-thaw cycles.

**PROCESSING****Test Code:**

PROL

**Test Group:**

Prolactin

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Aliquot and refrigerate serum.

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-10°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells, or serum separator gel.

Avoid multiple freeze-thaw cycles.

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**Adult Reference Range ( $\geq 18$  years):

|        |                  |
|--------|------------------|
| Female | 4.3 - 30.0 ng/mL |
| Male   | 3.6 - 18.0 ng/mL |

Adult reference range adopted from Abbott (vendor) based on in-house verification studies of 23 male and 22 female (18 years old) normal volunteers in the UCSF Laboratory.

**Pediatric Reference Range:**

| Age                | ng/mL        |
|--------------------|--------------|
| 4 days - 29 days   | 12.6 - 212.8 |
| 30 days - <1 year  | 6.3 - 113.7  |
| 1 year - <18 years | 4.2 - 23.0   |

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay.

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 1/8/18. The Abbott Architect method reads approximately 23% higher than the Centaur method. Please note that the reference ranges have changed.

The Abbott assay standardization is traceable to the World Health Organization (WHO) Prolactin 3rd International Standard, (84/500). The Abbott assay is not susceptible to the high dose hook effect because it employs an extra wash step missing in most other prolactin assays (Ned Tijdschr Klin Chem Labgeneesk 2015; 40: 230-233).

Levels in newborns are > 10x those in adults. Levels in menstruating or post-menopausal women do not differ greatly from random levels in females.

Note-Prolactin immunoassays vary in sensitivity to the presence of macroprolactin (Reference 1). Macroprolactin, a high molecular weight aggregate of monomeric prolactin and immunoglobulin, is estimated to be present in 5-25% of hyperprolactinemic patients (Reference 1, 2). Although the precise biologic role of macroprolactin remains unclear, patients with hyperprolactinemia due to macroprolactin often respond to treatment with dopamine agonists (Reference 2). Clinicians should be aware that there may be inter-laboratory variation in reported values of prolactin due to the different sensitivities of commercial immunoassays to the presence of macroprolactin.

Assay for macroprolactin using the PEG precipitation procedure is available by sendout of 0.4 ml of serum to Quest (Test code: MACPRO)

**References**

1. Smith TP, Suliman AM, Fahie-Wilson MN, McKenna TJ. Gross variability in the detection of prolactin in sera containing big big prolactin (macroprolactin) by commercial immunoassays. J Clin Endocrinol Metab. 2002 Dec;87(12):5410-5.
2. Olukoga AO, Kane JW. Macroprolactinaemia: validation and application of the polyethylene glycol precipitation test and clinical characterization of the condition. Clin Endocrinol (Oxf). 1999 Jul;51(1):119-26.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

84146

**LOINC Codes:**

2842-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PROL

**Test Group:**

Prolactin

**Performing Lab:**

China Basin Chemistry

**Performed:**

Daily (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Remarks:**

Because of circadian changes in prolactin secretion, with peaks at night and in the afternoon, specimens should be drawn at the same time of day for comparability, preferably after fasting overnight.

**Collect:**

Gold or red top preferred.  
Dark green or light green acceptable.

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Specimen Preparation:**

Aliquot and refrigerate serum.

**Units:**

ng/mL

**Reference Interval:**Adult Reference Range ( $\geq 18$  years):

|        |                  |
|--------|------------------|
| Female | 4.3 - 30.0 ng/mL |
| Male   | 3.6 - 18.0 ng/mL |

Adult reference range adopted from Abbott (vendor) based on in-house verification studies of 23 male and 22 female (18 years old) normal volunteers in the UCSF Laboratory.

Pediatric Reference Range:

| Age                | ng/mL        |
|--------------------|--------------|
| 4 days - 29 days   | 12.6 - 212.8 |
| 30 days - <1 year  | 6.3 - 113.7  |
| 1 year - <18 years | 4.2 - 23.0   |

Pediatric reference ranges adopted from CALIPER Pediatric Reference Interval study performed on random samples using the Abbott Architect i2000 assay.

**Synonyms:**

- PROL

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 7 days

Frozen (-10°C or colder): 12 months

If testing will be delayed more than 24 hours, remove serum from clot, red blood cells, or serum separator gel.

Avoid multiple freeze-thaw cycles.

**Reported:**

1 day

**Additional Information:**

Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 1/8/18. The Abbott Architect method reads approximately 23% higher than the Centaur method. Please note that the reference ranges have changed.

The Abbott assay standardization is traceable to the World Health Organization (WHO) Prolactin 3rd International Standard, (84/500). The Abbott assay is not susceptible to the high dose hook effect because it employs an extra wash step missing in most other prolactin assays (Ned Tijdschr Klin Chem Labgeneesk 2015; 40: 230-233).

Levels in newborns are > 10x those in adults. Levels in menstruating or post-menopausal women do not differ greatly from random levels in females.

Note-Prolactin immunoassays vary in sensitivity to the presence of macroprolactin (Reference 1). Macroprolactin, a high molecular weight aggregate of monomeric prolactin and immunoglobulin, is estimated to be present in 5-25% of hyperprolactinemic patients (Reference 1, 2). Although the precise biologic role of macroprolactin remains unclear, patients with hyperprolactinemia due to macroprolactin often respond to treatment with dopamine agonists (Reference 2). Clinicians should be aware that there may be inter-laboratory variation in reported values of prolactin due to the different sensitivities of commercial immunoassays to the presence of macroprolactin.

Assay for macroprolactin using the PEG precipitation procedure is available by sendout of 0.4 ml of serum to Quest (Test code: MACPRO)

**References**

1. Smith TP, Suliman AM, Fahie-Wilson MN, McKenna TJ. Gross variability in the detection of prolactin in sera containing big big prolactin (macroprolactin) by commercial immunoassays. J Clin Endocrinol Metab. 2002 Dec;87(12):5410-5.
2. Olukoga AO, Kane JW. Macroprolactinaemia: validation and application of the polyethylene glycol precipitation test and clinical characterization of the condition. Clin Endocrinol (Oxf). 1999 Jul;51(1):119-26.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

84146

**LOINC Codes:**

2842-3

# Prostate Specific Antigen, Free and Total

LAB171

## ORDERING

### Ordering Recommendations:

Although generally recommended for patients with Total PSA values between 4.0-10.0 µg/L the laboratory will accept requests for patients with Total PSA as low as 2.5 µg/L without approval.

### Available Stat:

No

### Performing Lab:

China Basin Chemistry

### Performed:

Thursday (day shift)

### Methodology:

Chemiluminescent Immunoassay (Abbott Architect i2000)

### Reported:

1-8 days

### Additional Information:

Includes PSA, Total.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The intended use of the total PSA assay is as an aid in the detection of prostate cancer when used in conjunction with digital rectal exam (DRE) in men 50 years or older.

The free PSA assay is intended to be used in conjunction with the total PSA assay in men aged 50 years or older with total PSA values between 4 and 10 ng/mL and DRE non-suspicious for cancer to determine the % free PSA value.

Medicare Local Medical Review Policy 9718, published in CA Medicare Bulletin 98-2 (February, 1998), applies.

Use of the test is based upon the claim of Catalona et al (JAMA 1995;274:1214) that when PSA levels are in the range of 4.1-10.0 µg/L, a higher proportion of free PSA identifies the patient with a relatively lower likelihood that a biopsy will show cancer.

In patients with Total PSA of 4-10 µg/L:

| Free PSA | Probability of Cancer |
|----------|-----------------------|
| 0-10%    | 56%                   |
| 10-15%   | 28%                   |
| 15-20%   | 20%                   |
| 20-25%   | 16%                   |
| > 25%    | 8%                    |

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

### Synonyms:

- Free PSA

## COLLECTION

### Sample Type:

Serum

### Collect:

Gold top

### Amount to Collect:

2 mL blood

### Preferred Volume:

1 mL serum

**Minimum Volume:**  
0.5 mL serum

## PROCESSING

**Test Code:**  
FPSA

**Test Group:**  
PSA

**Performing Lab:**  
China Basin Chemistry

**Specimen Preparation:**  
Freeze serum at -20C

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

## RESULT INTERPRETATION

**Units:**  
%

**Reference Interval:**  
See Additional Information

**Additional Information:**  
Includes PSA, Total.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The intended use of the total PSA assay is as an aid in the detection of prostate cancer when used in conjunction with digital rectal exam (DRE) in men 50 years or older.

The free PSA assay is intended to be used in conjunction with the total PSA assay in men aged 50 years or older with total PSA values between 4 and 10 ng/mL and DRE non-suspicious for cancer to determine the % free PSA value.

Medicare Local Medical Review Policy 9718, published in CA Medicare Bulletin 98-2 (February, 1998), applies.

Use of the test is based upon the claim of Catalona et al (JAMA 1995;274:1214) that when PSA levels are in the range of 4.1-10.0 µg/L, a higher proportion of free PSA identifies the patient with a relatively lower likelihood that a biopsy will show cancer.

In patients with Total PSA of 4-10 µg/L:

| Free PSA | Probability of Cancer |
|----------|-----------------------|
| 0-10%    | 56%                   |
| 10-15%   | 28%                   |
| 15-20%   | 20%                   |
| 20-25%   | 16%                   |
| > 25%    | 8%                    |

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

## ADMINISTRATIVE

**CPT Codes:**  
84153

**LOINC Codes:**  
12841-3



**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Although generally recommended for patients with Total PSA values between 4.0-10.0 µg/L the laboratory will accept requests for patients with Total PSA as low as 2.5 µg/L without approval.

**Test Code:**

FPSA

**Test Group:**

PSA

**Performing Lab:**

China Basin Chemistry

**Performed:**

Thursday (day shift)

**Methodology:**

Chemiluminescent Immunoassay (Abbott Architect i2000)

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Freeze serum at -20C

**Units:**

%

**Reference Interval:**

See Additional Information

**Synonyms:**

- Free PSA

**Reported:**

1-8 days

**Additional Information:**

Includes PSA, Total.

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The intended use of the total PSA assay is as an aid in the detection of prostate cancer when used in conjunction with digital rectal exam (DRE) in men 50 years or older.

The free PSA assay is intended to be used in conjunction with the total PSA assay in men aged 50 years or older with total PSA values between 4 and 10 ng/mL and DRE non-suspicious for cancer to determine the % free PSA value.

Medicare Local Medical Review Policy 9718, published in CA Medicare Bulletin 98-2 (February, 1998), applies.

Use of the test is based upon the claim of Catalona et al (JAMA 1995;274:1214) that when PSA levels are in the range of 4.1-10.0 µg/L, a higher proportion of free PSA identifies the patient with a relatively lower likelihood that a biopsy will show cancer.

In patients with Total PSA of 4-10 µg/L:

| Free PSA | Probability of Cancer |
|----------|-----------------------|
| 0-10%    | 56%                   |
| 10-15%   | 28%                   |
| 15-20%   | 20%                   |
| 20-25%   | 16%                   |
| > 25%    | 8%                    |

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

84153

**LOINC Codes:**

12841-3

**Prostate Specific Antigen, Total**

LAB1076,116

**ORDERING****Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay-Abbott Architect i2000

**Reported:**

1-3 days

**Additional Information:**

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The test can detect levels as low as 0.015 µg/L as an index of early recurrence of carcinoma after radical prostatectomy. Lower levels are reported as "< 0.015 µg/L". The intended use of the total PSA assay is as an aid in the detection of prostate cancer when used in conjunction with digital rectal exam (DRE) in men 50 years or older.

PSAS: For annual screening in Medicare patients over age 49. At least 11 months must have elapsed following the month in which the most recent Medicare-covered test was performed. Because the laboratory cannot know with certainty when the most recent test was performed, including testing at other laboratories, the patient will be asked to sign an Advanced Beneficiary Notice or a Hospital Notice of Non-Coverage agreeing to financial liability if payment is refused by Medicare.

PRSA: For screening Non-Medicare patients and monitoring patients after prostatectomy.

The most recent estimates of Prostate cancer probability (JAMA 1997;277:1214 and 1998;279:1542) are:

| Total PSA | Probability of Cancer |
|-----------|-----------------------|
| 0-2 µg/L  | 1%                    |
| 2-4 µg/L  | 15%                   |
| 4-10 µg/L | 25%                   |
| > 10 µg/L | > 50%                 |

Percent (%) of apparently healthy patients with PSA values at the following levels:

| Healthy Subjects (# tested) | < 4.0 µg/L | 4-10 µg/L | 10-30 µg/L | 30-60 µg/L | > 60 µg/L |
|-----------------------------|------------|-----------|------------|------------|-----------|
| Females (296)               | 100.0      | 0.0       | 0.0        | 0.0        | 0.0       |
| Males Ages 40 - 49 (99)     | 100.0      | 0.0       | 0.0        | 0.0        | 0.0       |
| Males Ages 50 - 59 (120)    | 97.5       | 2.5       | 0.0        | 0.0        | 0.0       |
| Males Ages 60 - 69 (123)    | 93.5       | 6.5       | 0.0        | 0.0        | 0.0       |
| Males Ages 70 - 79 (124)    | 91.9       | 7.3       | 0.8        | 0.0        | 0.0       |

In this study, 95.5% of the specimens from apparently healthy male subjects (n=466) had values of 4.0 ng/mL or less.

\* from Abbott reagent insert; Values developed for the ARCHITECT i2000 analyzer.

**Synonyms:**

- PSA
- PRSA
- PSAS

**COLLECTION****Sample Type:**

Serum

**Collect:**

Gold top or Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

## PROCESSING

**Test Code:**

PSAS, PRSA

**Test Group:**

PSA

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Refrigerate

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

## RESULT INTERPRETATION

**Units:**

µg/L

**Reference Interval:**

Males 40 years of age and above: <4.00 ug/L.

Vendor reference range verified in-house by running 75 random male samples 40 years of age and older collected from outpatient settings.

See also 'Additional Information'

**Additional Information:**

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The test can detect levels as low as 0.015 µg/L as an index of early recurrence of carcinoma after radical prostatectomy. Lower levels are reported as "< 0.015 µg/L". The intended use of the total PSA assay is as an aid in the detection of prostate cancer when used in conjunction with digital rectal exam (DRE) in men 50 years or older.

PSAS: For annual screening in Medicare patients over age 49. At least 11 months must have elapsed following the month in which the most recent Medicare-covered test was performed. Because the laboratory cannot know with certainty when the most recent test was performed, including testing at other laboratories, the patient will be asked to sign an Advanced Beneficiary Notice or a Hospital Notice of Non-Coverage agreeing to financial liability if payment is refused by Medicare.

PRSA: For screening Non-Medicare patients and monitoring patients after prostatectomy.

The most recent estimates of Prostate cancer probability (JAMA 1997;277:1214 and 1998;279:1542) are:

| Total PSA | Probability of Cancer |
|-----------|-----------------------|
| 0-2 µg/L  | 1%                    |
| 2-4 µg/L  | 15%                   |
| 4-10 µg/L | 25%                   |
| > 10 µg/L | > 50%                 |

Percent (%) of apparently healthy patients with PSA values at the following levels:

| Healthy Subjects (# tested) | < 4.0 µg/L | 4-10 µg/L | 10-30 µg/L | 30-60 µg/L | > 60 µg/L |
|-----------------------------|------------|-----------|------------|------------|-----------|
| Females (296)               | 100.0      | 0.0       | 0.0        | 0.0        | 0.0       |
| Males Ages 40 - 49 (99)     | 100.0      | 0.0       | 0.0        | 0.0        | 0.0       |
| Males Ages 50 - 59 (120)    | 97.5       | 2.5       | 0.0        | 0.0        | 0.0       |
| Males Ages 60 - 69 (123)    | 93.5       | 6.5       | 0.0        | 0.0        | 0.0       |
| Males Ages 70 - 79 (124)    | 91.9       | 7.3       | 0.8        | 0.0        | 0.0       |

In this study, 95.5% of the specimens from apparently healthy male subjects (n=466) had values of 4.0 ng/mL or less.

\* from Abbott reagent insert; Values developed for the ARCHITECT i2000 analyzer.

**ADMINISTRATIVE****CPT Codes:**

84153

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PSAS, PRSA

**Test Group:**

PSA

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay-Abbott Architect i2000

**Collect:**

Gold top or Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Refrigerate

**Units:**

µg/L

**Reference Interval:**

Males 40 years of age and above: &lt;4.00 µg/L.

Vendor reference range verified in-house by running 75 random male samples 40 years of age and older collected from outpatient settings.

See also 'Additional Information'

**Synonyms:**

- PSA
- PRSA
- PSAS

**Reported:**

1-3 days

**Additional Information:**

Results for this test are generated by immunoassay using the Abbott Architect i2000 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

The test can detect levels as low as 0.015 µg/L as an index of early recurrence of carcinoma after radical prostatectomy. Lower levels are reported as "< 0.015 µg/L". The intended use of the total PSA assay is as an aid in the detection of prostate cancer when used in conjunction with digital rectal exam (DRE) in men 50 years or older.

PSAS: For annual screening in Medicare patients over age 49. At least 11 months must have elapsed following the month in which the most recent Medicare-covered test was performed. Because the laboratory cannot know with certainty when the most recent test was performed, including testing at other laboratories, the patient will be asked to sign an Advanced Beneficiary Notice or a Hospital Notice of Non-Coverage agreeing to financial liability if payment is refused by Medicare.

PRSA: For screening Non-Medicare patients and monitoring patients after prostatectomy.

The most recent estimates of Prostate cancer probability (JAMA 1997;277:1214 and 1998;279:1542) are:

| Total PSA | Probability of Cancer |
|-----------|-----------------------|
| 0-2 µg/L  | 1%                    |
| 2-4 µg/L  | 15%                   |
| 4-10 µg/L | 25%                   |
| > 10 µg/L | > 50%                 |

Percent (%) of apparently healthy patients with PSA values at the following levels:

| Healthy Subjects (# tested) | < 4.0 µg/L | 4-10 µg/L | 10-30 µg/L | 30-60 µg/L | > 60 µg/L |
|-----------------------------|------------|-----------|------------|------------|-----------|
| Females (296)               | 100.0      | 0.0       | 0.0        | 0.0        | 0.0       |
| Males Ages 40 - 49 (99)     | 100.0      | 0.0       | 0.0        | 0.0        | 0.0       |
| Males Ages 50 - 59 (120)    | 97.5       | 2.5       | 0.0        | 0.0        | 0.0       |
| Males Ages 60 - 69(123)     | 93.5       | 6.5       | 0.0        | 0.0        | 0.0       |
| Males Ages 70 - 79 (124)    | 91.9       | 7.3       | 0.8        | 0.0        | 0.0       |

In this study, 95.5% of the specimens from apparently healthy male subjects (n=466) had values of 4.0 ng/mL or less.

\* from Abbott reagent insert; Values developed for the ARCHITECT i2000 analyzer.

**CPT Codes:**

84153

# Prostatic Acid Phosphatase

LAB3431

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

DPC Chemiluminescence

**Reported:**

Test performed Monday, Wednesday, Friday. AM. Turnaround time: 3-4 days.

**Additional Information:**

Having largely been made obsolete by the advent of the assay for Prostate Specific Antigen (PSA).

Metastatic bone disease usually increases alkaline phosphatase, rather than acid phosphatase levels.

Samples should be collected prior to rectal examination or biopsy, which may induce false-positive elevations.

PAP levels determined by different messages are not comparable

**Synonyms:**

- PAP
- Acid phosphatase, Prostatic
- Acid Ptase
- Prostatic fraction

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ACPP

**Collect:**

Gold top, Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Refrigerated 5 days, frozen -20C 1 year.

**Rejection Criteria:**

Room Temp sample

## PROCESSING

**Test Code:**

ACPP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze serum at -20C Order Quest # 17145P

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Rejection Criteria:**

Room Temp sample

**Stability (from collection to initiation):**  
Refrigerated 5 days, frozen -20C 1 year.

## RESULT INTERPRETATION

**Units:**  
ng/mL

**Reference Interval:**  
< 2.8 ng/mL

**Additional Information:**  
Having largely been made obsolete by the advent of the assay for Prostate Specific Antigen (PSA).  
  
Metastatic bone disease usually increases alkaline phosphatase, rather than acid phosphatase levels.  
  
Samples should be collected prior to rectal examination or biopsy, which may induce false-positive elevations.  
  
PAP levels determined by different messages are not comparable

## ADMINISTRATIVE

**CPT Codes:**  
84066-90

**LOINC Codes:**  
20420-6

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
ACPP

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
DPC Chemiluminescence

**Collect:**  
Gold top, Red top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.3 mL serum

**Rejection Criteria:**  
Room Temp sample

**Specimen Preparation:**  
Freeze serum at -20C Order Quest # 17145P

**Units:**  
ng/mL

**Reference Interval:**  
< 2.8 ng/mL

**Synonyms:**

- PAP
- Acid phosphatase,Prostatic
- Acid Ptase
- Prostatic fraction

**Stability (from collection to initiation):**  
Refrigerated 5 days, frozen -20C 1 year.



**Reported:**

Test performed Monday, Wednesday, Friday. AM. Turnaround time: 3-4 days.

**Additional Information:**

Having largely been made obsolete by the advent of the assay for Prostate Specific Antigen (PSA).

Metastatic bone disease usually increases alkaline phosphatase, rather than acid phosphatase levels.

Samples should be collected prior to rectal examination or biopsy, which may induce false-positive elevations.

PAP levels determined by different messages are not comparable

**CPT Codes:**

84066-90

**LOINC Codes:**

20420-6

# Protein C, Activity

LAB489

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Reported:**

2-4 weeks

**Additional Information:**

Results may be altered by coumadin like Rx and presence of Aprotinin.

A low level of protein C may be associated with an inherited deficiency or with secondary causes such as warfarin therapy, acute venous thrombosis, recent surgery, liver disease, vitamin K deficiency, disseminated intravascular coagulation, and L-asparaginase therapy.

Aprotinin in the sample can result in under-estimation of the protein C level.

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

## COLLECTION

**Sample Type:**

Citratated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

Patient should not be receiving aprotinin which will result in underestimation of Protein C.

If "Protein C" is requested without further specification a protein C activity will be performed.

For patients with Hct's  $\geq 55\%$  please contact Hematology (x3-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

PRC

**Test Group:**

Protein C

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Deliver sample asap to Hematology for processing.

Test specimens within four hours of collection or freeze plasma in a plastic tube at -20C.

If Protein C Antigen is ordered on the same specimen, 4.5 mL suffices for both tests.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

|              |            |         |
|--------------|------------|---------|
| > 16 years   | 76-146%    |         |
| Normal range | > 16 years | 76-146% |

There is no published pediatric reference range for Protein C activity, which generally parallels the level of Protein C Antigen. We have included normal ranges below for pediatrics based on antigen levels which should roughly correlate with activity.

**Full term infant:**

|        |        |        |        |         |
|--------|--------|--------|--------|---------|
| Day 1  | Day 5  | Day 30 | Day 90 | Day 180 |
| 17-53% | 20-64% | 21-65% | 28-80% | 37-81%  |

Reference: Andrew M. Et al. Development of the Human Coagulation System in the Full Term Infant. Blood July 1987, 70(1):165-172

**Healthy Premature infant:**

|        |        |        |        |         |
|--------|--------|--------|--------|---------|
| Day 1  | Day 5  | Day 30 | Day 90 | Day 180 |
| 12-44% | 11-51% | 15-59% | 23-67% | 31-83%  |

Reference: Andrew M, et al. Development of the Human Coagulation System in the Healthy Premature Infant. Blood November 1988, 72(5): 1651-1657.

**Child:**

|           |            |             |
|-----------|------------|-------------|
| 1-5 years | 6-10 years | 11-16 years |
| 40-92%    | 45-93%     | 55-111%     |

Reference: Andrew M. Et al. Maturation of the Hemostatic System During Childhood. Blood October 1992, 80 (8): 1998-2005.

**Additional Information:**

Results may be altered by coumadin like Rx and presence of Aprotinin.

A low level of protein C may be associated with an inherited deficiency or with secondary causes such as warfarin therapy, acute venous thrombosis, recent surgery, liver disease, vitamin K deficiency, disseminated intravascular coagulation, and L-asparaginase therapy.

Aprotinin in the sample can result in under-estimation of the protein C level.

**ADMINISTRATIVE****CPT Codes:**

85303

**LOINC Codes:**

27819-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PRC

**Test Group:**

Protein C

**Performing Lab:**

Parnassus Hematology

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

Patient should not be receiving aprotinin which will result in underestimation of Protein C.

If "Protein C" is requested without further specification a protein C activity will be performed.

For patients with Hct's  $\geq 55\%$  please contact Hematology (x3-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Deliver sample asap to Hematology for processing.

Test specimens within four hours of collection or freeze plasma in a plastic tube at -20C.

If Protein C Antigen is ordered on the same specimen, 4.5 mL suffices for both tests.

**Units:**

%

**Reference Interval:**

|              |            |         |
|--------------|------------|---------|
| > 16 years   | 76-146%    |         |
| Normal range | > 16 years | 76-146% |

There is no published pediatric reference range for Protein C activity, which generally parallels the level of Protein C Antigen. We have included normal ranges below for pediatrics based on antigen levels which should roughly correlate with activity.

**Full term infant:**

|        |        |        |        |         |
|--------|--------|--------|--------|---------|
| Day 1  | Day 5  | Day 30 | Day 90 | Day 180 |
| 17-53% | 20-64% | 21-65% | 28-80% | 37-81%  |

Reference: Andrew M. Et al. Development of the Human Coagulation System in the Full Term Infant. Blood July 1987, 70(1):165-172

**Healthy Premature infant:**

|        |        |        |        |         |
|--------|--------|--------|--------|---------|
| Day 1  | Day 5  | Day 30 | Day 90 | Day 180 |
| 12-44% | 11-51% | 15-59% | 23-67% | 31-83%  |

Reference: Andrew M, et al. Development of the Human Coagulation System in the Healthy Premature Infant. Blood November 1988, 72(5): 1651-1657.

**Child:**

|           |            |             |
|-----------|------------|-------------|
| 1-5 years | 6-10 years | 11-16 years |
| 40-92%    | 45-93%     | 55-111%     |

Reference: Andrew M. Et al. Maturation of the Hemostatic System During Childhood. Blood October 1992, 80 (8): 1998-2005.

**Reported:**

2-4 weeks

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

Results may be altered by coumadin like Rx and presence of Aprotinin.

A low level of protein C may be associated with an inherited deficiency or with secondary causes such as warfarin therapy, acute venous thrombosis, recent surgery, liver disease, vitamin K deficiency, disseminated intravascular coagulation, and L-asparaginase therapy.

Aprotinin in the sample can result in under-estimation of the protein C level.

**CPT Codes:**

85303

**LOINC Codes:**

27819-2

# Protein C, Antigen

PRCI

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enzyme Immunoassay

**Reported:**

4-8 days

**Additional Information:**

The pediatric reference ranges are from Andrew M et al. Blood. 1987, 70:165. Adult ranges from Quest lab manual.

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

If "Protein C" is requested without further specification a protein C activity will be performed.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

PRCI

**Test Group:**

Protein C

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Deliver sample to Hematology ASAP for processing.

Freeze plasma in 1 mL aliquots at -20C.

Ship on dry ice Monday-Friday to Quest, test code 4948.

For B & T patients ship on dry ice to LabCorp, test # 080465.

If "Protein C" is requested without further specification, a Protein C activity (PRC) should be ordered.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

|                 |         |
|-----------------|---------|
| 0-1 day         | 17-53%  |
| 2-5 days        | 20-64%  |
| 6-30 days       | 21-65%  |
| 31-90 days      | 28-80%  |
| 91-180 days     | 37-81%  |
|                 |         |
| >= 18 year olds | 70-140% |

**Additional Information:**

The pediatric reference ranges are from Andrew M et al. Blood. 1987, 70:165. Adult ranges from Quest lab manual.

**ADMINISTRATIVE****CPT Codes:**

85302-90

**LOINC Codes:**

27820-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PRCI

**Test Group:**

Protein C

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Enzyme Immunoassay

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

If "Protein C" is requested without further specification a protein C activity will be performed.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Deliver sample to Hematology ASAP for processing.

Freeze plasma in 1 mL aliquots at -20C.

Ship on dry ice Monday-Friday to Quest, test code 4948.

For B & T patients ship on dry ice to LabCorp, test # 080465.

If "Protein C" is requested without further specification, a Protein C activity (PRC) should be ordered.

**Units:**

%

**Reference Interval:**

|                 |         |
|-----------------|---------|
| 0-1 day         | 17-53%  |
| 2-5 days        | 20-64%  |
| 6-30 days       | 21-65%  |
| 31-90 days      | 28-80%  |
| 91-180 days     | 37-81%  |
|                 |         |
| >= 18 year olds | 70-140% |

**Reported:**

4-8 days

**Additional Information:**

The pediatric reference ranges are from Andrew M et al. Blood. 1987, 70:165. Adult ranges from Quest lab manual.

**CPT Codes:**

85302-90

**LOINC Codes:**

27820-0



# Protein Electrophoresis, Serum

LAB119

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday-Friday (day shift) as needed

**Methodology:**

Electrophoresis by Helena SPIFE4000

**Reported:**

1-3 days

**Additional Information:**

Method changed from Sebia Capillarys to SPIFE 4000 for samples collected after June 24, 2018. In samples with monoclonal (M) protein spikes with concentrations between 0.1 g/dL to 2.5 g/dL, there is no significant difference in M spike results between the two instruments. For M spikes greater than 2.5 g/dL, the new SPIFE 4000 instrument produces values about 10 - 15% lower than the old Sebia Capillarys instrument. Reference ranges for the different protein fractions have been updated with introduction of the new instrument.

Most monoclonal cryoglobulins are detected by serum electrophoresis, but if cryoglobulins are suspected and the PEP is normal, order Cryoglobulin, Quantitative. Most monoclonal proteins are also detected by electrophoresis, but if negative in a patient with a high suspicion of a monoclonal gammopathy it may be detectable by immunofixation electrophoresis or by free light chain immunoassay.

A total protein is performed as part of this testing.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- SPEP
- PEP
- paraprotein

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room Temp (15-30°C): 4 days

Refrigerated (2-8°C): 2 weeks

Frozen (-20°C or colder): 6 months

**Unacceptable Conditions:**

Plasma sample received

## PROCESSING

**Test Code:**

PE

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Refrigerate serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Plasma sample received

**Stability (from collection to initiation):**

Room Temp (15-30°C): 4 days

Refrigerated (2-8°C): 2 weeks

Frozen (-20°C or colder): 6 months

**RESULT INTERPRETATION****Units:**

g/dL

**Reference Interval:**For Patients  $\geq$  1 year old:

| Component         | Reference Interval (g/dL) |
|-------------------|---------------------------|
| Albumin           | 3.4 - 4.7                 |
| Alpha-1 Globulins | 0.1 - 0.3                 |
| Alpha-2 Globulins | 0.6 - 1.0                 |
| Beta Globulins    | 0.7 - 1.4                 |
| Gamma Globulins   | 0.6 - 1.6                 |

Note: Reference intervals are not available for patients  $<$  1 year old. Results should read lower due to a lower total protein in patients who are  $<$  1 year old.

Reference ranges are adopted from MAYO Medical Laboratories reference ranges with minor modifications for the beta fraction with verification by testing in 22 normal volunteers.

**Additional Information:**

Method changed from Sebia Capillarys to SPIFE 4000 for samples collected after June 24, 2018. In samples with monoclonal (M) protein spikes with concentrations between 0.1 g/dL to 2.5 g/dL, there is no significant difference in M spike results between the two instruments. For M spikes greater than 2.5 g/dL, the new SPIFE 4000 instrument produces values about 10 - 15% lower than the old Sebia Capillarys instrument. Reference ranges for the different protein fractions have been updated with introduction of the new instrument.

Most monoclonal cryoglobulins are detected by serum electrophoresis, but if cryoglobulins are suspected and the PEP is normal, order Cryoglobulin, Quantitative. Most monoclonal proteins are also detected by electrophoresis, but if negative in a patient with a high suspicion of a monoclonal gammopathy it may be detectable by immunofixation electrophoresis or by free light chain immunoassay.

A total protein is performed as part of this testing.

**ADMINISTRATIVE****CPT Codes:**

84165

**LOINC Codes:**

12851-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PE

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday-Friday (day shift) as needed

**Methodology:**

Electrophoresis by Helena SPIFE4000

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Plasma sample received

**Specimen Preparation:**

Refrigerate serum

**Units:**

g/dL

**Reference Interval:**For Patients  $\geq$  1 year old:

| Component         | Reference Interval (g/dL) |
|-------------------|---------------------------|
| Albumin           | 3.4 - 4.7                 |
| Alpha-1 Globulins | 0.1 - 0.3                 |
| Alpha-2 Globulins | 0.6 - 1.0                 |
| Beta Globulins    | 0.7 - 1.4                 |
| Gamma Globulins   | 0.6 - 1.6                 |

Note: Reference intervals are not available for patients  $<$  1 year old. Results should read lower due to a lower total protein in patients who are  $<$  1 year old.

Reference ranges are adopted from MAYO Medical Laboratories reference ranges with minor modifications for the beta fraction with verification by testing in 22 normal volunteers.

**Synonyms:**

- SPEP
- PEP
- paraprotein

**Stability (from collection to initiation):**

Room Temp (15-30°C): 4 days

Refrigerated (2-8°C): 2 weeks

Frozen (-20°C or colder): 6 months

**Reported:**

1-3 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

Method changed from Sebia Capillarys to SPIFE 4000 for samples collected after June 24, 2018. In samples with monoclonal (M) protein spikes with concentrations between 0.1 g/dL to 2.5 g/dL, there is no significant difference in M spike results between the two instruments. For M spikes greater than 2.5 g/dL, the new SPIFE 4000 instrument produces values about 10 - 15% lower than the old Sebia Capillarys instrument. Reference ranges for the different protein fractions have been updated with introduction of the new instrument.

Most monoclonal cryoglobulins are detected by serum electrophoresis, but if cryoglobulins are suspected and the PEP is normal, order Cryoglobulin, Quantitative. Most monoclonal proteins are also detected by electrophoresis, but if negative in a patient with a high suspicion of a monoclonal gammopathy it may be detectable by immunofixation electrophoresis or by free light chain immunoassay.

A total protein is performed as part of this testing.

**CPT Codes:**

84165

**LOINC Codes:**

12851-2

# Protein Electrophoresis, Urine, Random

LAB438

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday-Friday (day shift) as needed

**Methodology:**

Gel Electrophoresis by Helena SPIFE 4000

**Reported:**

1-3 days

**Reflex Testing:**

A Total Protein concentration is performed on the same sample and will be reported and billed separately.

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- PEP
- UPEP
- Albumin
- paraprotein
- Bence Jones

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire random urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 1 week

Frozen (-20°C): 1 month

## PROCESSING

**Test Code:**

PEU

**Test Group:**

PEU

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Order PEU and TPUR/TPCUR for spot urines.

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 1 week

Frozen (-20°C): 1 month

## RESULT INTERPRETATION

**Reference Interval:**

Negative Interpretation: no evidence of a paraprotein spike in urine

**ADMINISTRATIVE****CPT Codes:**

84166

**LOINC Codes:**

13438-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PEU

**Test Group:**

PEU

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday-Friday (day shift) as needed

**Methodology:**

Gel Electrophoresis by Helena SPIFE 4000

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire random urine

**Sample Type:**

Random urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

1 mL urine

**Specimen Preparation:**

Order PEU and TPUR/TPCUR for spot urines.

**Reference Interval:**

Negative Interpretation: no evidence of a paraprotein spike in urine

**Synonyms:**

- PEP
- UPEP
- Albumin
- paraprotein
- Bence Jones

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 1 week

Frozen (-20°C): 1 month

**Reported:**

1-3 days

**Reflex Testing:**

A Total Protein concentration is performed on the same sample and will be reported and billed separately.

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**CPT Codes:**

84166

**LOINC Codes:**

13438-7

# Protein Electrophoresis, Urine, Timed

LAB999873

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday-Friday (day shift) as needed

**Methodology:**

Gel Electrophoresis by Helena SPIFE4000

**Reported:**

1-3 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

A Total Protein concentration is performed on the same sample and will be reported and billed separately.

**Synonyms:**

- PEP
- UPEP
- Albumin
- Paraprotein
- Bence Jones

## COLLECTION

**Sample Type:**

24 hour (or timed) urine collection

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire 24 hour (or timed) urine output

**Preferred Volume:**

Submit entire volume collected to processing. The processing section will preferably aliquot 5 mL for the assay.

**Minimum Volume:**

1 mL is the minimum volume for processing to aliquot for the assay

**Remarks:**

Refrigerate 24 hour (or timed) collection container during collection

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 1 week

Frozen (-20°C): 1 month

**Unacceptable Conditions:**

Container not refrigerated during collection.

## PROCESSING

**Test Code:**

PEUTM

**Test Group:**

PEU

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Order PEUTM, TPU and AAUV for timed urines.

**Preferred Volume:**

Submit entire volume collected to processing. The processing section will preferably aliquot 5 mL for the assay.

**Minimum Volume:**

1 mL is the minimum volume for processing to aliquot for the assay

**Unacceptable Conditions:**

Container not refrigerated during collection.

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 1 week

Frozen (-20°C): 1 month

**RESULT INTERPRETATION****Reference Interval:**

Negative for paraprotein

**ADMINISTRATIVE****CPT Codes:**

84166

**LOINC Codes:**

13438-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PEUTM

**Test Group:**

PEU

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday-Friday (day shift) as needed

**Methodology:**

Gel Electrophoresis by Helena SPIFE4000

**Remarks:**

Refrigerate 24 hour (or timed) collection container during collection

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire 24 hour (or timed) urine output

**Sample Type:**

24 hour (or timed) urine collection

**Preferred Volume:**

Submit entire volume collected to processing. The processing section will preferably aliquot 5 mL for the assay.

**Minimum Volume:**

1 mL is the minimum volume for processing to aliquot for the assay

**Unacceptable Conditions:**

Container not refrigerated during collection.

**Specimen Preparation:**

Order PEUTM, TPU and AAUV for timed urines.

**Reference Interval:**

Negative for paraprotein

**Synonyms:**

- PEP
- UPEP
- Albumin
- Paraprotein
- Bence Jones

**Stability (from collection to initiation):**

Refrigerated (2-8°C): 1 week

Frozen (-20°C): 1 month

**Reported:**

1-3 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

A Total Protein concentration is performed on the same sample and will be reported and billed separately.

**CPT Codes:**

84166

**LOINC Codes:**

13438-7



# Protein S Activity

LAB491

## ORDERING

### Ordering Recommendations:

Should be ordered concurrently with Protein S, free (PRSI). See additional information section below.

### Available Stat:

No

### Performing Lab:

UC Davis

### Methodology:

Clot detection

### Reported:

Run once per week. Turnaround 6-10 days

### Additional Information:

Test may be useful when there is a normal Free Protein S Antigen level but persistent clinical suspicion for Hereditary Protein S deficiency. Ordering both a Protein S Activity in addition to Free Protein S Antigen may help exclude the possibility of an immunologically intact but dysfunctional protein.

### Reflex Testing:

In the adult population, if Protein S Activity is ordered without a Free Protein S Antigen, ONLY the Protein S Activity will be performed. After pathologist review, a Free Protein S Antigen level may be ordered and performed if the Protein S Activity is low.

In the pediatric population, it is appropriate to perform BOTH the Protein S Activity and the Free Protein S Antigen tests. For this reason, both will be performed whenever either is ordered. In the uncommon circumstance that a provider wishes to perform only one of these tests, the hematology laboratory should be contacted at 353-1747 to request that only the single test be performed.

## COLLECTION

### Sample Type:

Citrated plasma

### Collect:

Blue top filled to full extent of vacuum

### Amount to Collect:

2.7 mL blood

### Preferred Volume:

1.5 mL plasma

### Minimum Volume:

0.5 mL plasma

### Remarks:

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

Avoid hemolysis

For patients with Hct's  $\geq 55\%$  please contact Hematology (415-353-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

### Stability (from collection to initiation):

Room temperature unacceptable, refrigerated unacceptable, frozen at -20C 2 weeks

### Unacceptable Conditions:

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Hemolyzed.

### Rejection Criteria:

Received thawed.

## PROCESSING

### Test Code:

PSACT

**Test Group:**  
Protein S

**Sendout:**  
Yes

**Performing Lab:**  
UC Davis

**Specimen Preparation:**  
Deliver sample to Hematology ASAP for processing. Separate and freeze plasma at -20C. Order Quest # 58891P

**Preferred Volume:**  
1.5 mL plasma

**Minimum Volume:**  
0.5 mL plasma

**Unacceptable Conditions:**  
Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Hemolyzed.

**Rejection Criteria:**  
Received thawed.

**Stability (from collection to initiation):**  
Room temperature unacceptable, refrigerated unacceptable, frozen at -20C 2 weeks

## RESULT INTERPRETATION

**Units:**  
% activity

**Reference Interval:**  
Age

|                     |         |
|---------------------|---------|
| Newborn - Day 4     | 12-60%  |
| Day 5 - 1 Month     | 22-78%  |
| 1 Month - 3 Months  | 33-93%  |
| 3 Months - 6 Months | 54-118% |
| > 6 Months          | 70-119% |

**Additional Information:**  
Test may be useful when there is a normal Free Protein S Antigen level but persistent clinical suspicion for Hereditary Protein S deficiency. Ordering both a Protein S Activity in addition to Free Protein S Antigen may help exclude the possibility of an immunologically intact but dysfunctional protein.

## ADMINISTRATIVE

**CPT Codes:**  
85306-90

**LOINC Codes:**  
27822-6

## COMPLETE VIEW

**Available Stat:**  
No

**Ordering Recommendations:**  
Should be ordered concurrently with Protein S, free (PRSI). See additional information section below.

**Test Code:**  
PSACT

**Test Group:**  
Protein S

**Performing Lab:**  
UC Davis

**Sendout:**  
Yes

**Methodology:**  
Clot detection

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

Avoid hemolysis

For patients with Hct's  $\geq 55\%$  please contact Hematology (415-353-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Rejection Criteria:**

Received thawed.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected Hemolyzed.

**Specimen Preparation:**

Deliver sample to Hematology ASAP for processing. Separate and freeze plasma at -20C. Order Quest # 58891P

**Units:**

% activity

**Reference Interval:**

Age

|                     |         |
|---------------------|---------|
| Newborn - Day 4     | 12-60%  |
| Day 5 - 1 Month     | 22-78%  |
| 1 Month - 3 Months  | 33-93%  |
| 3 Months - 6 Months | 54-118% |
| > 6 Months          | 70-119% |

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated unacceptable, frozen at -20C 2 weeks

**Reported:**

Run once per week. Turnaround 6-10 days

**Reflex Testing:**

In the adult population, if Protein S Activity is ordered without a Free Protein S Antigen, ONLY the Protein S Activity will be performed. After pathologist review, a Free Protein S Antigen level may be ordered and performed if the Protein S Activity is low.

In the pediatric population, it is appropriate to perform BOTH the Protein S Activity and the Free Protein S Antigen tests. For this reason, both will be performed whenever either is ordered. In the uncommon circumstance that a provider wishes to perform only one of these tests, the hematology laboratory should be contacted at 353-1747 to request that only the single test be performed.

**Additional Information:**

Test may be useful when there is a normal Free Protein S Antigen level but persistent clinical suspicion for Hereditary Protein S deficiency. Ordering both a Protein S Activity in addition to Free Protein S Antigen may help exclude the possibility of an immunologically intact but dysfunctional protein.

**CPT Codes:**

85306-90

**LOINC Codes:**

27822-6

# Protein S, Free

LAB492

## ORDERING

### Ordering Recommendations:

Should be ordered concurrently with Protein S Activity (PSACT). See additional information section below.

### Available Stat:

No

### Performing Lab:

Parnassus Hematology

### Methodology:

Immunoturbidimetric

### Reported:

2-4 weeks

### Additional Information:

A normal level does not exclude the possibility of an immunologically intact but dysfunctional protein. Therefore, ordering a Protein S Activity in addition to Free Protein S Antigen may help exclude this possibility.

A low level of free protein S antigen may be associated with an inherited deficiency or with secondary causes such as warfarin therapy, acute venous thrombosis, recent surgery, liver disease, vitamin K deficiency, disseminated intravascular coagulation, L-asparaginase therapy, pregnancy, oral contraceptives, estrogen therapy, states of acute inflammation, lupus anticoagulants, and proteinuria.

### Reflex Testing:

In the adult population, if Free Protein S Antigen is ordered without a Protein S Activity, ONLY the Free Protein S Antigen will be performed. If Protein S Activity is ordered without a Free Protein S Antigen, ONLY the Protein S Activity will be performed. However if the Protein S Activity is low, the lab might add on and perform the Free Protein S level after pathologist review.

In the pediatric population, it is appropriate to perform BOTH the Protein S Activity and the Free Protein S Antigen tests. For this reason, both will be performed whenever either is ordered. In the uncommon circumstance that a provider wishes to perform only one of these tests, the hematology laboratory should be contacted at 353-1747 to request that only the single test be performed.

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for

### Synonyms:

- Free Protein S antigen

## COLLECTION

### Sample Type:

Citrated plasma

### Collect:

Blue top filled to full extent of vacuum

### Amount to Collect:

2.7 mL blood

### Preferred Volume:

1 mL plasma

### Minimum Volume:

0.5 mL plasma

### Remarks:

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

Draw only before institution of oral anticoagulant therapy or after a stable therapeutic regimen has been established.

### Unacceptable Conditions:

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

PRSI

**Test Group:**

Protein S

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Deliver samples to Hematology asap for processing. Freeze plasma in 1 mL aliquots at -20C.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**RESULT INTERPRETATION****Units:**

% activity

**Reference Interval:**

|        |         |
|--------|---------|
| > 6 mo | 53-137% |
|--------|---------|

There is no published pediatric reference range for Free Protein S antigen, which generally parallels the level of Total Protein S antigen, and from which the pediatric (< 6 months old) reference ranges given below are derived.

**Full Term Infant**

| Day 1  | Day 5  | Day 30 | Day 90  | Day 180 |
|--------|--------|--------|---------|---------|
| 12-60% | 22-78% | 33-93% | 54-118% | 55-119% |

From: Andrew M et al. Development of the Human Coagulation System in the Full Term Infant. Blood. 1987, 70: 165- 172

**Healthy Premature Infant**

| Day 1  | Day 5  | Day 30 | Day 90  | Day 180 |
|--------|--------|--------|---------|---------|
| 14-38% | 13-61% | 22-90% | 40-112% | 44-120% |

From: Andrew M, et al. Development of the Human Coagulation System in the Healthy Premature Infant. Blood November 1988, 72(5): 1651-1657.

**Additional Information:**

A normal level does not exclude the possibility of an immunologically intact but dysfunctional protein. Therefore, ordering a Protein S Activity in addition to Free Protein S Antigen may help exclude this possibility.

A low level of free protein S antigen may be associated with an inherited deficiency or with secondary causes such as warfarin therapy, acute venous thrombosis, recent surgery, liver disease, vitamin K deficiency, disseminated intravascular coagulation, L-asparaginase therapy, pregnancy, oral contraceptives, estrogen therapy, states of acute inflammation, lupus anticoagulants, and proteinuria.

**ADMINISTRATIVE****CPT Codes:**

85306

**LOINC Codes:**

4677-1

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Should be ordered concurrently with Protein S Activity (PSACT). See additional information section below.

**Test Code:**

PRSI

**Test Group:**

Protein S

**Performing Lab:**

Parnassus Hematology

**Methodology:**

Immunoturbidimetric

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

Draw only before institution of oral anticoagulant therapy or after a stable therapeutic regimen has been established.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citratated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Deliver samples to Hematology asap for processing. Freeze plasma in 1 mL aliquots at -20C.

**Units:**

% activity

**Reference Interval:**

|        |         |
|--------|---------|
| > 6 mo | 53-137% |
|--------|---------|

There is no published pediatric reference range for Free Protein S antigen, which generally parallels the level of Total Protein S antigen, and from which the pediatric (< 6 months old) reference ranges given below are derived.

**Full Term Infant**

| Day 1  | Day 5  | Day 30 | Day 90  | Day 180 |
|--------|--------|--------|---------|---------|
| 12-60% | 22-78% | 33-93% | 54-118% | 55-119% |

From: Andrew M et al. Development of the Human Coagulation System in the Full Term Infant. Blood. 1987, 70: 165- 172

**Healthy Premature Infant**

| Day 1  | Day 5  | Day 30 | Day 90  | Day 180 |
|--------|--------|--------|---------|---------|
| 14-38% | 13-61% | 22-90% | 40-112% | 44-120% |

From: Andrew M, et al. Development of the Human Coagulation System in the Healthy Premature Infant. Blood November 1988, 72(5): 1651-1657.

**Synonyms:**

- Free Protein S antigen

**Reported:**

2-4 weeks

**Reflex Testing:**

In the adult population, if Free Protein S Antigen is ordered without a Protein S Activity, ONLY the Free Protein S Antigen will be performed. If Protein S Activity is ordered without a Free Protein S Antigen, ONLY the Protein S Activity will be performed. However if the Protein S Activity is low, the lab might add on and perform the Free Protein S level after pathologist review.

In the pediatric population, it is appropriate to perform BOTH the Protein S Activity and the Free Protein S Antigen tests. For this reason, both will be performed whenever either is ordered. In the uncommon circumstance that a provider wishes to perform only one of these tests, the hematology laboratory should be contacted at 353-1747 to request that only the single test be performed.

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for

**Additional Information:**

A normal level does not exclude the possibility of an immunologically intact but dysfunctional protein. Therefore, ordering a Protein S Activity in addition to Free Protein S Antigen may help exclude this possibility.

A low level of free protein S antigen may be associated with an inherited deficiency or with secondary causes such as warfarin therapy, acute venous thrombosis, recent surgery, liver disease, vitamin K deficiency, disseminated intravascular coagulation, L-asparaginase therapy, pregnancy, oral contraceptives, estrogen therapy, states of acute inflammation, lupus anticoagulants, and proteinuria.

**CPT Codes:**

85306

**LOINC Codes:**

4677-1

# Protein Total, Body Fluid

LAB196

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (biuret)

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

**Synonyms:**

- TP
- Specific gravity, body fluid

## COLLECTION

**Sample Type:**

Body Fluid

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Preferred Volume:**

0.5 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

## PROCESSING

**Test Code:**

TPBF

**Test Group:**

Total protein

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Preferred Volume:**

0.5 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

## RESULT INTERPRETATION

**Units:**

g/dL



**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

**ADMINISTRATIVE****CPT Codes:**

84157

**LOINC Codes:**

2881-1

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

TPBF

**Test Group:**

Total protein

**Performing Lab:**

Parnassus & Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (biuret)

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Sample Type:**

Body Fluid

**Preferred Volume:**

0.5 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Units:**

g/dL

**Synonyms:**

- TP
- Specific gravity, body fluid

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

**CPT Codes:**

84157

**LOINC Codes:**

2881-1

# Protein Total, Serum/Plasma

LAB118

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)  
Peninsula Outpatient Center (Mon-Fri 0800-1630)  
Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Spectrophotometric (biuret) on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: Spectrophotometric (biuret) on Roche cobas c311

**Reported:**

4 hours

**Synonyms:**

- TP
- Total Protein

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion Chemistry, Saint Francis, & St. Mary's:  
Room temperature 1 week, refrigerated 34 days, frozen at -20C 2 months

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Room temperature 6 days, Refrigerated 4 weeks, frozen at -20C 1 year

## PROCESSING

**Test Code:**

TP

**Test Group:**

Total protein

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center  
Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion Chemistry, Saint Francis, & St. Mary's:  
Room temperature 1 week, refrigerated 34 days, frozen at -20C 2 months

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Room temperature 6 days, Refrigerated 4 weeks, frozen at -20C 1 year

**RESULT INTERPRETATION****Units:**

g/dL

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry

| Age                | g/dL    |
|--------------------|---------|
| 0 to <15 days      | 5.3-8.3 |
| 15 days to <1 year | 4.4-7.1 |
| 1 to <6 years      | 6.1-7.5 |
| 6 to <9 years      | 6.4-7.7 |
| 9 to 18 years      | 6.5-8.1 |
| >18 years          | 6.3-8.6 |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study in serum samples, Clinical Chemistry September 2012 vol. 58 no. 5 854-868.

Adult reference ranges adopted from reference ranges proposed by the assay manufacturer (Abbott) for seated or recumbent subjects including adjustment for testing in either plasma or serum specimens. Reference range verified in a population of 20 male and 20 female normal volunteers in the UCSF Clinical Laboratory.

Plasma values are generally 0.3 to 0.5 g/dL (3 to 5 g/L) higher than serum values due to the presence of fibrinogen. Values in recumbent subjects are approximately 6% lower than values in ambulatory subjects.

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | g/dL    |
|-------------|---------|
| >= 19 years | 6.4-8.3 |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche TP2 package insert by running 20 male and 20 female lab volunteers.

**ADMINISTRATIVE****CPT Codes:**

84115

**LOINC Codes:**

2885-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TP

**Test Group:**

Total protein

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Spectrophotometric (biuret) on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: Spectrophotometric (biuret) on Roche cobas c311

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

g/dL

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry

| Age                | g/dL    |
|--------------------|---------|
| 0 to <15 days      | 5.3-8.3 |
| 15 days to <1 year | 4.4-7.1 |
| 1 to <6 years      | 6.1-7.5 |
| 6 to <9 years      | 6.4-7.7 |
| 9 to 18 years      | 6.5-8.1 |
| >18 years          | 6.3-8.6 |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study in serum samples, Clinical Chemistry September 2012 vol. 58 no. 5 854-868.

Adult reference ranges adopted from reference ranges proposed by the assay manufacturer (Abbott) for seated or recumbent subjects including adjustment for testing in either plasma or serum specimens. Reference range verified in a population of 20 male and 20 female normal volunteers in the UCSF Clinical Laboratory.

Plasma values are generally 0.3 to 0.5 g/dL (3 to 5 g/L) higher than serum values due to the presence of fibrinogen. Values in recumbent subjects are approximately 6% lower than values in ambulatory subjects.

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | g/dL    |
|-------------|---------|
| >= 19 years | 6.4-8.3 |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche TP2 package insert by running 20 male and 20 female lab volunteers.

**Synonyms:**

- TP
- Total Protein

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion Chemistry, Saint Francis, & St. Mary's:  
Room temperature 1 week, refrigerated 34 days, frozen at -20C 2 months

Berkeley Outpatient Center and Peninsula Outpatient Center:  
Room temperature 6 days, Refrigerated 4 weeks, frozen at -20C 1 year

**Reported:**

4 hours

**CPT Codes:**

84115

**LOINC Codes:**

2885-2

# Protein Total, Urine, Random

LAB3027

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Turbidimetric Benzethonium Chloride

**Reported:**

4-14 hours

**Additional Information:**

This assay is a turbidimetric procedure in which benzethonium chloride is used as the protein denaturing agent. Proteins present in the urine or CSF are denatured by benzethonium chloride, resulting in the formation of a fine suspension which is quantitated turbidimetrically at 404 nm. 24 hour urine protein excretion may be increased in a variety of conditions including renal disease, Bence Jones proteinuria, amyloidosis, hemorrhage, systemic infections, heart failure, dehydration, starvation, strenuous exercise, pregnancy, sickle cell disease, exposure to extreme cold and psychological stress.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Reflex Testing:**

A creatinine is performed on the same sample to calculate the protein/creatinine ratio and will be reported and billed.

**Synonyms:**

- TP
- Albumin
- TPCUR

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 7 days, frozen at -20C 1 month

## PROCESSING

**Test Code:**

TPCUR

**Test Group:**

Total protein

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Specimen Preparation:**

Order both TPCUR and CRUR on the sample.

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 7 days, frozen at -20C 1 month

**RESULT INTERPRETATION****Units:**

mg/g creatinine

**Reference Interval:**

| Age                      | mg/g Creatinine |
|--------------------------|-----------------|
| <= 2 years of age        | < 500           |
| > 2 to < 18 years of age | < 200           |
| >= 18 years of age       | < 150           |

According to the KDIGO Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease, the normal protein/creatinine ratio in adults is < 150 mg protein/gram creatinine. According to UpToDate, a normal value for children greater than two years of age may be < 200 mg protein/gram creatinine and in infants and toddlers from 6 to 24 months of age, < 500 mg protein/gram creatinine. However, other references indicate that results can vary greatly according to sex and body size and that a single cutoff may not be appropriate for pediatric age groups (Mori Y et al., *Pediatr Nephrol* 2006; 21: 683-687).

**Additional Information:**

This assay is a turbidimetric procedure in which benzethonium chloride is used as the protein denaturing agent. Proteins present in the urine or CSF are denatured by benzethonium chloride, resulting in the formation of a fine suspension which is quantitated turbidimetrically at 404 nm. 24 hour urine protein excretion may be increased in a variety of conditions including renal disease, Bence Jones proteinuria, amyloidosis, hemorrhage, systemic infections, heart failure, dehydration, starvation, strenuous exercise, pregnancy, sickle cell disease, exposure to extreme cold and psychological stress.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**ADMINISTRATIVE****CPT Codes:**

84156

**LOINC Codes:**

2888-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TPCUR

**Test Group:**

Total protein

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Turbidimetric Benzethonium Chloride

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

2 mL urine

**Minimum Volume:**

1 mL urine

**Specimen Preparation:**

Order both TPCUR and CRUR on the sample.

**Units:**

mg/g creatinine

**Reference Interval:**

| Age                      | mg/g Creatinine |
|--------------------------|-----------------|
| <= 2 years of age        | < 500           |
| > 2 to < 18 years of age | < 200           |
| >= 18 years of age       | < 150           |

According to the KDIGO Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease, the normal protein/creatinine ratio in adults is < 150 mg protein/gram creatinine. According to UpToDate, a normal value for children greater than two years of age may be < 200 mg protein/gram creatinine and in infants and toddlers from 6 to 24 months of age, < 500 mg protein/gram creatinine. However, other references indicate that results can vary greatly according to sex and body size and that a single cutoff may not be appropriate for pediatric age groups (Mori Y et al., *Pediatr Nephrol* 2006; 21: 683-687).

**Synonyms:**

- TP
- Albumin
- TPCUR

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 7 days, frozen at -20C 1 month

**Reported:**

4-14 hours

**Reflex Testing:**

A creatinine is performed on the same sample to calculate the protein/creatinine ratio and will be reported and billed.

**Additional Information:**

This assay is a turbidimetric procedure in which benzethonium chloride is used as the protein denaturing agent. Proteins present in the urine or CSF are denatured by benzethonium chloride, resulting in the formation of a fine suspension which is quantitated turbidimetrically at 404 nm. 24 hour urine protein excretion may be increased in a variety of conditions including renal disease, Bence Jones proteinuria, amyloidosis, hemorrhage, systemic infections, heart failure, dehydration, starvation, strenuous exercise, pregnancy, sickle cell disease, exposure to extreme cold and psychological stress.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**CPT Codes:**

84156

**LOINC Codes:**

2888-6



# Protein Total, Urine, Timed

LAB440

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Turbidimetric Benzethonium Chloride

**Reported:**

4-14 hours

**Additional Information:**

This assay is a turbidimetric procedure in which benzethonium chloride is used as the protein denaturing agent. Proteins present in the urine or CSF are denatured by benzethonium chloride, resulting in the formation of a fine suspension which is quantitated turbidimetrically at 404 nm. 24 hour urine protein excretion may be increased in a variety of conditions including renal disease, Bence Jones proteinuria, amyloidosis, hemorrhage, systemic infections, heart failure, dehydration, starvation, strenuous exercise, pregnancy, sickle cell disease, exposure to extreme cold and psychological stress.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Synonyms:**

- TP
- Albumin
- TPU

## COLLECTION

**Sample Type:**

Timed urine collection

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire urine output for collection period

**Remarks:**

Refrigerate the container during the period of the collection.

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 7 days, frozen at -20C 1 month

## PROCESSING

**Test Code:**

TPU

**Test Group:**

Total protein

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Specimen Preparation:**

Mix 24-hour urine sample well and aliquot 1 mL

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 7 days, frozen at -20C 1 month

**RESULT INTERPRETATION****Units:**

mg/D

**Reference Interval:**

Adults:

&lt; 150 mg/day

Adopted from KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease.

Pediatrics:

< 6 months of age: <240 mg/m<sup>2</sup> body surface area/day6 months of age and above: <150 mg/m<sup>2</sup> body surface area/day

Adopted from KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease.

**Additional Information:**

This assay is a turbidimetric procedure in which benzethonium chloride is used as the protein denaturing agent. Proteins present in the urine or CSF are denatured by benzethonium chloride, resulting in the formation of a fine suspension which is quantitated turbidimetrically at 404 nm. 24 hour urine protein excretion may be increased in a variety of conditions including renal disease, Bence Jones proteinuria, amyloidosis, hemorrhage, systemic infections, heart failure, dehydration, starvation, strenuous exercise, pregnancy, sickle cell disease, exposure to extreme cold and psychological stress.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**ADMINISTRATIVE****CPT Codes:**

84156

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TPU

**Test Group:**

Total protein

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Turbidimetric Benzethonium Chloride

**Remarks:**

Refrigerate the container during the period of the collection.

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire urine output for collection period

**Sample Type:**

Timed urine collection

**Specimen Preparation:**

Mix 24-hour urine sample well and aliquot 1 mL

**Units:**

mg/D

**Reference Interval:**

Adults:

< 150 mg/day

Adopted from KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease.

Pediatrics:

< 6 months of age: <240 mg/m<sup>2</sup> body surface area/day

6 months of age and above: <150 mg/m<sup>2</sup> body surface area/day

Adopted from KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease.

**Synonyms:**

- TP
- Albumin
- TPU

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 7 days, frozen at -20C 1 month

**Reported:**

4-14 hours

**Additional Information:**

This assay is a turbidimetric procedure in which benzethonium chloride is used as the protein denaturing agent. Proteins present in the urine or CSF are denatured by benzethonium chloride, resulting in the formation of a fine suspension which is quantitated turbidimetrically at 404 nm. 24 hour urine protein excretion may be increased in a variety of conditions including renal disease, Bence Jones proteinuria, amyloidosis, hemorrhage, systemic infections, heart failure, dehydration, starvation, strenuous exercise, pregnancy, sickle cell disease, exposure to extreme cold and psychological stress.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**CPT Codes:**

84156

# Protein, Total, CSF

LAB195

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Turbidimetric Benzethonium Chloride

**Reported:**

STAT 1 hour, Routine 4 hours

**Synonyms:**

- TP
- TPCF

## COLLECTION

**Sample Type:**

CSF

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

0.5 mL CSF

**Minimum Volume:**

0.35 mL CSF

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 6 days, frozen at -20C 1 year

## PROCESSING

**Test Code:**

TPCF

**Test Group:**

Total protein

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

0.5 mL CSF

**Minimum Volume:**

0.35 mL CSF

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 6 days, frozen at -20C 1 year

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

| Age                   | mg/dL  |
|-----------------------|--------|
| 0 to 1 month          | 40-115 |
| >1 month to 2 months  | 25-90  |
| >2 months to 3 months | 20-60  |
| >3 months to 18 years | 10-40  |
| >18 years to 35 years | 15-50  |
| >35 years to 70 years | 20-60  |
| >70 years             | 20-70  |

Reference ranges adopted from Shah SS et al, J Hospital Medicine 6:22-27, 2011; Thomson J et al, Pediatrics vol 141, March 2018; Biou D et al, Clinical Chemistry 46:399-403, 2000; McCudden CR et al, Clinical Chemistry, 63: 1856-1865, 2017.

**ADMINISTRATIVE****CPT Codes:**

84157

**LOINC Codes:**

2880-3

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

TPCF

**Test Group:**

Total protein

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Turbidimetric Benzethonium Chloride

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Sample Type:**

CSF

**Preferred Volume:**

0.5 mL CSF

**Minimum Volume:**

0.35 mL CSF

**Units:**

mg/dL

**Reference Interval:**

| Age                   | mg/dL  |
|-----------------------|--------|
| 0 to 1 month          | 40-115 |
| >1 month to 2 months  | 25-90  |
| >2 months to 3 months | 20-60  |
| >3 months to 18 years | 10-40  |
| >18 years to 35 years | 15-50  |
| >35 years to 70 years | 20-60  |
| >70 years             | 20-70  |

Reference ranges adopted from Shah SS et al, J Hospital Medicine 6:22-27, 2011; Thomson J et al, Pediatrics vol 141, March 2018; Biou D et al, Clinical Chemistry 46:399-403, 2000; McCudden CR et al, Clinical Chemistry, 63: 1856-1865, 2017.

**Synonyms:**

- TP
- TPCF

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 6 days, frozen at -20C 1 year

**Reported:**

STAT 1 hour, Routine 4 hours

**CPT Codes:**

84157

**LOINC Codes:**

2880-3

# Prothrombin (20210) mutation

LAB834

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run once per week, or as needed, day shift only

**Methodology:**

PCR and allele-specific probes

**Reported:**

7-10 days

**Additional Information:**

Mutation and Incidence

The Prothrombin 20210G>A mutation (NM\_000506.4(F2):c.\*97G>A) is located in the 3' untranslated region of this gene. It has an estimated prevalence of 2% in Caucasians and is rare among Asians or Africans.

Pathogenicity

The Prothrombin 20210G>A mutation results in increased levels of plasma prothrombin and a concurrent increased risk of thrombosis. The mutation alters the polyadenylation site of the gene and results in increased mRNA synthesis and a subsequent increase in protein expression.

Thrombosis Risk

Heterozygosity for the Prothrombin 20210G>A carries a 3-4 fold increased risk of venous thromboembolism (VTE).

Women heterozygous for this mutation and taking oral contraceptive pills have an approximately 16-fold increased risk of VTE.

Homozygosity for F2 20210G>A is expected to significantly elevate the risk of thrombosis, however, its precise risk has not been determined.

If a mutation is detected it is recommended that the patient seek genetic counseling.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- Thrombosis risk mutations
- Prothrombin 20210A
- Hypercoagulability

## COLLECTION

**Sample Type:**

Whole blood

**Collect:**

Lavender top preferred, Blue top and Yellow (ACD) tops acceptable

**Amount to Collect:**

3 mL blood (Note this volume is sufficient to perform all thrombosis risk factor mutations)

**Preferred Volume:**

3 mL blood (Note this volume is sufficient to perform all thrombosis risk factor mutations)

**Minimum Volume:**

1.5 mL blood

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Unacceptable Conditions:**

Inadequate sample. Samples collected in heparin.

## PROCESSING

**Test Code:**

PTTR

**Test Group:**

Thrombosis risk

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable.

**Preferred Volume:**

3 mL blood (Note this volume is sufficient to perform all thrombosis risk factor mutations)

**Minimum Volume:**

1.5 mL blood

**Unacceptable Conditions:**

Inadequate sample. Samples collected in heparin.

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Mutation and Incidence

The Prothrombin 20210G>A mutation (NM\_000506.4(F2):c.\*97G>A) is located in the 3' untranslated region of this gene. It has an estimated prevalence of 2% in Caucasians and is rare among Asians or Africans.

Pathogenicity

The Prothrombin 20210G>A mutation results in increased levels of plasma prothrombin and a concurrent increased risk of thrombosis. The mutation alters the polyadenylation site of the gene and results in increased mRNA synthesis and a subsequent increase in protein expression.

Thrombosis Risk

Heterozygosity for the Prothrombin 20210G>A carries a 3-4 fold increased risk of venous thromboembolism (VTE).

Women heterozygous for this mutation and taking oral contraceptive pills have an approximately 16-fold increased risk of VTE.

Homozygosity for F2 20210G>A is expected to significantly elevate the risk of thrombosis, however, its precise risk has not been determined.

If a mutation is detected it is recommended that the patient seek genetic counseling.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

81240

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

24477-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PTTR

**Test Group:**

Thrombosis risk

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run once per week, or as needed, day shift only

**Methodology:**

PCR and allele-specific probes

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.



**Collect:**

Lavender top preferred, Blue top and Yellow (ACD) tops acceptable

**Amount to Collect:**

3 mL blood (Note this volume is sufficient to perform all thrombosis risk factor mutations)

**Sample Type:**

Whole blood

**Preferred Volume:**

3 mL blood (Note this volume is sufficient to perform all thrombosis risk factor mutations)

**Minimum Volume:**

1.5 mL blood

**Unacceptable Conditions:**

Inadequate sample. Samples collected in heparin.

**Specimen Preparation:**

Do not centrifuge the specimen. Store at room temperature. Refrigerated samples are acceptable.

**Reference Interval:**

Negative

**Synonyms:**

- Thrombosis risk mutations
- Prothrombin 20210A
- Hypercoagulability

**Reported:**

7-10 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

Mutation and Incidence

The Prothrombin 20210G>A mutation (NM\_000506.4(F2):c.\*97G>A) is located in the 3' untranslated region of this gene. It has an estimated prevalence of 2% in Caucasians and is rare among Asians or Africans.

Pathogenicity

The Prothrombin 20210G>A mutation results in increased levels of plasma prothrombin and a concurrent increased risk of thrombosis. The mutation alters the polyadenylation site of the gene and results in increased mRNA synthesis and a subsequent increase in protein expression.

Thrombosis Risk

Heterozygosity for the Prothrombin 20210G>A carries a 3-4 fold increased risk of venous thromboembolism (VTE).

Women heterozygous for this mutation and taking oral contraceptive pills have an approximately 16-fold increased risk of VTE.

Homozygosity for F2 20210G>A is expected to significantly elevate the risk of thrombosis, however, its precise risk has not been determined.

If a mutation is detected it is recommended that the patient seek genetic counseling.

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

81240

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

24477-2

# Prothrombin Time

LAB320

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center

Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Mechanical clot detection

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Current reagents permit the reporting of results up to 100 seconds; if no clot is detected by that time the result will be reported as > 100 seconds.

The International Normalized Ratio (INR) will be routinely reported in addition to the Prothrombin Time in seconds. The reagents, and therefore the reference range in seconds, differ among the various UC affiliated hospitals. However, the INR adjusts for the inherent variability of tissue thromboplastins employed in the assay.

Note: when the prothrombin time is just above the upper limit of the normal range, calculation of the INR can result in a normal INR. This reflects the rounding of decimals utilized in the INR calculation.

The INR is the parameter of choice in monitoring the adequacy of warfarin anti-coagulation, and should in theory remain stable. The appropriate therapeutic range will vary with the disease and treatment intensity desired. The UCSF Hematology Consultation service generally recommends as therapeutic range for warfarin: (a) INR of 2.5-3.5 for most mechanical valves or recurrent systemic embolism, (b) INR of 2.0-3.0 for most other indications.

Direct oral anticoagulant medications (non-vitamin K) should not be monitored with PT/INR or aPTT because the effect of these tests is not predictable. Recommendations for monitoring anticoagulant medications are available through the UCSF Hematology consultation services: for adults, pager 443-4276, for pediatrics pager 443-6966.

The Prothrombin Time contains a reagent that neutralizes heparin up to 2 U/mL.

In regard to samples drawn through heparinized lines: (i) the PT reagent neutralizes low levels of heparin and (ii) additional heparin neutralization can cause a reduction in coagulation factor levels. For these reasons, heparin neutralization is not recommended for PT measurements.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Synonyms:**

- PT
- coumadin
- warfarin
- INR
- Monitoring anticoagulation

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue (2.7 mL) or Lt. Blue (1.8 mL) top filled to full extent of vacuum

**Amount to Collect:**

Blue top: 2.7 mL blood  
Lt. Blue top: 1.8 mL blood

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

1 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (For Parnassus patients call 3-1747, for Mission Bay patients call 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

Unopened, uncentrifuged specimens are stable for 24 hours at room temperature.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.  
Over-filled or under-filled samples may be rejected.

## PROCESSING

**Test Code:**

PT

**Test Group:**

Prothrombin time

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center

Peninsula Outpatient Center

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.  
Over-filled or under-filled samples may be rejected.

**Stability (from collection to initiation):**

Unopened, uncentrifuged specimens are stable for 24 hours at room temperature.

## RESULT INTERPRETATION

**Units:**

seconds

**Reference Interval:**

PT: 11.8 - 14.8 seconds

INR: 0.9 - 1.2

The PT of full-term normal infants does not appear to differ significantly from adults, although factor levels are somewhat lower in the first six months of life (Andrew, M et al. Development of the human coagulation system in the full-term infant. Blood. 70:165-172).

**Critical Values:**INR  $\geq 5.0$

**Additional Information:**

Current reagents permit the reporting of results up to 100 seconds; if no clot is detected by that time the result will be reported as > 100 seconds.

The International Normalized Ratio (INR) will be routinely reported in addition to the Prothrombin Time in seconds. The reagents, and therefore the reference range in seconds, differ among the various UC affiliated hospitals. However, the INR adjusts for the inherent variability of tissue thromboplastins employed in the assay.

Note: when the prothrombin time is just above the upper limit of the normal range, calculation of the INR can result in a normal INR. This reflects the rounding of decimals utilized in the INR calculation.

The INR is the parameter of choice in monitoring the adequacy of warfarin anti-coagulation, and should in theory remain stable. The appropriate therapeutic range will vary with the disease and treatment intensity desired. The UCSF Hematology Consultation service generally recommends as therapeutic range for warfarin: (a) INR of 2.5-3.5 for most mechanical valves or recurrent systemic embolism, (b) INR of 2.0-3.0 for most other indications.

Direct oral anticoagulant medications (non-vitamin K) should not be monitored with PT/INR or aPTT because the effect of these tests is not predictable. Recommendations for monitoring anticoagulant medications are available through the UCSF Hematology consultation services: for adults, pager 443-4276, for pediatrics pager 443-6966.

The Prothrombin Time contains a reagent that neutralizes heparin up to 2 U/mL.

In regard to samples drawn through heparinized lines: (i) the PT reagent neutralizes low levels of heparin and (ii) additional heparin neutralization can cause a reduction in coagulation factor levels. For these reasons, heparin neutralization is not recommended for PT measurements.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

85610

**LOINC Codes:**

5902-2

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

PT

**Test Group:**

Prothrombin time

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center

Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Mechanical clot detection

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (For Parnassus patients call 3-1747, for Mission Bay patients call 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue (2.7 mL) or Lt. Blue (1.8 mL) top filled to full extent of vacuum

**Amount to Collect:**

Blue top: 2.7 mL blood  
 Lt. Blue top: 1.8 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1.5 mL plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer.  
 Over-filled or under-filled samples may be rejected.

**Units:**

seconds

**Reference Interval:**

PT: 11.8 - 14.8 seconds  
 INR: 0.9 - 1.2

The PT of full-term normal infants does not appear to differ significantly from adults, although factor levels are somewhat lower in the first six months of life (Andrew, M et al. Development of the human coagulation system in the full-term infant. Blood. 70:165-172).

**Critical Values:**

INR  $\geq$  5.0

**Synonyms:**

- PT
- coumadin
- warfarin
- INR
- Monitoring anticoagulation

**Stability (from collection to initiation):**

Unopened, uncentrifuged specimens are stable for 24 hours at room temperature.

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

Current reagents permit the reporting of results up to 100 seconds; if no clot is detected by that time the result will be reported as > 100 seconds.

The International Normalized Ratio (INR) will be routinely reported in addition to the Prothrombin Time in seconds. The reagents, and therefore the reference range in seconds, differ among the various UC affiliated hospitals. However, the INR adjusts for the inherent variability of tissue thromboplastins employed in the assay.

Note: when the prothrombin time is just above the upper limit of the normal range, calculation of the INR can result in a normal INR. This reflects the rounding of decimals utilized in the INR calculation.

The INR is the parameter of choice in monitoring the adequacy of warfarin anti-coagulation, and should in theory remain stable. The appropriate therapeutic range will vary with the disease and treatment intensity desired. The UCSF Hematology Consultation service generally recommends as therapeutic range for warfarin: (a) INR of 2.5-3.5 for most mechanical valves or recurrent systemic embolism, (b) INR of 2.0-3.0 for most other indications.

Direct oral anticoagulant medications (non-vitamin K) should not be monitored with PT/INR or aPTT because the effect of these tests is not predictable. Recommendations for monitoring anticoagulant medications are available through the UCSF Hematology consultation services: for adults, page 443-4276, for pediatrics page 443-6966.

The Prothrombin Time contains a reagent that neutralizes heparin up to 2 U/mL.

In regard to samples drawn through heparinized lines: (i) the PT reagent neutralizes low levels of heparin and (ii) additional heparin neutralization can cause a reduction in coagulation factor levels. For these reasons, heparin neutralization is not recommended for PT measurements.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

85610

**LOINC Codes:**  
5902-2

# PRU Test P2Y12 Reaction

LAB6058

## ORDERING

**Approval Required:**

No, but must be collected at Parnassus location. Contact Hematology Lab at 415-353-1747 to receive special collection kit. For Neurointerventional radiology only.

**Available Stat:**

No

**Performing Lab:**

Hematology, Parnassus

**Performed:**

Monday - Friday 0800 - 1600  
Saturday - Sunday 0800 - 1545

**Reported:**

4 hours

**Additional Information:**

The VerifyNow PRUTest is designed to measure platelet P2Y12 receptor blockade.

Patients with inherited platelet disorders such as von Willebrand Factor Deficiency, Glanzmann Thrombasthenia and Bernard-Soulier Syndrome have not been studied with the VerifyNow PRUTest. The VerifyNow PRUTest is not intended for use with these types of platelet disorders.

Patients who have been treated with Glycoprotein IIb/IIIa inhibitor drugs should not be tested until platelet function has recovered. This time period is approximately 14 days after discontinuation of drug administration for abciximab (ReoPro) and up to 48 hours for eptifibatide (Integrilin) and tirofiban (Aggrastat). The platelet function recovery time varies among individuals and is longer for patients with renal dysfunction.

Test performance was not affected by hematocrit values between 33-52%, or platelet count values between 119,000 - 502,000/ $\mu$ L. Based on an in-house study performed on 3/29/16, correlation showed that as hematocrit increased, PRU results decreased.

**Synonyms:**

- P2Y12, Plavix Reaction

## COLLECTION

**Sample Type:**

Citrated and EDTA anticoagulated whole blood

**Collect:**

1. Greiner partial fill discard
2. Greiner partial fill 3.2% Sodium citrate blue top
3. Lavender EDTA tube

**Amount to Collect:**

8 mL

**Preferred Volume:**

8 mL

**Minimum Volume:**

6 mL

**Remarks:**

Contact Hematology at 415-353-1747 for collection kits. DO NOT collect any specimens before 0800 or after 1500 from Monday to Friday; before 0800 or after 1500 on Saturday and Sunday.

1. Whole blood samples must be collected in or immediately transferred to Greiner 2.0 mL partial fill blue top tubes containing 3.2% Sodium Citrate. The tube must be filled to its intended whole blood capacity (indicated by small black line).
2. Whole blood may be collected from venous sites using a 21 gauge or larger needle in an appropriate blood collection tube.
3. Blood samples should be obtained from an extremity free of peripheral venous infusions.
4. Collect a discard tube first (approximately 2 mL), Greiner partial fill blue tops 2nd, and a lavender for CBC last.
5. Gently invert the sample tube at least 5 times to ensure complete mixing of the contents.
6. Blood must set a minimum of 10 minutes after collection before testing but no longer than 4 hours. Samples cannot be pneumatic tubed.

**Stability (from collection to initiation):**

4 hours

**Unacceptable Conditions:**

Clotted samples or if stability period exceeded.

Incorrect tube type and/or no discard tube received.

Patients with Hct's < 33% and/or Plt's < 119 x 10<sup>9</sup>/L

**PROCESSING****Test Code:**

CLOP

**Performing Lab:**

Hematology, Parnassus

**Specimen Preparation:**

**Deliver immediately to Hematology**

**Additional Processing Instructions:**

**A PRU will be ordered in computer. If no CBC or CBCD is requested, Central Processing will order a hematocrit (HCT) and platelet count (PLT).**

**Preferred Volume:**

8 mL

**Minimum Volume:**

6 mL

**Unacceptable Conditions:**

Clotted samples or if stability period exceeded.

Incorrect tube type and/or no discard tube received.

Patients with Hct's < 33% and/or Plt's < 119 x 10<sup>9</sup>/L

**Stability (from collection to initiation):**

4 hours

**RESULT INTERPRETATION****Units:**

PRU

**Reference Interval:**

182-335

**Additional Information:**

The VerifyNow PRUtest is designed to measure platelet P2Y<sub>12</sub> receptor blockade.

Patients with inherited platelet disorders such as von Willebrand Factor Deficiency, Glanzmann Thrombasthenia and Bernard-Soulier Syndrome have not been studied with the VerifyNow PRUtest. The VerifyNow PRUtest is not intended for use with these types of platelet disorders.

Patients who have been treated with Glycoprotein IIb/IIIa inhibitor drugs should not be tested until platelet function has recovered. This time period is approximately 14 days after discontinuation of drug administration for abciximab (ReoPro) and up to 48 hours for eptifibatide (Integrilin) and tirofiban (Aggrastat). The platelet function recovery time varies among individuals and is longer for patients with renal dysfunction.

Test performance was not affected by hematocrit values between 33-52%, or platelet count values between 119,000 - 502,000/ $\mu$ L. Based on an in-house study performed on 3/29/16, correlation showed that as hematocrit increased, PRU results decreased.

**ADMINISTRATIVE****CPT Codes:**

85576

**LOINC Codes:**

49010-2

**COMPLETE VIEW****Approval Required:**

No, but must be collected at Parnassus location. Contact Hematology Lab at 415-353-1747 to receive special collection kit. For Neurointerventional radiology only.

**Available Stat:**

No



**Test Code:**

CLOP

**Performing Lab:**

Hematology, Parnassus

**Performed:**

Monday - Friday 0800 - 1600

Saturday - Sunday 0800 - 1545

**Remarks:**

Contact Hematology at 415-353-1747 for collection kits. DO NOT collect any specimens before 0800 or after 1500 from Monday to Friday; before 0800 or after 1500 on Saturday and Sunday.

1. Whole blood samples must be collected in or immediately transferred to Greiner 2.0 mL partial fill blue top tubes containing 3.2% Sodium Citrate. The tube must be filled to its intended whole blood capacity (indicated by small black line).
  2. Whole blood may be collected from venous sites using a 21 gauge or larger needle in an appropriate blood collection tube.
  3. Blood samples should be obtained from an extremity free of peripheral venous infusions.
  4. Collect a discard tube first (approximately 2 mL), Greiner partial fill blue tops 2nd, and a lavender for CBC last.
  5. Gently invert the sample tube at least 5 times to ensure complete mixing of the contents.
  6. Blood must set a minimum of 10 minutes after collection before testing but no longer than 4 hours.
- Samples cannot be pneumatic tubed.

**Collect:**

1. Greiner partial fill discard
2. Greiner partial fill 3.2% Sodium citrate blue top
3. Lavender EDTA tube

**Amount to Collect:**

8 mL

**Sample Type:**

Citrated and EDTA anticoagulated whole blood

**Preferred Volume:**

8 mL

**Minimum Volume:**

6 mL

**Unacceptable Conditions:**

Clotted samples or if stability period exceeded.

Incorrect tube type and/or no discard tube received.

Patients with Hct's &lt; 33% and/or Plt's &lt; 119 x 109/L

**Specimen Preparation:****Deliver immediately to Hematology****Additional Processing Instructions:**

A PRU will be ordered in computer. If no CBC or CBCD is requested, Central Processing will order a hematocrit (HCT) and platelet count (PLT).

**Units:**

PRU

**Reference Interval:**

182-335

**Synonyms:**

- P2Y12, Plavix Reaction

**Stability (from collection to initiation):**

4 hours

**Reported:**

4 hours

**Additional Information:**

The VerifyNow PRUtest is designed to measure platelet P2Y<sub>12</sub> receptor blockade.

Patients with inherited platelet disorders such as von Willebrand Factor Deficiency, Glanzmann Thrombasthenia and Bernard-Soulier Syndrome have not been studied with the VerifyNow PRUtest. The VerifyNow PRUtest is not intended for use with these types of platelet disorders.

Patients who have been treated with Glycoprotein IIb/IIIa inhibitor drugs should not be tested until platelet function has recovered. This time period is approximately 14 days after discontinuation of drug administration for abciximab (ReoPro) and up to 48 hours for eptifibatide (Integrilin) and tirofiban (Aggrastat). The platelet function recovery time varies among individuals and is longer for patients with renal dysfunction.

Test performance was not affected by hematocrit values between 33-52%, or platelet count values between 119,000 - 502,000/ $\mu$ L. Based on an in-house study performed on 3/29/16, correlation showed that as hematocrit increased, PRU results decreased.

**CPT Codes:**

85576

**LOINC Codes:**

49010-2

# Pseudocholinesterase, Dibucaine Inhibition

CGV

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Colorimetric

**Reported:**

Test performed Monday. Turnaround time: 48 hours

**Additional Information:**

Assay includes Dibucaine #. Used to assess for genetic hypersusceptibility to muscle relaxants.

**Synonyms:**

- Pseudocholinesterase
- dibucaine number

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Avoid hemolysis

**Stability (from collection to initiation):**

Room temperature 3 weeks, refrigerated 3 weeks, frozen at -20C 1 month.

**Unacceptable Conditions:**

Hemolyzed samples

## PROCESSING

**Test Code:**

CGV

**Test Group:**

Cholinesterase

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 7961

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Hemolyzed samples

**Stability (from collection to initiation):**

Room temperature 3 weeks, refrigerated 3 weeks, frozen at -20C 1 month.

## RESULT INTERPRETATION

**Units:**

IU/L

**Reference Interval:**

Cholinesterase, serum:

Male: 3342-7586 IU/L

Female: 2673-6592 IU/L

Dibucaine number: 81.6-88.3% Inhibition

**Additional Information:**

Assay includes Dibucaine #. Used to assess for genetic hypersusceptibility to muscle relaxants.

**ADMINISTRATIVE****CPT Codes:**

82480-90, 82638-90

**LOINC Codes:**

2099-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CGV

**Test Group:**

Cholinesterase

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Colorimetric

**Remarks:**

Avoid hemolysis

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Hemolyzed samples

**Specimen Preparation:**

Refrigerate. Order Quest # 7961

**Units:**

IU/L

**Reference Interval:**

Cholinesterase, serum:

Male: 3342-7586 IU/L

Female: 2673-6592 IU/L

Dibucaine number: 81.6-88.3% Inhibition

**Synonyms:**

- Pseudocholinesterase
- dibucaine number

**Stability (from collection to initiation):**

Room temperature 3 weeks, refrigerated 3 weeks, frozen at -20C 1 month.

**Reported:**

Test performed Monday. Turnaround time: 48 hours

**Additional Information:**

Assay includes Dibucaine #.Used to assess for genetic hypersusceptibility to muscle relaxants.

**CPT Codes:**

82480-90, 82638-90

**LOINC Codes:**

2099-0

# Pyridoxine-Dependent Epilepsy Panel, Serum or Plasma

LAB6079

## ORDERING

**Ordering Recommendations:**

Primarily used for diagnosis and monitoring of patients with pyridoxine-dependent epilepsy. Can also aid in differential diagnosis of peroxisomal disorders, hyperlysinemia type 1, and sulfite oxidase/molybdenum cofactor deficiencies.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Fri

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

4-12 days

**Synonyms:**

- Alpha-aminoadipic semialdehyde, serum
- Delta1-piperidine-6-carboxylate, Serum
- Pipecolic Acid, Serum/Plasma
- PDESP

## COLLECTION

**Patient Preparation:**

Adults: Fasting specimen preferred.

Infants and Children: Draw specimen prior to feeding or 2-3 hours after a meal preferred.

**Sample Type:**

Serum of plasma

**Label Abbreviation:**

PDESP

**Collect:**

Green (sodium or lithium heparin), lavender (EDTA), plain red, or serum separator tube (SST).

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma/serum

**Minimum Volume:**

0.3 mL plasma/serum

**Remarks:**

Clinical information is needed for appropriate interpretation. Submit age, gender, diet (e.g., TPN therapy), drug therapy, and family history on a Biochemical Genetics Patient History Form available at [www.aruplab.com/patienthistory](http://www.aruplab.com/patienthistory) or by contacting ARUP Client Services at 800-522-2787.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 24 hours; Frozen at -20°C: 1 week; Frozen at -70°C: 1 year

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Unacceptable Conditions:**

N/A

## PROCESSING

**Test Code:**

PDESP

**ARUP Test Code:**

2013352

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP standard transport tube and freeze immediately. (Min: 0.2 mL)

**Preferred Volume:**

0.5 mL plasma/serum

**Minimum Volume:**

0.3 mL plasma/serum

**Unacceptable Conditions:**

N/A

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 24 hours; Frozen at -20°C: 1 week; Frozen at -70°C: 1 year

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**RESULT INTERPRETATION****Reference Interval:**

| Age                 | Pipecolic Acid                   | Total AASA-P6C                   |
|---------------------|----------------------------------|----------------------------------|
| 0-12 months         | Less than or equal to 5.2 umol/L | Less than or equal to 1.6 umol/L |
| Greater than 1 year | Less than or equal to 6.3 umol/L | Less than or equal to 3.1 umol/L |

**Interpretive Data:**

Refer to report

**ADMINISTRATIVE****CPT Codes:**

82542

**LOINC:**

- 92766-5
- 48767-8
- 32334-5

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Primarily used for diagnosis and monitoring of patients with pyridoxine-dependent epilepsy. Can also aid in differential diagnosis of peroxisomal disorders, hyperlysinemia type 1, and sulfite oxidase/molybdenum cofactor deficiencies.

**Test Code:**

PDESP

**ARUP Test Code:**

2013352

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Fri

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Patient Preparation:**

Adults: Fasting specimen preferred.

Infants and Children: Draw specimen prior to feeding or 2-3 hours after a meal preferred.

**Remarks:**

Clinical information is needed for appropriate interpretation. Submit age, gender, diet (e.g., TPN therapy), drug therapy, and family history on a Biochemical Genetics Patient History Form available at [www.aruplab.com/patienthistory](http://www.aruplab.com/patienthistory) or by contacting ARUP Client Services at 800-522-2787.

**Collect:**

Green (sodium or lithium heparin), lavender (EDTA), plain red, or serum separator tube (SST).

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum of plasma

**Preferred Volume:**

0.5 mL plasma/serum

**Minimum Volume:**

0.3 mL plasma/serum

**Unacceptable Conditions:**

N/A

**Specimen Preparation:**

Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP standard transport tube and freeze immediately . (Min: 0.2 mL)

**Reference Interval:**

| Age                 | Pipecolic Acid                   | Total AASA-P6C                   |
|---------------------|----------------------------------|----------------------------------|
| 0-12 months         | Less than or equal to 5.2 umol/L | Less than or equal to 1.6 umol/L |
| Greater than 1 year | Less than or equal to 6.3 umol/L | Less than or equal to 3.1 umol/L |

**Interpretive Data:**

Refer to report

**Synonyms:**

- Alpha-aminoadipic semialdehyde, serum
- Delta1-piperidine-6-carboxylate, Serum
- Pipecolic Acid, Serum/Plasma
- PDESP

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 24 hours; Frozen at -20°C: 1 week; Frozen at -70°C: 1 year

**Reported:**

4-12 days

**CPT Codes:**

82542

**LOINC:**

- 92766-5
- 48767-8
- 32334-5



# Pyridoxine-Dependent Epilepsy Panel, Urine

LAB22060

## ORDERING

**Ordering Recommendations:**

Primarily used for diagnosis and monitoring of patients with pyridoxine-dependent epilepsy. Can also aid in differential diagnosis of peroxisomal disorders, hyperlysinemia type 1, and sulfite oxidase/molybdenum cofactor deficiencies.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Fri

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

4-12 days

**Synonyms:**

- Alpha-aminoadipic semialdehyde, Urine
- Delta1-piperideine-6-carboxylate 1, Urine
- Delta1-piperideine-6-carboxylate 2, Urine
- Pipecolic Acid, Urine
- Urine pipecolic acid
- PDEU

## COLLECTION

**Sample Type:**

Urine in urine container

**Label Abbreviation:**

PDEU

**Collect:**

Random urine. First morning urine is preferred.

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.3 mL

**Remarks:**

Clinical information is needed for appropriate interpretation. Additional required information includes age, gender, diet (e.g., TPN therapy), drug therapy, and family history. Biochemical Genetics Patient History Form is available on the ARUP Web site at <http://www.aruplab.com/patienthistory> or by contacting ARUP Client Services at 800-522-2787.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 24 hours; Frozen at -20°C: 1 week; Frozen at -70°C: 1 year

**Storage/Transport Temperature:**

CRITICAL FROZEN (preferred). Refrigerated specimens are acceptable for testing if frozen within 24 hours from start of collection.

**Unacceptable Conditions:**

N/A

## PROCESSING

**Test Code:**

PDEU

**ARUP Test Code:**

2013355

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 1 mL urine to an ARUP standard transport tube and freeze immediately. (Min: 0.3 mL)

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.3 mL

**Unacceptable Conditions:**

N/A

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 24 hours; Frozen at -20°C: 1 week; Frozen at -70°C: 1 year

**Storage/Transport Temperature:**

CRITICAL FROZEN (preferred). Refrigerated specimens are acceptable for testing if frozen within 24 hours from start of collection.

**RESULT INTERPRETATION****Reference Interval:**

| Age                 | Pipecolic Acid                                 | Total AASA-P6C                                 |
|---------------------|------------------------------------------------|------------------------------------------------|
| 0 - 30 days         | Less than or equal to 19.6 mmol/mol creatinine | Less than or equal to 18.7 mmol/mol creatinine |
| 1 - 5 months        | Less than or equal to 12.1 mmol/mol creatinine | Less than or equal to 13.4 mmol/mol creatinine |
| 6 - 11 months       | Less than or equal to 7.2 mmol/mol creatinine  | Less than or equal to 5.3 mmol/mol creatinine  |
| Greater than 1 Year | Less than or equal to 1.2 mmol/mol creatinine  | Less than or equal to 3.1 mmol/mol creatinine  |

**Interpretive Data:**

Refer to report.

**ADMINISTRATIVE****CPT Codes:**

82542

**LOINC:**

- 48767-8
- 32335-2
- 2161-8

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Primarily used for diagnosis and monitoring of patients with pyridoxine-dependent epilepsy. Can also aid in differential diagnosis of peroxisomal disorders, hyperlysinemia type 1, and sulfite oxidase/molybdenum cofactor deficiencies.

**Test Code:**

PDEU

**ARUP Test Code:**

2013355

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Fri

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Remarks:**Clinical information is needed for appropriate interpretation. Additional required information includes age, gender, diet (e.g., TPN therapy), drug therapy, and family history. Biochemical Genetics Patient History Form is available on the ARUP Web site at <http://www.aruplab.com/patienthistory> or by contacting ARUP Client Services at 800-522-2787.**Collect:**

Random urine. First morning urine is preferred.

**Sample Type:**

Urine in urine container

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.3 mL

**Unacceptable Conditions:**

N/A

**Specimen Preparation:**

Transfer 1 mL urine to an ARUP standard transport tube and freeze immediately. (Min: 0.3 mL)

**Reference Interval:**

| Age                 | Pipecolic Acid                                 | Total AASA-P6C                                 |
|---------------------|------------------------------------------------|------------------------------------------------|
| 0 - 30 days         | Less than or equal to 19.6 mmol/mol creatinine | Less than or equal to 18.7 mmol/mol creatinine |
| 1 - 5 months        | Less than or equal to 12.1 mmol/mol creatinine | Less than or equal to 13.4 mmol/mol creatinine |
| 6 - 11 months       | Less than or equal to 7.2 mmol/mol creatinine  | Less than or equal to 5.3 mmol/mol creatinine  |
| Greater than 1 Year | Less than or equal to 1.2 mmol/mol creatinine  | Less than or equal to 3.1 mmol/mol creatinine  |

**Interpretive Data:**

Refer to report.

**Synonyms:**

- Alpha-aminoadipic semialdehyde, Urine
- Delta1-piperideine-6-carboxylate 1, Urine
- Delta1-piperideine-6-carboxylate 2, Urine
- Pipecolic Acid, Urine
- Urine pipecolic acid
- PDEU

**Storage/Transport Temperature:**

CRITICAL FROZEN (preferred). Refrigerated specimens are acceptable for testing if frozen within 24 hours from start of collection.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 24 hours; Frozen at -20°C: 1 week; Frozen at -70°C: 1 year

**Reported:**

4-12 days

**CPT Codes:**

82542

**LOINC:**

- 48767-8
- 32335-2
- 2161-8

# Pyruvate Kinase, RBC

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Spectrophotometry

**Reported:**

Test performed Monday-Saturday.

**Synonyms:**

- Pyruvate kinase, erythrocyte

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Do not centrifuge or freeze; refrigerate. Order MAYO# 8659

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

## RESULT INTERPRETATION

**Units:**

U/g of hemoglobin

**Reference Interval:**

6.7 - 14.3 U/g of hemoglobin

## ADMINISTRATIVE

**CPT Codes:**

84220-90

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Spectrophotometry

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Specimen Preparation:**

Do not centrifuge or freeze; refrigerate. Order MAYO# 8659

**Units:**

U/g of hemoglobin

**Reference Interval:**

6.7 - 14.3 U/g of hemoglobin

**Synonyms:**

- Pyruvate kinase, erythrocyte

**Reported:**

Test performed Monday-Saturday.

**CPT Codes:**

84220-90

# Pyruvate, Blood

LAB744

## ORDERING

**Ordering Recommendations:**

PLEASE READ COLLECTION INSTRUCTIONS CAREFULLY BEFORE OBTAINING SAMPLES.

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Daily, weekdays

**Methodology:**

Enzymatic

**Reported:**

1-4 days

**Additional Information:**

To convert mmol/L (SI units) to conventional mg/dL, multiply by 8.77.

**Synonyms:**

- ICE
- DECANT

## COLLECTION

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred.

**Sample Type:**

Plasma filtrate

**Label Abbreviation:**

PYRU

**Collect:**

Special collection kit required

**Amount to Collect:**

2 mL blood (be sure to fill vacuatiner completely)

Note: If the patient cannot tolerate this volume contact the laboratory at x3-1667 and ask to speak to a Processing or Chemistry supervisor. The volume of blood that can be collected (minimum 1.0 mL) needs to be coordinated with the lab so we can create a special perchloric acid tube containing an equal volume of Perchloric acid for use in stabilizing the sample.

**Preferred Volume:**

2.5 mL plasma filtrate

**Minimum Volume:**

0.6 mL plasma filtrate

**Remarks:**

Note: If the patient cannot tolerate the 2 mL preferred volume, contact the laboratory at x3-1667 and ask to speak to a Processing or Chemistry supervisor. The volume of blood that can be collected (minimum 1.0 mL) needs to be coordinated with the lab so we can create a special perchloric acid tube containing an equal volume of Perchloric acid for use in stabilizing the sample.

Whole blood:

1. Collection kits containing a conical tube with 2 mL 7% Perchloric acid and 2 mL Lavender top (EDTA) vacutainers are available from the 5th Floor laboratory and the ACC phlebotomy area. Samples must be collected with this kit.
2. Place the tube containing 2 mL Perchloric acid in a cup of ice to chill
3. Draw 2 mL blood into a Lavender top (EDTA) vacutainer with minimum stasis (be sure the container fills completely) The second lavender top tube in the kit is for back-up purposes only.
4. Gently mix the EDTA sample by inversion 4-6 times
5. Carefully open the Perchloric acid tube (avoid skin contact with the Perchloric acid)
6. Using a gauze or safety wipe carefully remove the cap from the vacutainer to avoid creating droplets
7. Pour the entire contents of the vacutainer into the Perchloric acid tube
8. TIGHTLY cap the tube containing the blood/Perchloric acid mixture and mix vigorously by hand.
9. Attach a patient label to the conical tube containing the mixture
9. Place the tube back into the cup of ice and hand carry immediately to the lab for processing.

**Stability (from collection to initiation):**

Refrigerated 1 month, frozen at -20C 3 months

**Rejection Criteria:**

Sample not mixed with Perchloric acid within 30-60 seconds after collection. Not delivered on ice.

**PROCESSING****Test Code:**

PYRU

**Test Group:**

Pyruvate

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Provide sample to Chemistry staff immediately upon receipt.

Chemistry will centrifuge the chilled tube containing EDTA whole blood and 7% Perchloric acid for 10 minutes at 3000 rpm. Transfer the supernatant into a specimen vial and label with a Sunquest label. Record the approximate volume of the supernatant on the requisition. Freeze at -20C.

Store and ship the sample frozen. Order Quest # 765Z.

**Preferred Volume:**

2.5 mL plasma filtrate

**Minimum Volume:**

0.6 mL plasma filtrate

**Rejection Criteria:**

Sample not mixed with Perchloric acid within 30-60 seconds after collection. Not delivered on ice.

**Stability (from collection to initiation):**

Refrigerated 1 month, frozen at -20C 3 months

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

0.30 - 1.50 mg/dL

**Additional Information:**

To convert mmol/L (SI units) to conventional mg/dL, multiply by 8.77.

**ADMINISTRATIVE****CPT Codes:**

84210-90

**LOINC Codes:**

14121-8

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

PLEASE READ COLLECTION INSTRUCTIONS CAREFULLY BEFORE OBTAINING SAMPLES.

**Test Code:**

PYRU

**Test Group:**

Pyruvate

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Daily, weekdays

**Methodology:**

Enzymatic

**Patient Preparation:**

An 8 hour fast before specimen collection is preferred.

**Remarks:**

Note: If the patient cannot tolerate the 2 mL preferred volume, contact the laboratory at x3-1667 and ask to speak to a Processing or Chemistry supervisor. The volume of blood that can be collected (minimum 1.0 mL) needs to be coordinated with the lab so we can create a special perchloric acid tube containing an equal volume of Perchloric acid for use in stabilizing the sample.

Whole blood:

1. Collection kits containing a conical tube with 2 mL 7% Perchloric acid and 2 mL Lavender top (EDTA) vacutainers are available from the 5th Floor laboratory and the ACC phlebotomy area. Samples must be collected with this kit.
2. Place the tube containing 2 mL Perchloric acid in a cup of ice to chill
3. Draw 2 mL blood into a Lavender top (EDTA) vacutainer with minimum stasis (be sure the container fills completely) The second lavender top tube in the kit is for back-up purposes only.
4. Gently mix the EDTA sample by inversion 4-6 times
5. Carefully open the Perchloric acid tube (avoid skin contact with the Perchloric acid)
6. Using a gauze or safety wipe carefully remove the cap from the vacutainer to avoid creating droplets
7. Pour the entire contents of the vacutainer into the Perchloric acid tube
8. TIGHTLY cap the tube containing the blood/Perchloric acid mixture and mix vigorously by hand.
9. Attach a patient label to the conical tube containing the mixture
9. Place the tube back into the cup of ice and hand carry immediately to the lab for processing.

**Collect:**

Special collection kit required

**Amount to Collect:**

2 mL blood (be sure to fill vacutainer completely)

Note: If the patient cannot tolerate this volume contact the laboratory at x3-1667 and ask to speak to a Processing or Chemistry supervisor. The volume of blood that can be collected (minimum 1.0 mL) needs to be coordinated with the lab so we can create a special perchloric acid tube containing an equal volume of Perchloric acid for use in stabilizing the sample.



**Sample Type:**

Plasma filtrate

**Preferred Volume:**

2.5 mL plasma filtrate

**Minimum Volume:**

0.6 mL plasma filtrate

**Rejection Criteria:**

Sample not mixed with Perchloric acid within 30-60 seconds after collection. Not delivered on ice.

**Specimen Preparation:**

Provide sample to Chemistry staff immediately upon receipt.

Chemistry will centrifuge the chilled tube containing EDTA whole blood and 7% Perchloric acid for 10 minutes at 3000 rpm. Transfer the supernatant into a specimen vial and label with a Sunquest label. Record the approximate volume of the supernatant on the requisition. Freeze at -20C.

Store and ship the sample frozen. Order Quest # 765Z.

**Units:**

mg/dL

**Reference Interval:**

0.30 - 1.50 mg/dL

**Synonyms:**

- ICE
- DECANT

**Stability (from collection to initiation):**

Refrigerated 1 month, frozen at -20C 3 months

**Reported:**

1-4 days

**Additional Information:**

To convert mmol/L (SI units) to conventional mg/dL, multiply by 8.77.

**CPT Codes:**

84210-90

**LOINC Codes:**

14121-8

# Pyruvate, CSF

LAB3585

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enzymatic

**Reported:**

Set up Monday, Wednesday, Friday. Turn around time 3-5 days

**Synonyms:**

- Pyruvic acid

## COLLECTION

**Sample Type:**

CSF

**Label Abbreviation:**

PYRUC

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

2 mL CSF

**Preferred Volume:**

2 mL CSF

**Minimum Volume:**

1 mL CSF

**Remarks:**

Deliver to Clinical Laboratories immediately after collection for testing.

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 6 months.

**Rejection Criteria:**

Sample rec'd at room temperature.

## PROCESSING

**Test Code:**

PYRUC

**Test Group:**

Pyruvate

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

If specimen is not clear or contains blood, centrifuge and separate supernatant fluid before freezing. Transfer fluid aseptically into a sterile plastic conical tube for transport. Freeze immediately, transport to China Basin sendout frozen.

**Preferred Volume:**

2 mL CSF

**Minimum Volume:**

1 mL CSF

**Rejection Criteria:**

Sample rec'd at room temperature.

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 6 months.

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

0.50-1.70 mg/dL

**ADMINISTRATIVE****CPT Codes:**

84210-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PYRUC

**Test Group:**

Pyruvate

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Enzymatic

**Remarks:**

Deliver to Clinical Laboratories immediately after collection for testing.

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

2 mL CSF

**Sample Type:**

CSF

**Preferred Volume:**

2 mL CSF

**Minimum Volume:**

1 mL CSF

**Rejection Criteria:**

Sample rec'd at room temperature.

**Specimen Preparation:**

If specimen is not clear or contains blood, centrifuge and separate supernatant fluid before freezing. Transfer fluid aseptically into a sterile plastic concical tube for transport Freeze immediately, transport to China Basin sendout frozen.

**Units:**

mg/dL

**Reference Interval:**

0.50-1.70 mg/dL

**Synonyms:**

- Pyruvic acid

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 6 months.

**Reported:**

Set up Monday, Wednesday, Friday. Turn around time 3-5 days

**CPT Codes:**

84210-90

# Quantiferon-TB Gold Plus

LAB5257

## ORDERING

### Ordering Recommendations:

The QuantiFERON test detects the release of IFN-gamma released by whole blood lymphocytes after incubation with tuberculin purified protein derivative and phytohemagglutinin.

The test is intended for screening asymptomatic individuals who may be at risk for latent tuberculosis (recent immigrants, prisoners and prison/jail employees) or TB exposure (military, hospital personnel). In these settings it is equivalent but no better than skin testing.

QuantIFERON testing may be more specific than skin testing when screening individuals with a history of prior BCG vaccination.

It is NOT recommended for use in patients with symptoms of active TB (known to cause decreased IFN-G responses), contacts of patients with active TB, immunosuppressed patients, patients with diabetes, silicosis, chronic renal failure, leukemia, lymphoma, head/neck cancer, lung cancer, s/p gastrectomy or jejunioileal bypass. In these situations skin testing is recommended.

### Available Stat:

No

### Performing Lab:

Immunology

### Performed:

Tuesday and Friday (day shift)

### Methodology:

Chemiluminescent Immunoassay

### Reported:

5-7 days

### Synonyms:

- Tuberculosis
- TB
- TB skin test
- Interferon gamma
- IFN gamma

## COLLECTION

### Sample Type:

Blood

### Collect:

Requires special collection kit available from central laboratory containing:

|                          |                        |
|--------------------------|------------------------|
| QFT-Nil Control tube     | Gray cap, white ring   |
| QFT-TB1 Antigen tube     | Green cap, white ring  |
| QFT-TB2 Antigen tube     | Yellow cap, white ring |
| QFT-Mitogen Control tube | Purple cap, white ring |

Note: It is mandatory the tubes be filled correctly within the black line indicated on the tubes, underfilled or overfilled tubes will be rejected by lab.

### Amount to Collect:

4 mL blood, place 1 mL of blood into each tube in the collection kit

**Remarks:**

A set of four QuantiFERON-TB Gold Plus tubes (Gray cap/white ring, Green cap/white ring, Yellow cap/white ring and Purple cap/white ring) must be collected at the same time, with 1mL of blood in each tube.

Note: It is mandatory the tubes be filled correctly as underfilled or overfilled tubes will be rejected by the lab.

**INPATIENT:**

COLLECT SAMPLE 3 AM - 6:30 PM ON MONDAY - FRIDAY ONLY. DO NOT COLLECT SAMPLE ON WEEKEND OR UCSF OBSERVED HOLIDAYS

**OUTPATIENTS:**

COLLECT BETWEEN 7 AM - 6 PM ON MONDAY - FRIDAY ONLY BY UCSF LABORATORY STAFF AT OUR OUTPATIENT FACILITIES. DO NOT COLLECT SAMPLE ON WEEKEND OR UCSF OBSERVED HOLIDAYS.

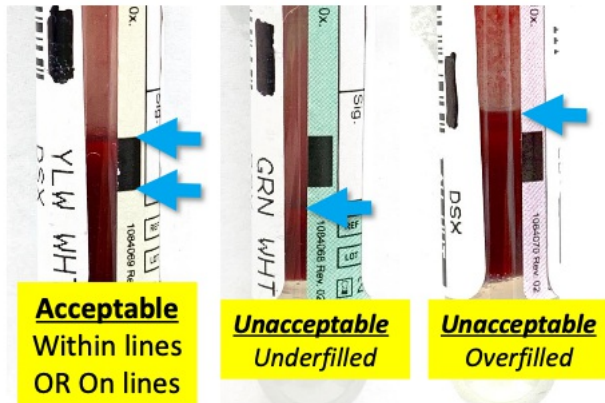
1. For Parnassus and Mission Bay inpatient only, pick up collection kits from Laboratory Central Processing.
2. Collect 1 ml of blood by venipuncture directly into each of the four tubes (Nil, TB1 Antigen, TB2 Antigen, Mitogen). Fill each tube up to the black mark indicated on the collection tube. Under or overfilling of the tubes may lead to erroneous results.
3. Mix the tubes by shaking firmly and vertically for 10 times and label tubes appropriately.
4. Please verify that all four collection tubes are collected with appropriate amount of blood (blood volume is within the black line indicated on the tube). Please do not stick label all around the tube, but allow sample level and black line visible to ease testing in the laboratory.
5. These are TIME SENSITIVE samples, please deliver the tubes to the Laboratory Central Processing immediately.

## Blood Draw for the Quantiferon TB test

- This sensitive test requires 1.0 mL of blood.
- Acceptable volume is within black fill marks on the tubes.
- To reduce patient redraws, follow these **THREE** steps:



**1) Fill blood within the black fill marks**



**2) Avoid placing label over black fill marks**



**3) Shake tube and down for 10 times**



**Wait additional 2-3 seconds at the end of blood draw for proper volume.**

**Stability (from collection to initiation):**

Samples need to be incubated at China Basin as soon as possible after collection (within 16 hours of collection).

**Storage/Transport Temperature:**

Room Temperature

**Unacceptable Conditions:**

Frozen or refrigerated samples. Improperly collected samples. Overfilled or underfilled tubes received.

Grossly hemolyzed, icteric or lipemic samples as well as samples with obvious microbial contamination.

## PROCESSING

**Test Code:**  
QFTBP

**Performing Lab:**  
Immunology

**Specimen Preparation:**

Accession the samples immediately upon receipt and send to Immunology Lab at China Basin at room temperature. Samples received after 6:30pm or 7pm, please send them with Microbiology Lab courier to China Basin Microbiology Lab. Please reject samples collected after 6:30pm that missed 8:30pm courier run.

Exception: Accept samples collected outside of "3am - 6:30pm Monday - Friday" from patients admitted for a kidney transplant at Parnassus only. The tubes will be delivered by kidney transplant unit staff to Central Processing Lab at Parnassus to accession. Send the samples to Microbiology Lab at China Basin for incubation and processing.

Please verify that all four collection tubes are collected with appropriate amount of blood (blood volume is within the black line indicated on the tube). Please do not stick label all around the tube, but allow sample level and black line visible to ease testing in the laboratory.

**Unacceptable Conditions:**

Frozen or refrigerated samples. Improperly collected samples. Overfilled or underfilled tubes received.

Grossly hemolyzed, icteric or lipemic samples as well as samples with obvious microbial contamination.

**Stability (from collection to initiation):**

Samples need to be incubated at China Basin as soon as possible after collection (within 16 hours of collection).

**Storage/Transport Temperature:**

Room Temperature

## RESULT INTERPRETATION

**Units:**

IU/mL

**Reference Interval:**

Negative

**Interpretive Data:**

Results Interpretation:

| Nil = QNIL (IU/mL) | TB1 - Nil = QTB1 (IU/mL)                | TB2-Nil = QTB2 (IU/mL)                  | Mitogen - Nil = QMIT (IU/mL) | QTF-Plus Result and Interpretation                                            |
|--------------------|-----------------------------------------|-----------------------------------------|------------------------------|-------------------------------------------------------------------------------|
| <= 8.0             | < 0.35 OR >= 0.35 and <25% of Nil value | < 0.35 OR >= 0.35 and <25% of Nil value | >= 0.5                       | Negative<br>M. tuberculosis infection NOT likely                              |
| <= 8.0             | >= 0.35 AND >= 25% of Nil value         | Any                                     | Any                          | Positive<br>M. tuberculosis infection likely                                  |
| <= 8.0             | Any                                     | >= 0.35 AND >= 25% of Nil value         | Any                          | Positive<br>M. tuberculosis infection likely                                  |
| <= 8.0             | < 0.35 OR >= 0.35 and <25% of Nil value | < 0.35 OR >= 0.35 and <25% of Nil value | < 0.5                        | Indeterminate<br>Likelihood of M. tuberculosis infection cannot be determined |
| > 8.0              | Any                                     | Any                                     | Any                          | Indeterminate<br>Likelihood of M. tuberculosis infection cannot be determined |

A negative QuantiFERON-TB Gold Plus result does not preclude the possibility of Mycobacterium tuberculosis infection or tuberculosis disease. Falsely negative results can be due to the stage of infection, conditions that affect immune functions, improper blood sample collection or handling of the specimen.

A positive QuantiFERON-TB Gold Plus result indicates that a Mycobacterium tuberculosis infection is very likely. False-positive QuantiFERON-TB Gold Plus result may occur due to improper preanalytical processing of the QuantiFERON-TB Gold Plus tubes, prior infection with certain other mycobacteria or biologic variability. Positive results should be confirmed with other clinical, exposure, and laboratory findings.

Test is not interpretable with indeterminate result. An indeterminate QuantiFERON-TB Gold Plus result suggests possible preanalytic error or individual patient related factors.

## ADMINISTRATIVE

**CPT Codes:**

86481

**LOINC Codes:**

71775-1 - QUANTIFERON®-TB GOLD PLUS Panel code  
71776-9 - NIL  
64084-7 - TB1-NIL  
88517-8 - TB2-NIL  
71774-4 - MITOGEN-NIL  
71773-6 - QUANTIFERON®-TB GOLD PLUS Result

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

The QuantiFERON test detects the release of IFN-gamma released by whole blood lymphocytes after incubation with tuberculin purified protein derivative and phytohemagglutinin.

The test is intended for screening asymptomatic individuals who may be at risk for latent tuberculosis (recent immigrants, prisoners and prison/jail employees) or TB exposure (military, hospital personnel). In these settings it is equivalent but no better than skin testing.

QuantiFERON testing may be more specific than skin testing when screening individuals with a history of prior BCG vaccination.

It is NOT recommended for use in patients with symptoms of active TB (known to cause decreased IFN-G responses), contacts of patients with active TB, immunosuppressed patients, patients with diabetes, silicosis, chronic renal failure, leukemia, lymphoma, head/neck cancer, lung cancer, s/p gastrectomy or jejunioileal bypass. In these situations skin testing is recommended.

**Test Code:**

QFTBP

**Performing Lab:**

Immunology

**Performed:**

Tuesday and Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Remarks:**

A set of four QuantiFERON-TB Gold Plus tubes (Gray cap/white ring, Green cap/white ring, Yellow cap/white ring and Purple cap/white ring) must be collected at the same time, with 1mL of blood in each tube.

Note: It is mandatory the tubes be filled correctly as underfilled or overfilled tubes will be rejected by the lab.

**INPATIENT:**

COLLECT SAMPLE 3 AM - 6:30 PM ON MONDAY - FRIDAY ONLY. DO NOT COLLECT SAMPLE ON WEEKEND OR UCSF OBSERVED HOLIDAYS

**OUTPATIENTS:**

COLLECT BETWEEN 7 AM - 6 PM ON MONDAY - FRIDAY ONLY BY UCSF LABORATORY STAFF AT OUR OUTPATIENT FACILITIES. DO NOT COLLECT SAMPLE ON WEEKEND OR UCSF OBSERVED HOLIDAYS.

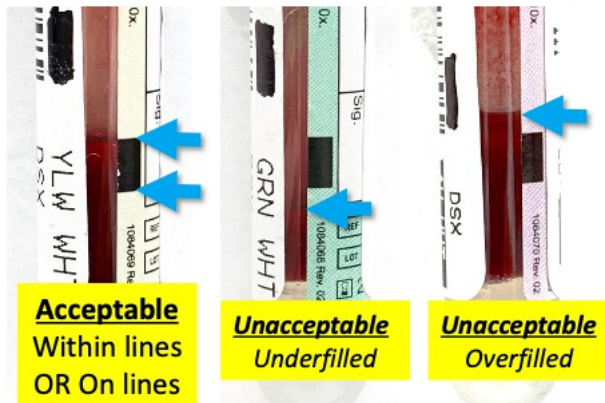
1. For Parnassus and Mission Bay inpatient only, pick up collection kits from Laboratory Central Processing.
2. Collect 1 ml of blood by venipuncture directly into each of the four tubes (Nil, TB1 Antigen, TB2 Antigen, Mitogen). Fill each tube up to the black mark indicated on the collection tube. Under or overfilling of the tubes may lead to erroneous results.
3. Mix the tubes by shaking firmly and vertically for 10 times and label tubes appropriately.
4. Please verify that all four collection tubes are collected with appropriate amount of blood (blood volume is within the black line indicated on the tube). Please do not stick label all around the tube, but allow sample level and black line visible to ease testing in the laboratory.
5. These are TIME SENSITIVE samples, please deliver the tubes to the Laboratory Central Processing immediately.

## Blood Draw for the Quantiferon TB test

- This sensitive test requires 1.0 mL of blood.
- Acceptable volume is within black fill marks on the tubes.
- To reduce patient redraws, follow these **THREE** steps:



**1) Fill blood within the black fill marks**



**Wait additional 2-3 seconds at the end of blood draw for proper volume.**



**2) Avoid placing label over black fill marks**



**3) Shake tube and down for 10 times**

**Collect:**

Requires special collection kit available from central laboratory containing:

|                          |                        |
|--------------------------|------------------------|
| QFT-Nil Control tube     | Gray cap, white ring   |
| QFT-TB1 Antigen tube     | Green cap, white ring  |
| QFT-TB2 Antigen tube     | Yellow cap, white ring |
| QFT-Mitogen Control tube | Purple cap, white ring |

Note: It is mandatory the tubes be filled correctly within the black line indicated on the tubes, underfilled or overfilled tubes will be rejected by lab.

**Amount to Collect:**

4 mL blood, place 1 mL of blood into each tube in the collection kit



**Sample Type:**

Blood

**Unacceptable Conditions:**

Frozen or refrigerated samples. Improperly collected samples. Overfilled or underfilled tubes received.

Grossly hemolyzed, icteric or lipemic samples as well as samples with obvious microbial contamination.

**Specimen Preparation:**

Accession the samples immediately upon receipt and send to Immunology Lab at China Basin at room temperature.

Samples received after 6:30pm or 7pm, please send them with Microbiology Lab courier to China Basin Microbiology Lab.

Please reject samples collected after 6:30pm that missed 8:30pm courier run.

Exception: Accept samples collected outside of "3am - 6:30pm Monday - Friday" from patients admitted for a kidney transplant at Parnassus only. The tubes will be delivered by kidney transplant unit staff to Central Processing Lab at Parnassus to accession. Send the samples to Microbiology Lab at China Basin for incubation and processing.

Please verify that all four collection tubes are collected with appropriate amount of blood (blood volume is within the black line indicated on the tube). Please do not stick label all around the tube, but allow sample level and black line visible to ease testing in the laboratory.

**Units:**

IU/mL

**Reference Interval:**

Negative

**Interpretive Data:**

Results Interpretation:

| Nil = QNIL (IU/mL) | TB1 - Nil = QTB1 (IU/mL)                          | TB2-Nil = QTB2 (IU/mL)                            | Mitogen - Nil = QMIT (IU/mL) | QTF-Plus Result and Interpretation                                            |
|--------------------|---------------------------------------------------|---------------------------------------------------|------------------------------|-------------------------------------------------------------------------------|
| $\leq 8.0$         | $< 0.35$ OR $\geq 0.35$ and $< 25\%$ of Nil value | $< 0.35$ OR $\geq 0.35$ and $< 25\%$ of Nil value | $\geq 0.5$                   | Negative<br>M. tuberculosis infection NOT likely                              |
| $\leq 8.0$         | $\geq 0.35$ AND $\geq 25\%$ of Nil value          | Any                                               | Any                          | Positive<br>M. tuberculosis infection likely                                  |
| $\leq 8.0$         | Any                                               | $\geq 0.35$ AND $\geq 25\%$ of Nil value          | Any                          | Positive<br>M. tuberculosis infection likely                                  |
| $\leq 8.0$         | $< 0.35$ OR $\geq 0.35$ and $< 25\%$ of Nil value | $< 0.35$ OR $\geq 0.35$ and $< 25\%$ of Nil value | $< 0.5$                      | Indeterminate<br>Likelihood of M. tuberculosis infection cannot be determined |
| $> 8.0$            | Any                                               | Any                                               | Any                          | Indeterminate<br>Likelihood of M. tuberculosis infection cannot be determined |

A negative QuantiFERON-TB Gold Plus result does not preclude the possibility of Mycobacterium tuberculosis infection or tuberculosis disease. Falsely negative results can be due to the stage of infection, conditions that affect immune functions, improper blood sample collection or handling of the specimen.

A positive QuantiFERON-TB Gold Plus result indicates that a Mycobacterium tuberculosis infection is very likely. False-positive QuantiFERON-TB Gold Plus result may occur due to improper preanalytical processing of the QuantiFERON-TB Gold Plus tubes, prior infection with certain other mycobacteria or biologic variability. Positive results should be confirmed with other clinical, exposure, and laboratory findings.

Test is not interpretable with indeterminate result. An indeterminate QuantiFERON-TB Gold Plus result suggests possible preanalytic error or individual patient related factors.

**Synonyms:**

- Tuberculosis
- TB
- TB skin test
- Interferon gamma
- IFN gamma

**Storage/Transport Temperature:**

Room Temperature

**Stability (from collection to initiation):**

Samples need to be incubated at China Basin as soon as possible after collection (within 16 hours of collection).

**Reported:**

5-7 days

**CPT Codes:**

86481

**LOINC Codes:**

71775-1 - QUANTIFERON®-TB GOLD PLUS Panel code

71776-9 - NIL

64084-7 - TB1-NIL

88517-8 - TB2-NIL

71774-4 - MITOGEN-NIL

71773-6 - QUANTIFERON®-TB GOLD PLUS Result

# Quantitative Amino Acids, Plasma

LAB5320

## ORDERING

### Ordering Recommendations:

This test should only be ordered for new diagnostic workup of patients with suspected disorders of amino acid metabolism. It should not be used for previously diagnosed patients for monitoring amino acid levels in response to treatment. For monitoring order "Quantitative Amino Acids, Plasma" test code "AMACP".

### Approval Required:

Yes, if not ordered by Genetics or neurology. If ordered in previously diagnosed patients (see Utilization Guideleines)

### Available Stat:

No, however, in exceptional circumstances when there is a need for rapid testing, courier transport to Stanford can be arranged. Please contact central processing to arrange (see 'Processing notes'). Samples for rapid testing must be accompanied by a completed test request form (see 'Additional Information').

### Performing Lab:

Lucille-Packard Children's Hospital

### Methodology:

Ion Exchange Chromatography

### Reported:

Set up as needed, at least 2x a week. Turnaround time: One week.

### Additional Information:

Samples for rapid testing must be accompanied by a completed [test request form](#). Please contact central processing to arrange for this testing.

### Synonyms:

- Glycine
- Homocystine
- Tyrosine
- Alpha-keto acids
- Arginine
- Arginosuccinase deficiency
- Arginosuccinate Lyase deficiency
- Aspartate
- Aspartic acid
- Beta-aminoisobutyric acid
- Citrulline
- Cystathionine
- Cystathionuria
- Ethanolamine
- FeCl3 Screen
- Ferric chloride screen
- Glutamic acid
- Histidine
- Isoleucine
- Leucine
- Lysine
- Methionine
- Ornithine
- Sarcosine
- Serine
- Taurine
- Threonine
- Valine
- Arginosuccinic acid
- Glutamine
- Stanford Rapid Amino Acids

### Supplemental Test Request Form Required:

Yes

## COLLECTION

### Patient Preparation:

A 4 hour fast before specimen collection is preferred. If the patient has not been fasting indicate that on the test order.

The test request should be accompanied by a brief clinical history, the tentative diagnosis, and a listing of drugs, x-rays, infant formula or dietary therapy administered within the previous 3 days.

**Sample Type:**

Heparinized plasma, serum acceptable

**Collect:**

Dark Green top or Light Green top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Remarks:**

If a disorder of the urea cycle is suspected, specify that the laboratory should look for argininosuccinic acid, as well. If abnormal, will comment if present. Call for phone consult with Dr. Tina Cowan (650) 724-7858

**PROCESSING****Test Code:**

AAQTS

**Test Group:**

Amino Acids

**Sendout:**

Yes

**Performing Lab:**

Lucille-Packard Children's Hospital

**Specimen Preparation:**

Freeze at -20C.

For requests for 'stat' testing contact MEDSPEED courier at 877-790-5122 and request Stat courier to Stanford at 3373 Hillview Ave. Palo Alto, CA 94304. Provide courier with the pick-up location, type of sample (frozen) and number of samples.

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**RESULT INTERPRETATION****Reference Interval:**

See report

**Additional Information:**

Samples for rapid testing must be accompanied by a completed [test request form](#). Please contact central processing to arrange for this testing.

**ADMINISTRATIVE****CPT Codes:**

82139-90

**LOINC Codes:**

12176-4

**COMPLETE VIEW****Approval Required:**

Yes, if not ordered by Genetics or neurology. If ordered in previously diagnosed patients (see Utilization Guideleines)

**Available Stat:**

No, however, in exceptional circumstances when there is a need for rapid testing, courier transport to Stanford can be arranged. Please contact central processing to arrange (see 'Processing notes'). Samples for rapid testing must be accompanied by a completed test request form (see 'Additional Information').

**Ordering Recommendations:**

This test should only be ordered for new diagnostic workup of patients with suspected disorders of amino acid metabolism. It should not be used for previously diagnosed patients for monitoring amino acid levels in response to treatment. For monitoring order "Quantitative Amino Acids, Plasma" test code "AMACP".

**Test Code:**

AAQTS

**Test Group:**

Amino Acids

**Performing Lab:**

Lucille-Packard Children's Hospital

**Sendout:**

Yes

**Methodology:**

Ion Exchange Chromatography

**Patient Preparation:**

A 4 hour fast before specimen collection is preferred. If the patient has not been fasting indicate that on the test order.

The test request should be accompanied by a brief clinical history, the tentative diagnosis, and a listing of drugs, x-rays, infant formula or dietary therapy administered within the previous 3 days.

**Remarks:**

If a disorder of the urea cycle is suspected, specify that the laboratory should look for argininosuccinic acid, as well. If abnormal, will comment if present. Call for phone consult with Dr. Tina Cowan (650) 724-7858

**Collect:**

Dark Green top or Light Green top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Heparinized plasma, serum acceptable

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Specimen Preparation:**

Freeze at -20C.

For requests for 'stat' testing contact MEDSPEED courier at 877-790-5122 and request Stat courier to Stanford at 3373 Hillview Ave. Palo Alto, CA 94304. Provide courier with the pick-up location, type of sample (frozen) and number of samples.

**Reference Interval:**

See report

**Synonyms:**

- Glycine
- Homocystine
- Tyrosine
- Alpha-keto acids
- Arginine
- Arginosuccinase deficiency
- Arginosuccinate Lyase deficiency
- Aspartate
- Aspartic acid
- Beta-aminoisobutyric acid
- Citrulline
- Cystathionine
- Cystathionuria
- Ethanolamine
- FeCl3 Screen
- Ferric chloride screen
- Glutamic acid
- Histidine
- Isoleucine
- Leucine
- Lysine
- Methionine
- Ornithine
- Sarcosine
- Serine
- Taurine
- Threonine
- Valine
- Arginosuccinic acid
- Glutamine
- Stanford Rapid Amino Acids

**Reported:**

Set up as needed, at least 2x a week. Turnaround time: One week.

**Additional Information:**

Samples for rapid testing must be accompanied by a completed [test request form](#). Please contact central processing to arrange for this testing.

**CPT Codes:**

82139-90

**LOINC Codes:**

12176-4

**Supplemental Test Request Form Required:**

Yes

# Quinidine

LAB5491

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

FPIA

**Reported:**

Test performed daily. Turnaround time 5 - 7 days.

**Synonyms:**

- Cardioquin
- Quinidex

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

QUIND

**Collect:**Red top (Gold top **NOT** acceptable), Lavendar top, Dark green top, Light green top**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Remarks:**

Collect specimen as a trough

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week.

**Unacceptable Conditions:**

Collected in Gold top.

## PROCESSING

**Test Code:**

QUIND

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate serum and refrigerate. Order Quest # 66944P

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Unacceptable Conditions:**

Collected in Gold top.

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week.

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 2.0-5.0 mg/L

**Critical Values:**UCSF:  $\geq 5$  mg/LQuest priority-1:  $\geq 10$  mg/L**ADMINISTRATIVE****CPT Codes:**

80194-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

QUIND

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

FPIA

**Remarks:**

Collect specimen as a trough

**Collect:**Red top (Gold top **NOT** acceptable), Lavendar top, Dark green top, Light green top**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Unacceptable Conditions:**

Collected in Gold top.

**Specimen Preparation:**

Separate serum and refrigerate. Order Quest # 66944P

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 2.0-5.0 mg/L

**Critical Values:**UCSF:  $\geq 5$  mg/LQuest priority-1:  $\geq 10$  mg/L**Synonyms:**

- Cardioquin
- Quinidex

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week.

**Reported:**

Test performed daily. Turnaround time 5 - 7 days.

**CPT Codes:**

80194-90



# Rabies Vaccine Response

RABET

## ORDERING

**Available Stat:**

No

**Performing Lab:**

K-State rabies Laboratory via Quest

**Methodology:**

Rapid fluorescent focus inhibition

**Reported:**

Test set up Monday and Thursday. Turn around time 7-10 days

**Additional Information:**

In humans, a titer of 1:5 or greater is considered acceptable as per ACIP. If the end point titer is <1:5, recommend booster vaccination be given.

**Synonyms:**

- Rabies, Antibody, Post-exposure immunization
- Rabies, Antibody, Prophylactic immunization
- RABE
- Rabies vaccine response
- Rabies Antibody, Post-vaccination titer

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top or Red top

**Amount to Collect:**

5 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Stability (from collection to initiation):**

Refrigerated 2 weeks, frozen at -20C 4 weeks.

**Unacceptable Conditions:**

Gross hemolysis or lipemia.

## PROCESSING

**Test Code:**

RABET

**Sendout:**

Yes

**Performing Lab:**

K-State rabies Laboratory via Quest

**Specimen Preparation:**

Refrigerate serum. Order Quest test # 141283P

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Gross hemolysis or lipemia.

**Stability (from collection to initiation):**

Refrigerated 2 weeks, frozen at -20C 4 weeks.

## RESULT INTERPRETATION

**Units:**

IU/mL

**Reference Interval:**

A result  $\geq 0.1$  IU/mL is considered acceptable per ACIP.

**Additional Information:**

In humans, a titer of 1:5 or greater is considered acceptable as per ACIP. If the end point titer is  $<1:5$ , recommend booster vaccination be given.

**ADMINISTRATIVE****CPT Codes:**

86317-90

**LOINC Codes:**

43590-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

RABET

**Performing Lab:**

K-State rabies Laboratory via Quest

**Sendout:**

Yes

**Methodology:**

Rapid fluorescent focus inhibition

**Collect:**

Gold top or Red top

**Amount to Collect:**

5 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Gross hemolysis or lipemia.

**Specimen Preparation:**

Refrigerate serum. Order Quest test # 141283P

**Units:**

IU/mL

**Reference Interval:**

A result  $\geq 0.1$  IU/mL is considered acceptable per ACIP.

**Synonyms:**

- Rabies, Antibody, Post-exposure immunization
- Rabies, Antibody, Prophylactic immunization
- RABE
- Rabies vaccine response
- Rabies Antibody, Post-vaccination titer

**Stability (from collection to initiation):**

Refrigerated 2 weeks, frozen at  $-20^{\circ}\text{C}$  4 weeks.

**Reported:**

Test set up Monday and Thursday. Turn around time 7-10 days

**Additional Information:**

In humans, a titer of 1:5 or greater is considered acceptable as per ACIP. If the end point titer is  $<1:5$ , recommend booster vaccination be given.

**CPT Codes:**

86317-90

**LOINC Codes:**

43590-9

# Rabies, Antigen (DFA) & Culture

LAB5088

## ORDERING

**Available Stat:**

No

**Performing Lab:**

California Department of Public Health, CDC

## COLLECTION

**Sample Type:**

Skin biopsy, Saliva, CSF

**Collect:**

Red top , sputum cup, CSF tube or sterile collection tube

**Remarks:**

Call Microbiology (415-353-1268) for assistance in arranging specimen collection and referral to State Viral and Rickettsial Diseases Laboratory via SFPH.

Submit all sample types whenever possible: saliva, CSF, serum, and skin biopsy of posterior hairline.

For cases of suspected human rabies, call the VRDL Medical Epidemiology and Liaison Section (MELS) at 510-307-8585 for a consultation.

## PROCESSING

**Test Code:**

P319

**Test Group:**

Rabies

**Sendout:**

Yes

**Performing Lab:**

California Department of Public Health, CDC

## RESULT INTERPRETATION

**Reference Interval:**

Negative

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P319

**Test Group:**

Rabies

**Performing Lab:**

California Department of Public Health, CDC

**Sendout:**

Yes

**Remarks:**

Call Microbiology (415-353-1268) for assistance in arranging specimen collection and referral to State Viral and Rickettsial Diseases Laboratory via SFPH.

Submit all sample types whenever possible: saliva, CSF, serum, and skin biopsy of posterior hairline.

For cases of suspected human rabies, call the VRDL Medical Epidemiology and Liaison Section (MELS) at 510-307-8585 for a consultation.

**Collect:**

Red top , sputum cup, CSF tube or sterile collection tube

**Sample Type:**

Skin biopsy, Saliva, CSF

**Reference Interval:**  
Negative

# Rapid Plasma Reagin (RPR) with Reflex to Titer (Monitor)

LAB8345

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Weekdays (day shift)

**Methodology:**

Agglutination

**Reported:**

1-5 days

**Additional Information:**

This test should only be ordered in known positive patients in whom the RPR titer is being followed to assess treatments. Positive results will be automatically reflex tested for titer.

To screen for syphilis in patients with unknown status, please order RPRSCR - Syphilis Screen by RPR w/Reflex to Treponemal Ab.

**Reflex Testing:**

Yes, if positive titer will be performed at an additional charge.

**Synonyms:**

- Prenatal screening
- congenital infection
- prenatal infection
- Syphilis
- Treponema pallidum
- TPAB

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated, 2 - 8 C: up to 7 days

Frozen, -20 C or colder: 14 days

**Storage/Transport Temperature:**

Refrigerated

**Rejection Criteria:**

Grossly lipemic, hemolysed or contaminated samples.

## PROCESSING

**Test Code:**

RPRF

**Test Group:**

Syphilis

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerate sample

**Preferred Volume:**

0.5 mL serum

**Rejection Criteria:**

Grossly lipemic, hemolysed or contaminated samples.

**Stability (from collection to initiation):**

Refrigerated, 2 - 8 C: up to 7 days  
Frozen, -20 C or colder: 14 days

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

Non-reactive

**Additional Information:**

This test should only be ordered in known positive patients in whom the RPR titer is being followed to assess treatments. Positive results will be automatically reflex tested for titer.

To screen for syphilis in patients with unknown status, please order RPRSCR - Syphilis Screen by RPR w/Reflex to Treponemal Ab.

**ADMINISTRATIVE****CPT Codes:**

86592

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

RPRF

**Test Group:**

Syphilis

**Performing Lab:**

Immunology

**Performed:**

Weekdays (day shift)

**Methodology:**

Agglutination

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Rejection Criteria:**

Grossly lipemic, hemolysed or contaminated samples.

**Specimen Preparation:**

Refrigerate sample

**Reference Interval:**

Non-reactive

**Synonyms:**

- Prenatal screening
- congenital infection
- prenatal infection
- Syphilis
- Treponema pallidum
- TPAB

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated, 2 - 8 C: up to 7 days  
Frozen, -20 C or colder: 14 days

**Reported:**

1-5 days

**Reflex Testing:**

Yes, if positive titer will be performed at an additional charge.

**Additional Information:**

This test should only be ordered in known positive patients in whom the RPR titer is being followed to assess treatments. Positive results will be automatically reflex tested for titer.

To screen for syphilis in patients with unknown status, please order RPRSCR - Syphilis Screen by RPR w/Reflex to Treponemal Ab.

**CPT Codes:**

86592

# Rapid Plasma Reagin (RPR) with Reflex to Treponemal Antibody

LAB9102

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Weekdays (day shift)

**Methodology:**

Agglutination

**Reported:**

1-5 days

**Additional Information:**

RPR is a non-treponemal syphilis test using a cardiolipin substrate. Positive results will automatically be titrated and reflex to the Treponemal Antibody Screen (TREPAB) at additional charge. Positive results on both tests provide strong evidence of syphilis. However, false positive tests can be seen in association with autoimmune disease, and cross-reactivity occurs with non-syphilis treponemal infections.

Successful treatment of syphilis is generally indicated by loss of RPR positivity.

**Reflex Testing:**

Yes. If positive, titer and Treponemal Ab will be performed at additional charge.

**Synonyms:**

- TPAB
- Treponema pallidum
- Syphilis
- prenatal infection
- congenital infection
- prenatal screening

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

1 mL serum

**Remarks:**

Avoid hemolysis, transport to laboratory as soon as possible. If transport is delayed refrigerate the sample.

**Stability (from collection to initiation):**

Refrigerated, 2 - 8 C: up to 7 days

Frozen, -20 C or colder: 14 days

**Storage/Transport Temperature:**

Refrigerated

**Rejection Criteria:**

Grossly lipemic, hemolysed or contaminated samples.

## PROCESSING

**Test Code:**

RPRSCR

**Test Group:**

Syphilis

**Performing Lab:**

Immunology



**Preferred Volume:**

1 mL serum

**Minimum Volume:**

1 mL serum

**Rejection Criteria:**

Grossly lipemic, hemolysed or contaminated samples.

**Stability (from collection to initiation):**

Refrigerated, 2 - 8 C: up to 7 days

Frozen, -20 C or colder: 14 days

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

Non-reactive

**Additional Information:**

RPR is a non-treponemal syphilis test using a cardiolipin substrate. Positive results will automatically be titrated and reflex to the Treponemal Antibody Screen (TREPAB) at additional charge. Positive results on both tests provide strong evidence of syphilis. However, false positive tests can be seen in association with autoimmune disease, and cross-reactivity occurs with non-syphilis treponemal infections.

Successful treatment of syphilis is generally indicated by loss of RPR positivity.

**ADMINISTRATIVE****CPT Codes:**

86592

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

RPRSCR

**Test Group:**

Syphilis

**Performing Lab:**

Immunology

**Performed:**

Weekdays (day shift)

**Methodology:**

Agglutination

**Remarks:**

Avoid hemolysis, transport to laboratory as soon as possible. If transport is delayed refrigerate the sample.

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

1 mL serum

**Rejection Criteria:**

Grossly lipemic, hemolysed or contaminated samples.

**Reference Interval:**

Non-reactive

**Synonyms:**

- TPAB
- Treponema pallidum
- Syphilis
- prenatal infection
- congenital infection
- prenatal screening

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated, 2 - 8 C: up to 7 days

Frozen, -20 C or colder: 14 days

**Reported:**

1-5 days

**Reflex Testing:**

Yes. If positive, titer and Treponemal Ab will be performed at additional charge.

**Additional Information:**

RPR is a non-treponemal syphilis test using a cardiolipin substrate. Positive results will automatically be titrated and reflex to the Treponemal Antibody Screen (TREPAB) at additional charge. Positive results on both tests provide strong evidence of syphilis. However, false positive tests can be seen in association with autoimmune disease, and cross-reactivity occurs with non-syphilis treponemal infections.

Successful treatment of syphilis is generally indicated by loss of RPR positivity.

**CPT Codes:**

86592

# RARA (17q21.2) Rearrangement FISH

RARA, BRARA

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7-14 days

**Synonyms:**

- RARA
- BRARA
- 17q21 break-apart FISH

## COLLECTION

**Sample Type:**

blood, bone marrow aspirate, bone marrow core

**Collect:**

Blood and bone marrow aspirate: Dark green top

Bone marrow core: Sterile container

**Amount to Collect:**

See Preferred Volume

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

Blood: BRARA

Bone marrow: RARA

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**  
Room temperature

## ADMINISTRATIVE

**CPT Codes:**  
88271x2, 88275x1

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
Blood: BRARA  
Bone marrow: RARA

**Performing Lab:**  
Cytogenetics

**Performed:**  
Monday - Friday, 9 am to 5 pm

**Methodology:**  
FISH

**Collect:**  
Blood and bone marrow aspirate: Dark green top  
Bone marrow core: Sterile container

**Amount to Collect:**  
See Preferred Volume

**Sample Type:**  
blood, bone marrow aspirate, bone marrow core

**Preferred Volume:**  
Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Minimum Volume:**  
Blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow core: 1 cm

**Unacceptable Conditions:**  
Clotted samples. Samples received refrigerated or frozen.

**Synonyms:**

- RARA
- BRARA
- 17q21 break-apart FISH

**Storage/Transport Temperature:**  
Room temperature

**Stability (from collection to initiation):**  
2 days

**Reported:**  
7-14 days

**CPT Codes:**  
88271x2, 88275x1

# RBC Associated Drug Antibodies

LAB1007

## ORDERING

**Approval Required:**

Yes, Contact Blood Bank Resident at x3-1313 (Moffitt-Long) or 6-1404 (Mission Bay).

**Available Stat:**

No

**Performing Lab:**

American Red Cross Immunhematology Reference Lab (Pomona, CA)

**Performed:**

Test set up Monday-Friday.

**Reported:**

4-7 days

**Additional Information:**

Testing includes a direct Coombs test (DAT), eluate and/or serum testing with drug-treated RBCs and/or in the presence of a solution of the drug (dependent upon drug under investigation); possible additional testing may be performed as needed.

Transfusion Service MDs will discuss case with the reference lab to determine if a sample of the drug is needed or not.

When indicated, a vial of the drug or 2-4 capsules/tablets should be provided for testing. Powder forms of drug should not be dissolved prior to sending.

**Synonyms:**

- Drug-induced hemolytic anemia investigation
- BOLT

## COLLECTION

**Sample Type:**

Serum and EDTA anti-coagulated whole blood

A sample of some suspected drugs may also be required (see Additional Information section).

**Label Abbreviation:**

BOLT

**Collect:**

2 Red tops, 2 Lavender tops

**Amount to Collect:**

Red top: 2 x 10 mL blood

Labender (EDTA) top: 2 x 6 mL

**Preferred Volume:**

12 mL whole blood, 8 mL Serum

**Minimum Volume:**

12 mL whole blood, 8 mL Serum

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample, or phlebotomist ID.

Name of the suspected drug(s) should be included in the order.

**Unacceptable Conditions:**

Mislabeled or unlabeled sample, phlebotomist ID or name not documented on label.

## PROCESSING

**Test Code:**

BOLT

**Sendout:**

Yes

**Performing Lab:**

American Red Cross Immunhematology Reference Lab (Pomona, CA)

**Specimen Preparation:**

Send samples to blood bank to be shipped to American Red Cross Reference Lab. Do not separate plasma or serum.

**Preferred Volume:**

12 mL whole blood, 8 mL Serum

**Minimum Volume:**

12 mL whole blood, 8 mL Serum

**Unacceptable Conditions:**

Mislabelled or unlabeled sample, phlebotomist ID or name not documented on label.

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Testing includes a direct Coombs test (DAT), eluate and/or serum testing with drug-treated RBCs and/or in the presence of a solution of the drug (dependent upon drug under investigation); possible additional testing may be performed as needed.

Transfusion Service MDs will discuss case with the reference lab to determine if a sample of the drug is needed or not.

When indicated, a vial of the drug or 2-4 capsules/tablets should be provided for testing. Powder forms of drug should not be dissolved prior to sending.

**COMPLETE VIEW****Approval Required:**

Yes, Contact Blood Bank Resident at x3-1313 (Moffitt-Long) or 6-1404 (Mission Bay).

**Available Stat:**

No

**Test Code:**

BOLT

**Performing Lab:**

American Red Cross Immunhematology Reference Lab (Pomona, CA)

**Sendout:**

Yes

**Performed:**

Test set up Monday-Friday.

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample, or phlebotomist ID.

Name of the suspected drug(s) should be included in the order.

**Collect:**

2 Red tops, 2 Lavender tops

**Amount to Collect:**

Red top: 2 x 10 mL blood

Lavender (EDTA) top: 2 x 6 mL

**Sample Type:**

Serum and EDTA anti-coagulated whole blood

A sample of some suspected drugs may also be required (see Additional Information section).

**Preferred Volume:**

12 mL whole blood, 8 mL Serum

**Minimum Volume:**

12 mL whole blood, 8 mL Serum

**Unacceptable Conditions:**

Mislabelled or unlabeled sample, phlebotomist ID or name not documented on label.

**Specimen Preparation:**

Send samples to blood bank to be shipped to American Red Cross Reference Lab. Do not separate plasma or serum.

**Reference Interval:**

Negative

**Synonyms:**

- Drug-induced hemolytic anemia investigation
- BOLT

**Reported:**

4-7 days

**Additional Information:**

Testing includes a direct Coombs test (DAT), eluate and/or serum testing with drug-treated RBCs and/or in the presence of a solution of the drug (dependent upon drug under investigation); possible additional testing may be performed as needed.

Transfusion Service MDs will discuss case with the reference lab to determine if a sample of the drug is needed or not. When indicated, a vial of the drug or 2-4 capsules/tablets should be provided for testing. Powder forms of drug should not be dissolved prior to sending.

# RBC Band 3 Protein Reduction in Hereditary Spherocytosis

LAB6909

## ORDERING

**Ordering Recommendations:**

Use to confirm diagnosis of hereditary spherocytosis when hemolytic anemia and spherocytes are present.

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Qualitative Flow Cytometry

**Reported:**

1-3 days

**Additional Technical Information:**

- Time Sensitive
- [Additional Technical Information](#)

**Synonyms:**

- Hereditary Spherocytosis, EMA, BAND 3, Osmotic Fragility
- HS hemolytic anema assay
- RBCB3

## COLLECTION

**Sample Type:**

Blood

**Label Abbreviation:**

RBCB3

**Collect:**

Lavender (EDTA) or green (sodium or lithium heparin).

**Preferred Volume:**

4 mL

**Minimum Volume:**

0.5 mL

**Remarks:**

Specimens must be analyzed within 7 days of collection.

**Stability (from collection to initiation):**

Ambient: 3 days; Refrigerated: 7 days; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Clotted or grossly hemolyzed specimens, ambient samples >3 days, refrigerated samples >7 days, bone marrow.

## PROCESSING

**Test Code:**

RBCB3

**ARUP Test Code:**

2008460

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transport 4 mL whole blood in the original container. (Min: 0.5 mL)

**Preferred Volume:**

4 mL

**Minimum Volume:**

0.5 mL



**Unacceptable Conditions:**

Clotted or grossly hemolyzed specimens, ambient samples >3 days, refrigerated samples >7 days, bone marrow.

**Stability (from collection to initiation):**

Ambient: 3 days; Refrigerated: 7 days; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

Normal

**Additional Technical Information:**

- Time Sensitive
- [Additional Technical Information](#)

**Interpretive Data:**

This test can be used to confirm a suspected diagnosis of hereditary spherocytosis (HS). HS is a common inherited hemolytic anemia characterized by the presence of spherical erythrocytes (spherocytes). HS is diagnosed based on family history and clinical features, along with clinical laboratory tests, including peripheral smear examination, osmotic fragility (OF), flow cytometry, or by genetic testing (Hereditary Hemolytic Anemia Panel Sequencing, ARUP test code 2012052).

Band 3 (or solute carrier family 4 member 1, SLC4A1) is the most abundant transmembrane protein found in human red blood cells (RBC). Eosin-5-maleimide (EMA) dye binds to band 3 on intact RBC's. A reduction of fluorescence intensity will be seen in hereditary spherocytosis. This test by flow cytometry has been reported to have a sensitivity of 93 percent for a diagnosis of HS. Congenital dyserythropoietic anemia type II, Southeast Asian ovalocytosis, and hereditary pyropoikilocytosis are rare disorders that may also show a positive result.

**ADMINISTRATIVE****CPT Codes:**

88184

**LOINC:**

- 33048-0

**COMPLETE VIEW****Ordering Recommendations:**

Use to confirm diagnosis of hereditary spherocytosis when hemolytic anemia and spherocytes are present.

**Test Code:**

RBCB3

**ARUP Test Code:**

2008460

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Qualitative Flow Cytometry

**Remarks:**

Specimens must be analyzed within 7 days of collection.

**Collect:**

Lavender (EDTA) or green (sodium or lithium heparin).

**Sample Type:**

Blood

**Preferred Volume:**

4 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Clotted or grossly hemolyzed specimens, ambient samples >3 days, refrigerated samples >7 days, bone marrow.

**Specimen Preparation:**

Transport 4 mL whole blood in the original container. (Min: 0.5 mL)

**Reference Interval:**

Normal

**Interpretive Data:**

This test can be used to confirm a suspected diagnosis of hereditary spherocytosis (HS). HS is a common inherited hemolytic anemia characterized by the presence of spherical erythrocytes (spherocytes). HS is diagnosed based on family history and clinical features, along with clinical laboratory tests, including peripheral smear examination, osmotic fragility (OF), flow cytometry, or by genetic testing (Hereditary Hemolytic Anemia Panel Sequencing, ARUP test code 2012052).

Band 3 (or solute carrier family 4 member 1, SLC4A1) is the most abundant transmembrane protein found in human red blood cells (RBC). Eosin-5-maleimide (EMA) dye binds to band 3 on intact RBC's. A reduction of fluorescence intensity will be seen in hereditary spherocytosis. This test by flow cytometry has been reported to have a sensitivity of 93 percent for a diagnosis of HS. Congenital dyserythropoietic anemia type II, Southeast Asian ovalocytosis, and hereditary pyropoikilocytosis are rare disorders that may also show a positive result.

**Synonyms:**

- Hereditary Spherocytosis, EMA, BAND 3, Osmotic Fragility
- HS hemolytic anemia assay
- RBCB3

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: 3 days; Refrigerated: 7 days; Frozen: Unacceptable

**Reported:**

1-3 days

**Additional Technical Information:**

- Time Sensitive
- [Additional Technical Information](#)

**CPT Codes:**

88184

**LOINC:**

- 33048-0

# RBC Count

CBC, CBCD, RBC

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Synonyms:**

- Erythrocyte count
- rbc

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (250 µL in pedi-bullet)

**Rejection Criteria:**

Clotted specimens

## PROCESSING

**Test Code:**

CBC, CBCD, RBC

**Test Group:**

RBC

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (250 µL in pedi-bullet)

**Rejection Criteria:**

Clotted specimens

## RESULT INTERPRETATION

**Units:** $\times 10^{12}/L$

**Reference Interval:**

| Age                 | Count                        |
|---------------------|------------------------------|
| 0-7 days            | 4.0-6.6 x10 <sup>12</sup> /L |
| 8-14 days           | 3.9-6.3 x10 <sup>12</sup> /L |
| 2-4 weeks           | 3.6-6.2 x10 <sup>12</sup> /L |
| 1- < 2 months       | 3.0-5.4 x10 <sup>12</sup> /L |
| 2- < 3 months       | 2.7-4.9 x10 <sup>12</sup> /L |
| 3- < 6 months       | 3.1-4.5 x10 <sup>12</sup> /L |
| 6- < 24 months      | 3.7-4.7 x10 <sup>12</sup> /L |
| 2- < 6 years        | 3.9-4.9 x10 <sup>12</sup> /L |
| 6- < 12 years       | 4.0-5.0 x10 <sup>12</sup> /L |
| Male 12- < 18 years | 4.2-5.6 x10 <sup>12</sup> /L |
| Male >= 18 years    | 4.4-5.9 x10 <sup>12</sup> /L |
| Female >= 12 years  | 4.0-5.2 x10 <sup>12</sup> /L |

**Additional Information:**

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

85041

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CBC, CBCD, RBC

**Test Group:**

RBC

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (250 µL in pedi-bullet)

**Rejection Criteria:**

Clotted specimens

**Units:**

x10<sup>12</sup>/L

**Reference Interval:**

| Age                 | Count                        |
|---------------------|------------------------------|
| 0-7 days            | 4.0-6.6 x10 <sup>12</sup> /L |
| 8-14 days           | 3.9-6.3 x10 <sup>12</sup> /L |
| 2-4 weeks           | 3.6-6.2 x10 <sup>12</sup> /L |
| 1- < 2 months       | 3.0-5.4 x10 <sup>12</sup> /L |
| 2- < 3 months       | 2.7-4.9 x10 <sup>12</sup> /L |
| 3- < 6 months       | 3.1-4.5 x10 <sup>12</sup> /L |
| 6- < 24 months      | 3.7-4.7 x10 <sup>12</sup> /L |
| 2- < 6 years        | 3.9-4.9 x10 <sup>12</sup> /L |
| 6- < 12 years       | 4.0-5.0 x10 <sup>12</sup> /L |
| Male 12- < 18 years | 4.2-5.6 x10 <sup>12</sup> /L |
| Male >= 18 years    | 4.4-5.9 x10 <sup>12</sup> /L |
| Female >= 12 years  | 4.0-5.2 x10 <sup>12</sup> /L |

**Synonyms:**

- Erythrocyte count
- rbc

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

85041

# Red Blood Cell Pit Score Studies

LAB12548

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Hemoglobinopathy Reference Laboratory

**Methodology:**

Phase Contrast microscopy

**Additional Information:**

Providers should order PITTC (lab 12548) in Apex for UCSF West  
Bay phlebotomy collections and complete the Red Blood Cell Pit Score Studies  
Requisition Form:  
[red-blood-cell-pit-score-studies-pdf](#)

**Synonyms:**

- PITTC

**Supplemental Test Request Form Required:**

Yes. See Additional Information

## COLLECTION

**Patient Preparation:**

Patients who present to Mission Bay Outpatient Phlebotomy for sample collection,  
should bring a copy of the Apex order and completed RBC Pit Score Studies  
Requisition with them.

**Sample Type:**

Blood

**Label Abbreviation:**

PITTC

**Collect:**

EDTA (lavender or pink) top tube

**Amount to Collect:**

1 mL

**Preferred Volume:**

1 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

2 weeks

**Storage/Transport Temperature:**

Refrigerated

## PROCESSING

**Test Code:**

PITTC (LAB12548)

**Sendout:**

Yes

**Performing Lab:**

Hemoglobinopathy Reference Laboratory

**Specimen Preparation:**

The sample is priority and need to be sent to the Main lab through a pneumatic tube within 10-15 min after collection. Call Processing to let them know that you are sending the sample. Central Processing Technician to transfer a drop of EDTA Whole Blood using a transfer pipette into a refrigerated 1% glutaraldehyde aliquot tube and invert the sample a few times. Aliquoting should occur within 30 to 45 minutes of collection.

Note: special media tubes with 1% glutaraldehyde are available directly from the Hemoglobinopathy Reference Laboratory at UCSF Benioff Children's Hospital Oakland.

Laboratory Phone: (510) 450-7688, Supv Ext.7688. Tubes are good for one year refrigerated.

**Preferred Volume:**

1 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

2 weeks

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Additional Information:**

Providers should order PITTC (lab 12548) in Apex for UCSF West Bay phlebotomy collections and complete the Red Blood Cell Pit Score Studies Requisition Form:  
[red-blood-cell-pit-score-studies-pdf](#)

**Interpretive Data:**

Counts of pitted red blood cells (RBC) can be used to assess splenic reticuloendothelial function in patients with sickle cell disease. There is an inverse relationship between the pit count and the degree of splenic dysfunction. Less than 3% of RBCs contain pits in individuals with normal splenic function, whereas up to 50% of RBCs may demonstrate pitting in individuals with functional asplenia.

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PITTC (LAB12548)

**Performing Lab:**

Hemoglobinopathy Reference Laboratory

**Sendout:**

Yes

**Methodology:**

Phase Contrast microscopy

**Patient Preparation:**

Patients who present to Mission Bay Outpatient Phlebotomy for sample collection, should bring a copy of the Apex order and completed RBC Pit Score Studies Requisition with them.

**Collect:**

EDTA (lavender or pink) top tube

**Amount to Collect:**

1 mL

**Sample Type:**

Blood

**Preferred Volume:**

1 mL

**Minimum Volume:**

1 mL

**Specimen Preparation:**

The sample is priority and need to be sent to the Main lab through a pneumatic tube within 10-15 min after collection. Call Processing to let them know that you are sending the sample. Central Processing Technician to transfer a drop of EDTA Whole Blood using a transfer pipette into a refrigerated 1% glutaraldehyde aliquot tube and invert the sample a few times. Aliquoting should occur within 30 to 45 minutes of collection.

Note: special media tubes with 1% glutaraldehyde are available directly from the Hemoglobinopathy Reference Laboratory at UCSF Benioff Children's Hospital Oakland.

Laboratory Phone: (510) 450-7688, Supv Ext.7688. Tubes are good for one year refrigerated.

**Interpretive Data:**

Counts of pitted red blood cells (RBC) can be used to assess splenic reticuloendothelial function in patients with sickle cell disease. There is an inverse relationship between the pit count and the degree of splenic dysfunction. Less than 3% of RBCs contain pits in individuals with normal splenic function, whereas up to 50% of RBCs may demonstrate pitting in individuals with functional asplenia.

**Synonyms:**

- PITTC

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

2 weeks

**Additional Information:**

Providers should order PITTC (lab 12548) in Apex for UCSF West

Bay phlebotomy collections and complete the Red Blood Cell Pit Score Studies

Requisition Form:

[red-blood-cell-pit-score-studies-pdf](#)

**Supplemental Test Request Form Required:**

Yes. See Additional Information



## Red cell Indices

CBC, CBCD

### ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Calculated from Hct, Hgb and RBC

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

$MCV = (Hct / RBC) \times 10$   
 $MCH = Hgb \times 10 / RBC$  (in millions)  
 $MCHC = Hgb(in\ g/dL) \times 100 / Hct$   
RDW-CV is calculated from the width of the distribution curve of the MCV

RBC indices are calculations that provide information on physical characteristics of the red blood cells. MCH indicates the average amount of HGB inside a single RBC. MCHC indicates the average concentration of HGB in a given volume of RBCs. MCV indicates the average size of the RBCs. RDW-CV indicates the degree of variation in size of the RBCs. When interpreted together, the indices may aid in the differential diagnosis of anemias.

Certain conditions, such as cold agglutinin, lipemia, icterus, hemolysis, and dimorphic RBC population will prevent accurate results from being obtained and will not be resulted by the clinical lab.

**Synonyms:**

- RBC indices
- RDWCV
- CBC
- CBCD

### COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (or 250 µL in a pedi-bullet)

**Rejection Criteria:**

Clotted specimens

### PROCESSING

**Test Code:**

CBC, CBCD

**Test Group:**

RBC

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (or 250 µL in a pedi-bullet)

**Rejection Criteria:**

Clotted specimens

**RESULT INTERPRETATION****Units:**

fL, pg, g/dL, %

**Reference Interval:**

| Age           | MCV       | MCH      | MCHC       |
|---------------|-----------|----------|------------|
| 0-7 days      | 95-121 fL | 31-37 pg | 29-37 g/dL |
| 1- <2 weeks   | 88-120 fL | 28-40 pg | 28-38 g/dL |
| 2- <4 weeks   | 86-118 fL | 28-40 pg | 28-38 g/dL |
| 1- <2 months  | 85-117 fL | 28-40 pg | 29-37 g/dL |
| 2- <3 months  | 77-115 fL | 26-34 pg | 29-37 g/dL |
| 3- <6 months  | 74-108 fL | 25-34 pg | 30-36 g/dL |
| 6- <24 months | 70-86 fL  | 23-31 pg | 30-36 g/dL |
| 2- <6 years   | 75-87 fL  | 24-30 pg | 31-36 g/dL |
| 6- <12 years  | 77-95 fL  | 25-33 pg | 31-36 g/dL |
| 12- <18 years | 78-98 fL  | 25-34 pg | 31-36 g/dL |
| >= 18 years   | 80-100 fL | 26-34 pg | 31-36 g/dL |

RDW-CV = 11.7 - 14.4%

**Additional Information:**

MCV = (Hct / RBC) x 10

MCH = Hgb x 10/RBC (in millions)

MCHC = Hgb(in g/dL) x 100/Hct

RDW-CV is calculated from the width of the distribution curve of the MCV

RBC indices are calculations that provide information on physical characteristics of the red blood cells. MCH indicates the average amount of HGB inside a single RBC. MCHC indicates the average concentration of HGB in a given volume of RBCs. MCV indicates the average size of the RBCs. RDW-CV indicates the degree of variation in size of the RBCs. When interpreted together, the indices may aid in the differential diagnosis of anemias.

Certain conditions, such as cold agglutinin, lipemia, icterus, hemolysis, and dimorphic RBC population will prevent accurate results from being obtained and will not be resulted by the clinical lab.

**ADMINISTRATIVE****CPT Codes:**

85027

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CBC, CBCD

**Test Group:**

RBC

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Hematology

Berkeley Outpatient Center

Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay &amp; Mt. Zion Hematology: 24-hours per day, 7-days per week

Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)

Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Calculated from Hct, Hgb and RBC

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (or 250 µL in a pedi-bullet)

**Rejection Criteria:**

Clotted specimens

**Units:**

fL, pg, g/dL, %

**Reference Interval:**

| Age           | MCV       | MCH      | MCHC       |
|---------------|-----------|----------|------------|
| 0-7 days      | 95-121 fL | 31-37 pg | 29-37 g/dL |
| 1- <2 weeks   | 88-120 fL | 28-40 pg | 28-38 g/dL |
| 2- <4 weeks   | 86-118 fL | 28-40 pg | 28-38 g/dL |
| 1- <2 months  | 85-117 fL | 28-40 pg | 29-37 g/dL |
| 2- <3 months  | 77-115 fL | 26-34 pg | 29-37 g/dL |
| 3- <6 months  | 74-108 fL | 25-34 pg | 30-36 g/dL |
| 6- <24 months | 70-86 fL  | 23-31 pg | 30-36 g/dL |
| 2- <6 years   | 75-87 fL  | 24-30 pg | 31-36 g/dL |
| 6- <12 years  | 77-95 fL  | 25-33 pg | 31-36 g/dL |
| 12- <18 years | 78-98 fL  | 25-34 pg | 31-36 g/dL |
| >= 18 years   | 80-100 fL | 26-34 pg | 31-36 g/dL |

RDW-CV = 11.7 - 14.4%

**Synonyms:**

- RBC indices
- RDWCV
- CBC
- CBCD

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

MCV = (Hct / RBC) x 10

MCH = Hgb x 10/RBC (in millions)

MCHC = Hgb(in g/dL) x 100/Hct

RDW-CV is calculated from the width of the distribution curve of the MCV

RBC indices are calculations that provide information on physical characteristics of the red blood cells. MCH indicates the average amount of HGB inside a single RBC. MCHC indicates the average concentration of HGB in a given volume of RBCs. MCV indicates the average size of the RBCs. RDW-CV indicates the degree of variation in size of the RBCs. When interpreted together, the indices may aid in the differential diagnosis of anemias.

Certain conditions, such as cold agglutinin, lipemia, icterus, hemolysis, and dimorphic RBC population will prevent accurate results from being obtained and will not be resulted by the clinical lab.

**CPT Codes:**

85027

# Reducing Substances, Stool

LAB442

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mission Bay Hematology

**Performed:**

Run 0800-1600 daily.

**Methodology:**

copper reduction

**Reported:**

1 day

**Additional Information:**

Reducing substances, if present, are reported semiquantitatively as equivalent to the activity of 0 (negative), 250, 500, 750, 1000, 2000 or > 2000 mg/dL of glucose (these correspond to the formerly used readings of negative, trace, 1+, etc.).

Although sucrose is not a reducing sugar it is extensively hydrolyzed by stool flora to the reducing sugars glucose and fructose and thus is detected in the assay for reducing substances in stool.

Acid hydrolysis to detect stool sucrose is unnecessary and will not be done.

See also pH, stool

**Synonyms:**

- Acid hydrolysis
- Reducing sugars
- Disaccharide deficiency
- stool analysis

## COLLECTION

**Sample Type:**

Fresh liquid stool

**Collect:**

Clean container

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

10 gm

**Stability (from collection to initiation):**

Frozen: 72 hours

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Formed stool received.

## PROCESSING

**Test Code:**

RSST

**Test Group:**

Reducing substances

**Performing Lab:**

Mission Bay Hematology

**Preferred Volume:**

10 gm

**Unacceptable Conditions:**

Formed stool received.

**Stability (from collection to initiation):**

Frozen: 72 hours

**Storage/Transport Temperature:**  
Frozen

## RESULT INTERPRETATION

**Units:**  
mg/dL

**Reference Interval:**  
< 500 mg/dL

**Additional Information:**

Reducing substances, if present, are reported semiquantitatively as equivalent to the activity of 0 (negative), 250, 500, 750, 1000, 2000 or > 2000 mg/dL of glucose (these correspond to the formerly used readings of negative, trace, 1+, etc.).

Although sucrose is not a reducing sugar it is extensively hydrolyzed by stool flora to the reducing sugars glucose and fructose and thus is detected in the assay for reducing substances in stool.

Acid hydrolysis to detect stool sucrose is unnecessary and will not be done.

See also pH, stool

## ADMINISTRATIVE

**CPT Codes:**  
84999

**LOINC Codes:**  
11060-1

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
RSST

**Test Group:**  
Reducing substances

**Performing Lab:**  
Mission Bay Hematology

**Performed:**  
Run 0800-1600 daily.

**Methodology:**  
copper reduction

**Collect:**  
Clean container

**Amount to Collect:**  
See preferred volume

**Sample Type:**  
Fresh liquid stool

**Preferred Volume:**  
10 gm

**Unacceptable Conditions:**  
Formed stool received.

**Units:**  
mg/dL

**Reference Interval:**  
< 500 mg/dL

**Synonyms:**

- Acid hydrolysis
- Reducing sugars
- Disaccharide deficiency
- stool analysis

**Storage/Transport Temperature:**  
Frozen

**Stability (from collection to initiation):**

Frozen: 72 hours

**Reported:**

1 day

**Additional Information:**

Reducing substances, if present, are reported semiquantitatively as equivalent to the activity of 0 (negative), 250, 500, 750, 1000, 2000 or > 2000 mg/dL of glucose (these correspond to the formerly used readings of negative, trace, 1+, etc.).

Although sucrose is not a reducing sugar it is extensively hydrolyzed by stool flora to the reducing sugars glucose and fructose and thus is detected in the assay for reducing substances in stool.

Acid hydrolysis to detect stool sucrose is unnecessary and will not be done.

See also pH, stool

**CPT Codes:**

84999

**LOINC Codes:**

11060-1

# Reducing Substances, Urine

LAB554

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mission Bay Hematology

**Performed:**

Run 0800-1600 daily.

**Methodology:**

Copper reduction

**Reported:**

1 day

**Additional Information:**

Detects reducing substances in addition to glucose, which is tested as part of Urinalysis, Routine. Detection of these substances is also part of the Metabolic Error Screen.

**Note:** Routine urinalysis in pediatric patients does not include testing for reducing substances, such as sugars galactose, lactose, fructose and maltose. If clinically indicated, this screening test for reducing substances may be ordered. Testing for congenital galactosemia is included in newborn screening programs in all 50 states in the U.S.

**Synonyms:**

- Reducing sugars
- Acid hydrolysis

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL urine

**Stability (from collection to initiation):**

Refrigerated: 72 hours

**Storage/Transport Temperature:**

Refrigerated

## PROCESSING

**Test Code:**

RSUU

**Test Group:**

Reducing substances

**Performing Lab:**

Mission Bay Hematology

**Preferred Volume:**

1 mL urine

**Stability (from collection to initiation):**

Refrigerated: 72 hours

**Storage/Transport Temperature:**

Refrigerated

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

Negative

**Additional Information:**

Detects reducing substances in addition to glucose, which is tested as part of Urinalysis, Routine. Detection of these substances is also part of the Metabolic Error Screen.

**Note:** Routine urinalysis in pediatric patients does not include testing for reducing substances, such as sugars galactose, lactose, fructose and maltose. If clinically indicated, this screening test for reducing substances may be ordered. Testing for congenital galactosemia is included in newborn screening programs in all 50 states in the U.S.

**ADMINISTRATIVE****CPT Codes:**

81002

**LOINC Codes:**

5809-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

RSUU

**Test Group:**

Reducing substances

**Performing Lab:**

Mission Bay Hematology

**Performed:**

Run 0800-1600 daily.

**Methodology:**

Copper reduction

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Units:**

mg/dL

**Reference Interval:**

Negative

**Synonyms:**

- Reducing sugars
- Acid hydrolysis

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated: 72 hours

**Reported:**

1 day

**Additional Information:**

Detects reducing substances in addition to glucose, which is tested as part of Urinalysis, Routine. Detection of these substances is also part of the Metabolic Error Screen.

**Note:** Routine urinalysis in pediatric patients does not include testing for reducing substances, such as sugars galactose, lactose, fructose and maltose. If clinically indicated, this screening test for reducing substances may be ordered. Testing for congenital galactosemia is included in newborn screening programs in all 50 states in the U.S.

**CPT Codes:**

81002

**LOINC Codes:**

5809-9



# Reflex to SNP Array

RSNPA

## ORDERING

**Approval Required:**

Yes, if not ordered by Genetics, Neurology or Neonatal Intensive Care Unit faculty or fellows.

Requests on inpatients require approval from Cytogenetics/Array staff.

Insurance authorization required.

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday to Friday 8:00 AM to 4:30 PM

**Reported:**

Varies pending primary culture and results, generally 7-14 days after chromosome results

**Synonyms:**

- Chromosome test reflex to SNP array, SNP test pending other test results

## COLLECTION

**Patient Preparation:**

None

**Sample Type:**

Amniotic Fluid, CVS, Tissue, Blood

**Collect:**

See primary test container type (amnio, CVS, Tissue), lavender top, dark green top or extracted DNA.

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Adult: 5 mL whole blood

Infant/child: 3 mL whole blood

Extracted DNA: 10 micrograms

**Minimum Volume:**

Adult: 2 mL whole blood

Infant/child: 2 mL whole blood

Extracted DNA: 10 micrograms

**Remarks:**

Maintain samples at room temperature during transport to the laboratory.

**Stability (from collection to initiation):**

See Primary test stability

**Unacceptable Conditions:**

Insufficient volume, unlabeled tubes, clotted samples, Samples received in Lithium-heparin (Lt. Green top) tubes

## PROCESSING

**Test Code:**

RSNPA

**Test Group:**

Cytogenetics - Microarray

**Performing Lab:**

Cytogenetics

**Specimen Preparation:**

Refrigerate samples. DO NOT CENTRIFUGE OR FREEZE. For questions, contact the microarray laboratory at 514-8964

**Preferred Volume:**

Adult: 5 mL whole blood

Infant/child: 3 mL whole blood

Extracted DNA: 10 micrograms

**Minimum Volume:**

Adult: 2 mL whole blood  
 Infant/child: 2 mL whole blood  
 Extracted DNA: 10 micrograms

**Unacceptable Conditions:**

Insufficient volume, unlabeled tubes, clotted samples, Samples received in Lithium-heparin (Lt. Green top) tubes

**Stability (from collection to initiation):**

See Primary test stability

**ADMINISTRATIVE****LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Approval Required:**

Yes, if not ordered by Genetics, Neurology or Neonatal Intensive Care Unit faculty or fellows.

Requests on inpatients require approval from Cytogenetics/Array staff.

Insurance authorization required.

**Available Stat:**

No

**Test Code:**

RSNPA

**Test Group:**

Cytogenetics - Microarray

**Performing Lab:**

Cytogenetics

**Performed:**

Monday to Friday 8:00 AM to 4:30 PM

**Patient Preparation:**

None

**Remarks:**

Maintain samples at room temperature during transport to the laboratory.

**Collect:**

See primary test container type (amnio, CVS, Tissue), lavender top, dark green top or extracted DNA.

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Amniotic Fluid, CVS, Tissue, Blood

**Preferred Volume:**

Adult: 5 mL whole blood  
 Infant/child: 3 mL whole blood  
 Extracted DNA: 10 micrograms

**Minimum Volume:**

Adult: 2 mL whole blood  
 Infant/child: 2 mL whole blood  
 Extracted DNA: 10 micrograms

**Unacceptable Conditions:**

Insufficient volume, unlabeled tubes, clotted samples, Samples received in Lithium-heparin (Lt. Green top) tubes

**Specimen Preparation:**

Refrigerate samples. DO NOT CENTRIFUGE OR FREEZE. For questions, contact the microarray laboratory at 514-8964

**Synonyms:**

- Chromosome test reflex to SNP array, SNP test pending other test results

**Stability (from collection to initiation):**

See Primary test stability

**Reported:**

Varies pending primary culture and results, generally 7-14 days after chromosome results

**LDT or Modified FDA:**

Yes

# Renin Activity, Plasma

LAB532

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

Test run Tuesday-Saturday. Turnaround time: 1-3 days.

**Additional Information:**

Refrigeration causes cryoactivation of prorenin to renin causing falsely high renin activity results.

**Synonyms:**

- Q16846

## COLLECTION

**Patient Preparation:**

Discontinue diuretics, estrogens and oral contraceptives for at least 2 weeks and non-diuretic antihypertensive Rx several days before study. Dietary sodium content should be maintained for at least 3 days prior to testing.

**Sample Type:**

EDTA Plasma

**Label Abbreviation:**

REN

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

Collect blood preferably midmorning, after the patient has been up (sitting, standing, or walking) for at least 2 hours and then seated quietly for 5-15 minutes before blood draw.

Collect in lavender tube and transport to the laboratory at room temp for prompt separation and freezing of plasma. DO NOT place on ice or refrigerate sample.

**Stability (from collection to initiation):**

Room temperature 24 hours, frozen at -20C 28 days.

**Rejection Criteria:**

Specimen received thawed, refrigerated samples.

## PROCESSING

**Test Code:**

REN

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

After collection, sample can be stored up to 24 hours at room temperature. DO NOT REFRIGERATE THE SAMPLE. Centrifuge and freeze the plasma in plastic at -20C as soon as possible after receipt.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Rejection Criteria:**

Specimen received thawed, refrigerated samples.

**Stability (from collection to initiation):**

Room temperature 24 hours, frozen at -20C 28 days.

**RESULT INTERPRETATION****Units:**

ng/mL/hour

**Reference Interval:**

0.25-5.82 ng/mL/hour

Pediatric ranges have not been established for this assay. Please see 'Additional Information'

**Additional Information:**

Refrigeration causes cryoactivation of prorenin to renin causing falsely high renin activity results.

**ADMINISTRATIVE****CPT Codes:**

84244-90

**LOINC Codes:**

2915-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

REN

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Patient Preparation:**

Discontinue diuretics, estrogens and oral contraceptives for at least 2 weeks and non-diuretic antihypertensive Rx several days before study. Dietary sodium content should be maintained for at least 3 days prior to testing.

**Remarks:**

Collect blood preferably midmorning, after the patient has been up (sitting, standing, or walking) for at least 2 hours and then seated quietly for 5-15 minutes before blood draw.

Collect in lavender tube and transport to the laboratory at room temp for prompt separation and freezing of plasma. DO NOT place on ice or refrigerate sample.

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA Plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Rejection Criteria:**

Specimen received thawed, refrigerated samples.

**Specimen Preparation:**

After collection, sample can be stored up to 24 hours at room temperature. DO NOT REFRIGERATE THE SAMPLE. Centrifuge and freeze the plasma in plastic at -20C as soon as possible after receipt.

**Units:**

ng/mL/hour

**Reference Interval:**

0.25-5.82 ng/mL/hour

Pediatric ranges have not been established for this assay. Please see 'Additional Information'

**Synonyms:**

- Q16846

**Stability (from collection to initiation):**

Room temperature 24 hours, frozen at -20C 28 days.

**Reported:**

Test run Tuesday-Saturday. Turnaround time: 1-3 days.

**Additional Information:**

Refrigeration causes cryoactivation of prorenin to renin causing falsely high renin activity results.

**CPT Codes:**

84244-90

**LOINC Codes:**

2915-7

# Reptilase Time

REPT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Clot based assay

**Reported:**

Test run Wednesday Turnaround 1-8 days

**Additional Information:**

A normal reptilase time in the setting of a prolonged thrombin time indicates the presence of an inhibitor of thrombin. Unlike the thrombin time, the Reptilase Clotting Time is not prolonged by use of heparin or hirudin.

The reptilase time can also be used as a screening test for dysfibrinogenemia. Confirmatory testing for dysfibrinogen is by comparison of functional and immunologic fibrinogen levels.

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (x3-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Rejection Criteria:**

Received refrigerated or room temperature.

## PROCESSING

**Test Code:**

REPT

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Specimen to be delivered to hematology lab for centrifugation and freezing prior to send out. Transport frozen on dry ice to China Basin. Do not allow the specimen to thaw. Order Quest # 37700X

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Rejection Criteria:**

Received refrigerated or room temperature.

**RESULT INTERPRETATION****Units:**

seconds

**Reference Interval:**

15-19 seconds

**Additional Information:**

A normal reptilase time in the setting of a prolonged thrombin time indicates the presence of an inhibitor of thrombin. Unlike the thrombin time, the Reptilase Clotting Time is not prolonged by use of heparin or hirudin.

The reptilase time can also be used as a screening test for dysfibrinogenemia. Confirmatory testing for dysfibrinogen is by comparison of functional and immunologic fibrinogen levels.

**ADMINISTRATIVE****CPT Codes:**

85635-90

**LOINC Codes:**

6683-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

REPT

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Clot based assay

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (x3-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Rejection Criteria:**

Received refrigerated or room temperature.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Specimen to be delivered to hematology lab for centrifugation and freezing prior to send out. Transport frozen on dry ice to China Basin. Do not allow the specimen to thaw. Order Quest # 37700X

**Units:**

seconds

**Reference Interval:**

15-19 seconds

**Reported:**

Test run Wednesday Turnaround 1-8 days

**Additional Information:**

A normal reptilase time in the setting of a prolonged thrombin time indicates the presence of an inhibitor of thrombin. Unlike the thrombin time, the Reptilase Clotting Time is not prolonged by use of heparin or hirudin.

The reptilase time can also be used as a screening test for dysfibrinogenemia. Confirmatory testing for dysfibrinogen is by comparison of functional and immunologic fibrinogen levels.

**CPT Codes:**

85635-90

**LOINC Codes:**

6683-7



# Respiratory Viral Panel PCR

LAB5078

## ORDERING

**Ordering Recommendations:**[IDMP guidelines for the diagnosis and management of influenza.](#)**Available Stat:**

Yes

**Performing Lab:**

Microbiology

**Performed:**

Test performed minimum of 3x per week

**Methodology:**

Multiplex Reverse Transcription PCR

**Reported:**

2-3 days

**Additional Information:**

Detects RSV A, RSV B, Influenza A, Influenza A subtype H1, Influenza A subtype H3, Influenza B, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Human Metapneumovirus, Rhinovirus, and Adenovirus.

Negative results do not preclude respiratory virus infection and should not be used as the sole basis for diagnosis, treatment or other management decisions.

Testing of specimens other than NP swabs falls outside of the approved manufacturer's specimen recommendation as prescribed in the NxTAG-RPP package insert. The performance of this assay has been determined by the UCSF laboratory as acceptable for alternative respiratory specimen types such as BAL, bronchial wash, endotracheal aspirate, etc. Results should be used in conjunction with clinical findings.

The primers for detection of Rhinovirus have been shown to cross-react with Enterovirus.

**Synonyms:**

- RSV A
- RSV B
- Influenza A
- Influenza A subtype H1
- Influenza A subtype H3
- Influenza B
- Parainfluenza 1
- Parainfluenza 2
- Parainfluenza 3
- Human Metapneumovirus
- Rhinovirus
- Adenovirus

## COLLECTION

**Sample Type:**

Nasopharyngeal swab (preferred), nasal wash or aspirate, tracheal aspirate, BAL, bronchial wash  
Anterior Nares swab - Sensitivity may be reduced based on this sample type

**Collect:**

Nasopharyngeal swab: Flocked swab in Universal Transport Medium (UTM) or Viral Holding Media (VTM), preferred.  
Swabs in liquid Amies elution medium (E-swab), Aptima kits, and Abbott Multi Collect kits are also acceptable.

Combined Nasopharyngeal Swab/Oropharyngeal Swab are acceptable.

Other samples: Clean container

If ordering a concurrent COVID-19 PCR, collect only one swab for both Respiratory Viral Panel and COVID-19 PCR orders.  
Nasopharyngeal swab will provide optimal sensitivity.

**Amount to Collect:**

Nasopharyngeal swab: 1 flocked swab  
Fluid: 2 mL

**Preferred Volume:**

Nasopharyngeal swab: 1 flocked swab  
Fluid: 2 mL

**Minimum Volume:**

Nasopharyngeal swab: 1 flocked swab  
Fluid: 1 mL

**Remarks:**

Nasopharyngeal swab: Use flocked swab/UTM or VHM. Insert swab into the nostril, gently rotating the swab inward until resistance is met at the level of the turbinates. Rotate the swab a few times against the nasopharyngeal wall (approximately 10 sec) and then withdraw swab. Insert swab into container with Universal Transport Medium or Viral Holding Media. Break end of swab so top of vial can be screwed on securely. Appropriately label specimen and send to the laboratory.

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -70C 1 month

**Unacceptable Conditions:**

Nasopharyngeal swab not collected using flocked swab/UTM or VHM kit, E-swab, Aptima, or Abbott Multi Collect kit

**PROCESSING****Test Code:**

P370

**Performing Lab:**

Microbiology

**Preferred Volume:**

Nasopharyngeal swab: 1 flocked swab  
Fluid: 2 mL

**Minimum Volume:**

Nasopharyngeal swab: 1 flocked swab  
Fluid: 1 mL

**Unacceptable Conditions:**

Nasopharyngeal swab not collected using flocked swab/UTM or VHM kit, E-swab, Aptima, or Abbott Multi Collect kit

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -70C 1 month

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**Critical Values:**

Positive for Influenza A or B, or positive for RSV on inpatients and patients currently in the Emergency Department.

**Additional Information:**

Detects RSV A, RSV B, Influenza A, Influenza A subtype H1, Influenza A subtype H3, Influenza B, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Human Metapneumovirus, Rhinovirus, and Adenovirus.

Negative results do not preclude respiratory virus infection and should not be used as the sole basis for diagnosis, treatment or other management decisions.

Testing of specimens other than NP swabs falls outside of the approved manufacturer's specimen recommendation as prescribed in the NxTAG-RPP package insert. The performance of this assay has been determined by the UCSF laboratory as acceptable for alternative respiratory specimen types such as BAL, bronchial wash, endotracheal aspirate, etc. Results should be used in conjunction with clinical findings.

The primers for detection of Rhinovirus have been shown to cross-react with Enterovirus.

**ADMINISTRATIVE****CPT Codes:**

87633

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

Note: New reporting format requires LOINC codes for individual viruses in panel.

34487-9, 49521-8, 49524-2, 40982-1, 30075-6, 30076-4, 29908-1, 29909-9, 29910-7, 40991-2, 38917-1, 39528-5

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**

[IDMP guidelines for the diagnosis and management of influenza.](#)

**Test Code:**

P370

**Performing Lab:**

Microbiology

**Performed:**

Test performed minimum of 3x per week

**Methodology:**

Multiplex Reverse Transcription PCR

**Remarks:**

Nasopharyngeal swab: Use flocked swab/UTM or VHM. Insert swab into the nostril, gently rotating the swab inward until resistance is met at the level of the turbinates. Rotate the swab a few times against the nasopharyngeal wall (approximately 10 sec) and then withdraw swab. Insert swab into container with Universal Transport Medium or Viral Holding Media. Break end of swab so top of vial can be screwed on securely. Appropriately label specimen and send to the laboratory.

**Collect:**

Nasopharyngeal swab: Flocked swab in Universal Transport Medium (UTM) or Viral Holding Media (VTM), preferred. Swabs in liquid Amies elution medium (E-swab), Aptima kits, and Abbott Multi Collect kits are also acceptable.

Combined Nasopharyngeal Swab/Oropharyngeal Swab are acceptable.

Other samples: Clean container

If ordering a concurrent COVID-19 PCR, collect only one swab for both Respiratory Viral Panel and COVID-19 PCR orders. Nasopharyngeal swab will provide optimal sensitivity.

**Amount to Collect:**

Nasopharyngeal swab: 1 flocked swab

Fluid: 2 mL

**Sample Type:**

Nasopharyngeal swab (preferred), nasal wash or aspirate, tracheal aspirate, BAL, bronchial wash

Anterior Nares swab - Sensitivity may be reduced based on this sample type

**Preferred Volume:**

Nasopharyngeal swab: 1 flocked swab

Fluid: 2 mL

**Minimum Volume:**

Nasopharyngeal swab: 1 flocked swab

Fluid: 1 mL

**Unacceptable Conditions:**

Nasopharyngeal swab not collected using flocked swab/UTM or VHM kit, E-swab, Aptima, or Abbott Multi Collect kit

**Reference Interval:**

Not detected

**Critical Values:**

Positive for Influenza A or B, or positive for RSV on inpatients and patients currently in the Emergency Department.

**Synonyms:**

- RSV A
- RSV B
- Influenza A
- Influenza A subtype H1
- Influenza A subtype H3
- Influenza B
- Parainfluenza 1
- Parainfluenza 2
- Parainfluenza 3
- Human Metapneumovirus
- Rhinovirus
- Adenovirus

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen at -70C 1 month

**Reported:**

2-3 days

**Additional Information:**

Detects RSV A, RSV B, Influenza A, Influenza A subtype H1, Influenza A subtype H3, Influenza B, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Human Metapneumovirus, Rhinovirus, and Adenovirus.

Negative results do not preclude respiratory virus infection and should not be used as the sole basis for diagnosis, treatment or other management decisions.

Testing of specimens other than NP swabs falls outside of the approved manufacturer's specimen recommendation as prescribed in the NxTAG-RPP package insert. The performance of this assay has been determined by the UCSF laboratory as acceptable for alternative respiratory specimen types such as BAL, bronchial wash, endotracheal aspirate, etc. Results should be used in conjunction with clinical findings.

The primers for detection of Rhinovirus have been shown to cross-react with Enterovirus.

**CPT Codes:**

87633

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

Note: New reporting format requires LOINC codes for individual viruses in panel.

34487-9, 49521-8, 49524-2, 40982-1, 30075-6, 30076-4, 29908-1, 29909-9, 29910-7, 40991-2, 38917-1, 39528-5

# Reticulocyte Count

LAB296

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology

**Performed:**

Test available 24 hours per day 7 days per week.

**Methodology:**

Flow cytometry and/or light microscopy

**Reported:**

Turnaround time 24 hours.

**Additional Information:**

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Synonyms:**

- Retic count

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Stability (from collection to initiation):**

Specimens are stable at room temperature for 48 hours, for 72 hours at 4C.

**Rejection Criteria:**

Clotted specimens

## PROCESSING

**Test Code:**

RET

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology

**Specimen Preparation:**

Do not centrifuge.

When a Reticulocyte Count must be performed manually and an RBC count is not available from a CBC or CBCD on the same sample, order an RBC.

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Rejection Criteria:**

Clotted specimens

**Stability (from collection to initiation):**

Specimens are stable at room temperature for 48 hours, for 72 hours at 4C.

## RESULT INTERPRETATION

**Units:**x10<sup>9</sup>/L**Reference Interval:**

| Age                     | Male                           | Female                        |
|-------------------------|--------------------------------|-------------------------------|
| <= 4 days               | 65-230 x10 <sup>9</sup> /L     | 65-230 x10 <sup>9</sup> /L    |
| 5-30 days               | 17-114 x10 <sup>9</sup> /L     | 17-86 x10 <sup>9</sup> /L     |
| 31-60 days              | 30-129 x10 <sup>9</sup> /L     | 52-112 x10 <sup>9</sup> /L    |
| 61-180 days             | 36-127 x10 <sup>9</sup> /L     | 44-116 x10 <sup>9</sup> /L    |
| 6 months - 2 years      | 36-91 x10 <sup>9</sup> /L      | 40-90 x10 <sup>9</sup> /L     |
| 2 years - < 6 years     | 35-89 x10 <sup>9</sup> /L      | 35-93 x10 <sup>9</sup> /L     |
| 6 years - < 12 years    | 31-98 x10 <sup>9</sup> /L      | 35-124 x10 <sup>9</sup> /L    |
| 12 years - <18 years    | 38-104 x10 <sup>9</sup> /L     | 35-97 x10 <sup>9</sup> /L     |
| >= 18 years (Automated) | 29.0-121.4 x10 <sup>9</sup> /L | 25.6-96.9 x10 <sup>9</sup> /L |
| >= 18 years (Manual)*   | 21.6-115.9 x10 <sup>9</sup> /L | 16.2-99.8 x10 <sup>9</sup> /L |

\*Manual methods are much less accurate, and give somewhat lower results (reference range: Male >=18 year old 21.6-115.9 x 10<sup>9</sup>/L, Female >=18 year old 16.2 - 99.8 x 10<sup>9</sup>/L). A manual assay will be performed if required due to sample or fluorescent assay problem. For <18 year old refer to the normal range table above.

The ranges 5 days to <18 years have been extrapolated from the following reference: Steven J. Soldin, Carlo Brugnara, et al. Pediatric reference ranges, 2nd ed. Washington, DC: AACC Press, 1997

**Additional Information:**

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

85045

**LOINC Codes:**

14196-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

RET

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology

**Performed:**

Test available 24 hours per day 7 days per week.

**Methodology:**

Flow cytometry and/or light microscopy

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Rejection Criteria:**

Clotted specimens

**Specimen Preparation:**

Do not centrifuge.

When a Reticulocyte Count must be performed manually and an RBC count is not available from a CBC or CBCD on the same sample, order an RBC.

**Units:** $\times 10^9/L$ **Reference Interval:**

| Age                         | Male                       | Female                    |
|-----------------------------|----------------------------|---------------------------|
| $\leq 4$ days               | 65-230 $\times 10^9/L$     | 65-230 $\times 10^9/L$    |
| 5-30 days                   | 17-114 $\times 10^9/L$     | 17-86 $\times 10^9/L$     |
| 31-60 days                  | 30-129 $\times 10^9/L$     | 52-112 $\times 10^9/L$    |
| 61-180 days                 | 36-127 $\times 10^9/L$     | 44-116 $\times 10^9/L$    |
| 6 months - 2 years          | 36-91 $\times 10^9/L$      | 40-90 $\times 10^9/L$     |
| 2 years - < 6 years         | 35-89 $\times 10^9/L$      | 35-93 $\times 10^9/L$     |
| 6 years - < 12 years        | 31-98 $\times 10^9/L$      | 35-124 $\times 10^9/L$    |
| 12 years - < 18 years       | 38-104 $\times 10^9/L$     | 35-97 $\times 10^9/L$     |
| $\geq 18$ years (Automated) | 29.0-121.4 $\times 10^9/L$ | 25.6-96.9 $\times 10^9/L$ |
| $\geq 18$ years (Manual)*   | 21.6-115.9 $\times 10^9/L$ | 16.2-99.8 $\times 10^9/L$ |

\*Manual methods are much less accurate, and give somewhat lower results (reference range: Male  $\geq 18$  year old 21.6-115.9  $\times 10^9/L$ , Female  $\geq 18$  year old 16.2 - 99.8  $\times 10^9/L$ ). A manual assay will be performed if required due to sample or fluorescent assay problem. For  $< 18$  year old refer to the normal range table above.

The ranges 5 days to  $< 18$  years have been extrapolated from the following reference: Steven J. Soldin, Carlo Brugnara, et al. Pediatric reference ranges, 2nd ed. Washington, DC: AACCC Press, 1997

**Synonyms:**

- Retic count

**Stability (from collection to initiation):**

Specimens are stable at room temperature for 48 hours, for 72 hours at 4C.

**Reported:**

Turnaround time 24 hours.

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

85045

**LOINC Codes:**

14196-0

# Rh only

RH

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and MtZ Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Reported:**

STAT 1 hour, ASAP 2 hours Routine 4 hours

**Additional Information:**

When and if following bone marrow or liver transplantation there is disagreement between the results of ABO or Rh results based on testing of RBCs ("forward" testing) and results based on testing of plasma ("reverse" testing), the discrepancy will be reported.

**Reflex Testing:**

Cord blood: If baby and mother are both Rh Negative on initial testing, weak D testing will be automatically performed on the cord sample and charged for.

**Synonyms:**

- Rh typing
- Rhesus typing
- cord blood tests

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

## PROCESSING

**Test Code:**

RH

**Test Group:**

ABO / Rh

**Performing Lab:**

Parnassus, Mission Bay and MtZ Blood Banks

**Specimen Preparation:**

Maintain samples at room temperature and provide to Blood Bank asap.

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

## RESULT INTERPRETATION



**Additional Information:**

When and if following bone marrow or liver transplantation there is disagreement between the results of ABO or Rh results based on testing of RBCs ("forward" testing) and results based on testing of plasma ("reverse" testing), the discrepancy will be reported.

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

RH

**Test Group:**

ABO / Rh

**Performing Lab:**

Parnassus, Mission Bay and MtZ Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

3 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

**Specimen Preparation:**

Maintain samples at room temperature and provide to Blood Bank asap.

**Synonyms:**

- Rh typing
- Rhesus typing
- cord blood tests

**Reported:**

STAT 1 hour, ASAP 2 hours Routine 4 hours

**Reflex Testing:**

Cord blood: If baby and mother are both Rh Negative on initial testing, weak D testing will be automatically performed on the cord sample and charged for.

**Additional Information:**

When and if following bone marrow or liver transplantation there is disagreement between the results of ABO or Rh results based on testing of RBCs ("forward" testing) and results based on testing of plasma ("reverse" testing), the discrepancy will be reported.

# Rheumatoid Factor

LAB206

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Turbidimetry

**Reported:**

1-3 days

**Synonyms:**

- RF

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Refrigerated 72 hours; Frozen for longer stability

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

## PROCESSING

**Test Code:**

RF

**Test Group:**

RF

**Performing Lab:**

Immunology

**Specimen Preparation:**

Frozen

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Lipemic and grossly hemolyzed samples

**Stability (from collection to initiation):**

Refrigerated 72 hours; Frozen for longer stability

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

IU/mL

**Reference Interval:**  
<12.5 IU/mL

## ADMINISTRATIVE

**CPT Codes:**  
86431

**LOINC Codes:**  
15205-8

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
RF

**Test Group:**  
RF

**Performing Lab:**  
Immunology

**Performed:**  
Monday-Friday (day shift)

**Methodology:**  
Turbidimetry

**Collect:**  
Gold top

**Amount to Collect:**  
1 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
0.5 mL serum

**Minimum Volume:**  
0.3 mL serum

**Unacceptable Conditions:**  
Lipemic and grossly hemolyzed samples

**Specimen Preparation:**  
Frozen

**Units:**  
IU/mL

**Reference Interval:**  
<12.5 IU/mL

**Synonyms:**

- RF

**Storage/Transport Temperature:**  
Frozen

**Stability (from collection to initiation):**  
Refrigerated 72 hours; Frozen for longer stability

**Reported:**  
1-3 days

**CPT Codes:**  
86431

**LOINC Codes:**  
15205-8

# Ribosomal P Antibody

LAB5522

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay

**Additional Information:**

Ribosomal P Antibody is present in 5-10% of patients with Systemic Lupus Erythematosus (SLE) but is highly specific for this disorder. The levels parallel disease activity and it may be particularly useful in patients with CNS involvement.

**Synonyms:**

- 99249

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

RIBPP

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen 1 month

## PROCESSING

**Test Code:**

RIBP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze sample. Ship to CB frozen.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen 1 month

## RESULT INTERPRETATION

**Units:**

AI

**Reference Interval:**

&lt; 1.0 AI

**Additional Information:**

Ribosomal P Antibody is present in 5-10% of patients with Systemic Lupus Erythematosus (SLE) but is highly specific for this disorder. The levels parallel disease activity and it may be particularly useful in patients with CNS involvement.

## ADMINISTRATIVE

**CPT Codes:**  
83516-90

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
RIBP

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Immunoassay

**Collect:**  
Red top or Gold top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

**Specimen Preparation:**  
Aliquot and freeze sample. Ship to CB frozen.

**Units:**  
AI

**Reference Interval:**  
< 1.0 AI

**Synonyms:**  

- 99249

**Stability (from collection to initiation):**  
Room temperature 4 days, refrigerated 1 week, frozen 1 month

**Additional Information:**  
Ribosomal P Antibody is present in 5-10% of patients with Systemic Lupus Erythematosus (SLE) but is highly specific for this disorder. The levels parallel disease activity and it may be particularly useful in patients with CNS involvement.

**CPT Codes:**  
83516-90

# Rickettsial Antibody Panel

LAB5602

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

IFA

**Reported:**

3-5 days

**Additional Information:**

Antigen-specific IgG and IgM titers allow rapid diagnosis of infection by organisms within either of the two major groups of Rickettsia. The spotted fever group includes *R. rickettsia* (Rocky Mountain Spotted Fever) and *R. akari* (Rickettsial pox). The typhus group includes *R. typhi* (endemic/auricular typhus) and *R. prowazeki* (epidemic typhus).

**Reflex Testing:**

Titers will be billed separately from the initial screening test. Use titer billing codes (RMSFGT, RMSFMT, RTYPGT, RTYPMT) as appropriate.

**Synonyms:**

- Typhus
- RMSF
- Rocky Mountain Spotted Fever
- Rickettsial pox
- Rickettsialpox

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

RICK

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, Refrigerated 2 weeks, frozen 1 month

**Unacceptable Conditions:**

Gross hemolysis or lipemia

**Rejection Criteria:**

Gross hemolysis or lipemia

## PROCESSING

**Test Code:**

RICK

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 37507.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Gross hemolysis or lipemia

**Rejection Criteria:**

Gross hemolysis or lipemia

**Stability (from collection to initiation):**

Room temperature 1 week, Refrigerated 2 weeks, frozen 1 month

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**Additional Information:**

Antigen-specific IgG and IgM titers allow rapid diagnosis of infection by organisms within either of the two major groups of Rickettsia. The spotted fever group includes *R. rickettsia* (Rocky Mountain Spotted Fever) and *R. akari* (Rickettsial pox). The typhus group includes *R. typhi* (endemic/aurine typhus) and *R. prowazeki* (epidemic typhus).

**ADMINISTRATIVE****CPT Codes:**

86757-90 x4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

RICK

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

IFA

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Rejection Criteria:**

Gross hemolysis or lipemia

**Unacceptable Conditions:**

Gross hemolysis or lipemia

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 37507.

**Reference Interval:**

Not detected

**Synonyms:**

- Typhus
- RMSF
- Rocky Mountain Spotted Fever
- Rickettsial pox
- Rickettsialpox

**Stability (from collection to initiation):**

Room temperature 1 week, Refrigerated 2 weeks, frozen 1 month

**Reported:**

3-5 days

**Reflex Testing:**

Titers will be billed separately from the initial screening test. Use titer billing codes (RMSFGT, RMSFMT, RTYPGT, RTYPMT) as appropriate.

**Additional Information:**

Antigen-specific IgG and IgM titers allow rapid diagnosis of infection by organisms within either of the two major groups of Rickettsia. The spotted fever group includes *R. rickettsia* (Rocky Mountain Spotted Fever) and *R. akari* (Rickettsial pox). The typhus group includes *R. typhi* (endemic/maurine typhus) and *R. prowazeki* (epidemic typhus).

**CPT Codes:**

86757-90 x4



# Ristocetin Aggregation

LAB3092

## ORDERING

**Approval Required:**

Test run by appointment only. Contact Hematology at x3-1747.

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Performed:**

Run as needed Monday - Friday, day shift only.

**Methodology:**

Platelet aggregometry

**Reported:**

1-3 days

**Additional Information:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

Test RIST, Ristocetin Aggregation, is a platelet aggregation using only ristocetin at both normal and low dose concentrations. No other agonists are used.

Platelets in plasma from vWD Type-2B patients have a heightened response to low dose" ristocetin.

In Type 2B VWD, the mutant vWf has an abnormally enhanced tendency to bind to platelets.

**Reflex Testing:**

A platelet count is required for the performance of this assay and will be ordered and separately charged.

**Synonyms:**

- Ristocetin activity
- von Willebrand
- RIPA
- Ristocetin induced platelet aggregation

## COLLECTION

**Patient Preparation:**

Patient should be rested, fasting since midnight, and no smoking before blood collection. No caffeine and no alcohol for 48 hours prior to testing. Take only medication as directed by physician before testing.

**Sample Type:**

Citrated whole blood

**Collect:**

Blue top tube (x6)

**Amount to Collect:**

20 mL blood

**Preferred Volume:**

20 mL blood

**Minimum Volume:**

17 mL blood

**Remarks:**

By appointment only, contact Hematology at x3-1747.

Samples are only collected by Hematology techs.

## PROCESSING

**Test Code:**

RIST

**Test Group:**

vWD

**Performing Lab:**

Parnassus Hematology

**Preferred Volume:**

20 mL blood

**Minimum Volume:**  
17 mL blood

## RESULT INTERPRETATION

**Additional Information:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

Test RIST, Ristocetin Aggregation, is a platelet aggregation using only ristocetin at both normal and low dose concentrations. No other agonists are used.

Platelets in plasma from vWD Type-2B patients have a heightened response to low dose" ristocetin.

In Type 2B VWD, the mutant vWf has an abnormally enhanced tendency to bind to platelets.

## ADMINISTRATIVE

**CPT Codes:**  
85576 x3

**LOINC Codes:**  
24380-8

## COMPLETE VIEW

**Approval Required:**

Test run by appointment only. Contact Hematology at x3-1747.

**Available Stat:**  
No

**Test Code:**  
RIST

**Test Group:**  
vWD

**Performing Lab:**  
Parnassus Hematology

**Performed:**  
Run as needed Monday - Friday, day shift only.

**Methodology:**  
Platelet aggregometry

**Patient Preparation:**  
Patient should be rested, fasting since midnight, and no smoking before blood collection. No caffeine and no alcohol for 48 hours prior to testing. Take only medication as directed by physician before testing.

**Remarks:**  
By appointment only, contact Hematology at x3-1747.

Samples are only collected by Hematology techs.

**Collect:**  
Blue top tube (x6)

**Amount to Collect:**  
20 mL blood

**Sample Type:**  
Citrated whole blood

**Preferred Volume:**  
20 mL blood

**Minimum Volume:**  
17 mL blood

**Synonyms:**

- Ristocetin activity
- von Willebrand
- RIPA
- Ristocetin induced platelet aggregation

**Reported:**  
1-3 days

**Reflex Testing:**  
A platelet count is required for the performance of this assay and will be ordered and separately charged.

**Additional Information:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

Test RIST, Ristocetin Aggregation, is a platelet aggregation using only ristocetin at both normal and low dose concentrations. No other agonists are used.

Platelets in plasma from vWD Type-2B patients have a heightened response to low dose" ristocetin.

In Type 2B VWD, the mutant vWf has an abnormally enhanced tendency to bind to platelets.

**CPT Codes:**

85576 x3

**LOINC Codes:**

24380-8

# Ristocetin Cofactor

LAB335

## ORDERING

**Approval Required:**

No. If testing needed outside of defined testing schedule then approval is required.

**Available Stat:**

No, Contact hematology x3-1747 for special testing needs.

**Performing Lab:**

Parnassus Hematology

**Performed:**

Performed once every 1 - 2 weeks from 0800 - 1600

**Methodology:**

Platelet agglutination

**Reported:**

1-14 days

**Additional Information:**

Von Willebrand Factor is necessary for platelet adhesion to injured endothelium.

Ristocetin Cofactor is useful in assessing binding of von Willebrand Factor to platelet factor GP1b. When combined with other tests, results are useful in diagnosis of von Willebrand Disease and in categorizing types of von Willebrand Disease.

According to National Heart Lung and Blood Institute von Willebrand Disease Clinical Practice guidelines (<http://www.nhlbi.nih.gov/guidelines/vwd/index.htm>), a ratio of Ristocetin Cofactor/von Willebrand Factor Antigen of <0.5-0.7 may indicate the presence of a qualitative abnormality in von Willebrand Factor (i.e. Type 2 von Willebrand Disease), provided that Ristocetin Cofactor activity and/or von Willebrand Factor Antigen are below normal. Ristocetin Cofactor/von Willebrand Factor Antigen ratios in an internal UCSF study (December 2008, 39 normal blood donors with normal Ristocetin Cofactor activity and normal von Willebrand Factor Antigen) were all >0.5.

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for

**Reflex Testing:**

When von Willebrand Factor activity/Ristocetin Cofactor activity is requested, it is appropriate to perform both the Ristocetin Cofactor activity and von Willebrand Factor antigen. For this reason, both will be performed if RCOF is ordered. In the uncommon circumstance the provider wishes to perform only the Ristocetin Cofactor activity, Parnassus Hematology should be contacted at 415-353-1747.

**Synonyms:**

- vW Factor
- von Willebrand factor activity
- VWF activity

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

Check the expiration date on the label of the blue top vacutainer before drawing the patient.

Avoid collecting when patient may be lipemic as this may result in sample rejection.

**Stability (from collection to initiation):**

Room temperature 4 hours, frozen at -20C 2 weeks. frozen at -80C 6 months.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Markedly lipemic samples may be rejected.

## PROCESSING

**Test Code:**

RCOF

**Test Group:**

vWD

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

If this test is ordered together with Factor VIII Activity and Von Willebrand Factor Antigen on the same sample, enter VWP to request all three tests.

Take sample asap to Hematology for processing. Separate and freeze plasma at -20C within 1 hour.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Markedly lipemic samples may be rejected.

**Stability (from collection to initiation):**

Room temperature 4 hours, frozen at -20C 2 weeks. frozen at -80C 6 months.

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

42-191%

**Additional Information:**

Von Willebrand Factor is necessary for platelet adhesion to injured endothelium.

Ristocetin Cofactor is useful in assessing binding of von Willebrand Factor to platelet factor GP1b. When combined with other tests, results are useful in diagnosis of von Willebrand Disease and in categorizing types of von Willebrand Disease.

According to National Heart Lung and Blood Institute von Willebrand Disease Clinical Practice guidelines (<http://www.nhlbi.nih.gov/guidelines/vwd/index.htm>), a ratio of Ristocetin Cofactor/von Willebrand Factor Antigen of <0.5-0.7 may indicate the presence of a qualitative abnormality in von Willebrand Factor (i.e. Type 2 von Willebrand Disease), provided that Ristocetin Cofactor activity and/or von Willebrand Factor Antigen are below normal. Ristocetin Cofactor/von Willebrand Factor Antigen ratios in an internal UCSF study (December 2008, 39 normal blood donors with normal Ristocetin Cofactor activity and normal von Willebrand Factor Antigen) were all >0.5.

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for

**ADMINISTRATIVE****CPT Codes:**

85245

**LOINC Codes:**

6014-5

**COMPLETE VIEW****Approval Required:**

No. If testing needed outside of defined testing schedule then approval is required.

**Available Stat:**

No, Contact hematology x3-1747 for special testing needs.

**Test Code:**

RCOF

**Test Group:**

vWD

**Performing Lab:**

Parnassus Hematology

**Performed:**

Performed once every 1 - 2 weeks from 0800 - 1600

**Methodology:**

Platelet agglutination

**Remarks:**

Check the expiration date on the label of the blue top vacutainer before drawing the patient.

Avoid collecting when patient may be lipemic as this may result in sample rejection.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Markedly lipemic samples may be rejected.

**Specimen Preparation:**

If this test is ordered together with Factor VIII Activity and Von Willebrand Factor Antigen on the same sample, enter VWP to request all three tests.

Take sample asap to Hematology for processing. Separate and freeze plasma at -20C within 1 hour.

**Units:**

%

**Reference Interval:**

42-191%

**Synonyms:**

- vW Factor
- von Willebrand factor activity
- VWF activity

**Stability (from collection to initiation):**

Room temperature 4 hours, frozen at -20C 2 weeks. frozen at -80C 6 months.

**Reported:**

1-14 days

**Reflex Testing:**

When von Willebrand Factor activity/Ristocetin Cofactor activity is requested, it is appropriate to perform both the Ristocetin Cofactor activity and von Willebrand Factor antigen. For this reason, both will be performed if RCOF is ordered. In the uncommon circumstance the provider wishes to perform only the Ristocetin Cofactor activity, Parnassus Hematology should be contacted at 415-353-1747.

**Additional Information:**

Von Willebrand Factor is necessary for platelet adhesion to injured endothelium.

Ristocetin Cofactor is useful in assessing binding of von Willebrand Factor to platelet factor GP1b. When combined with other tests, results are useful in diagnosis of von Willebrand Disease and in categorizing types of von Willebrand Disease.

According to National Heart Lung and Blood Institute von Willebrand Disease Clinical Practice guidelines (<http://www.nhlbi.nih.gov/guidelines/vwd/index.htm>), a ratio of Ristocetin Cofactor/von Willebrand Factor Antigen of <0.5-0.7 may indicate the presence of a qualitative abnormality in von Willebrand Factor (i.e. Type 2 von Willebrand Disease), provided that Ristocetin Cofactor activity and/or von Willebrand Factor Antigen are below normal. Ristocetin Cofactor/von Willebrand Factor Antigen ratios in an internal UCSF study (December 2008, 39 normal blood donors with normal Ristocetin Cofactor activity and normal von Willebrand Factor Antigen) were all >0.5.

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for

**CPT Codes:**

85245

**LOINC Codes:**

6014-5

# RNA Fusions Heme Panel

FUHBL, FUHNB

## ORDERING

### Ordering Recommendations:

Determine RNA Fusions in exons of genes that are joined as a result of inter and intra chromosomal rearrangements. The 112 RNA fusions detected by this assay occur predominantly in myeloid malignancies and may extend to related disorders. This assay complements the Myeloid Multi Gene Panel DNA assay at diagnosis, relapse and during remission.

### Performing Lab:

Genomic Services - Molecular Diagnostics

### Performed:

Run 1x per week, or as needed, day shift only

### Methodology:

RNA extraction and Next Generation DNA sequencing (NGS) on the Illumina platform

### Reported:

10-14 days

### Additional Information:

Gene fusions leading to the expression of chimeric RNA fusion transcripts are frequent genetic abnormalities that occur in myeloid malignancies such as myelofibrosis, myelodysplastic syndromes and acute myeloid leukemia. The identification of recurrent gene rearrangements is critical for risk classification according to World Health Organization and European Leukemia Net (ELN) guidelines.

This assay can detect 112 RNA fusions, representing 118 different genes fused in myeloid malignancies. In addition, this assay has the potential of detecting novel fusion combinations when their breakpoints match those of other fusions. This assay employs the coupling of NGS and Unique Molecular Identifiers (UMI) flanking each fusion breakpoint to eliminate PCR duplicates, resulting in an accurate detection sensitivity of approximately 10 tumor cells harboring each an RNA fusion. In addition, this assay could uncover cryptic RNA fusions that escape detection by conventional cytogenetics.

A comprehensive list of RNA fusions detected by this assay is found below. Among these are recurrent RNA fusions such as BCR-ABL1, PML-RARA, CBFB-MYH11, RUNX1-RUNX1T1, KMT2A-MLLT3, DEK-NUP214, KMT2A-MLLT10, KMT2A-MLLT1, NUP98-NSD1 and KMT2A-ELL.

#### RNA Fusions Heme Panel

ATF7IP-JAK2, BCR-ABL1, BCR-JAK2, BCR-PDGFR, BCR-FGFR1, BMP2K-ZNF384, CBFA2T3-GLIS2, CBFB-MYH11, CCDC6-PDGFRB, CHIC2-ETV6, CNTRL-FGFR1, CREBBP-ZNF384, CUX1-FGFR1, DEK-NUP214, EBF1-JAK2, EBF1-PDGFRB, EML1-ABL1, EP300-ZNF384, ETV6-ABL1, ETV6-PDGFRB, ETV6-NTRK3, ETV6-JAK2, ETV6-RUNX1, ETV6-ARNT, FGFR1OP-FGFR1, FIP1L1-PDGFR, FOXP1-ABL1, INPP5D-ABL1, KAT6A-CREBBP, KMT2A-CREBBP, KMT2A-RARA, KMT2A-AFF1, KMT2A-KMT2A (MLL-PTD), KMT2A-MLLT3, KMT2A-MLLT1, KMT2A-MLLT10, KMT2A-AFDN, KMT2A-ELL, KMT2A-EPS15, KMT2A-MLLT6, KMT2A-SEPT6, KMT2A-MLLT11, KMT2A-CIP2A, KMT2A-AFF4, KMT2A-ARHGAP26, KMT2A-MAPRE1, KMT2A-SEPT5, KMT2A-SEPT9, KMT2A-TET1, KMT2A-AFF3, KMT2A-KNL1, KMT2A-FOXO3, KMT2A-MAML2, KMT2A-NRIP3, KMT2A-ARHGEF17, KMT2A-C2CD3, KMT2A-ARHGEF12, KMT2A-CBL, KMT2A-DCPS, MEF2D-CSF1R, MN1-ETV6, MNX1-ETV6, MYB-GATA1, NCOR1-LYN, NDE1-PDGFRB, NPM1-RARA, NPM1-MLF1, NUP214-ABL1, NUP98-NSD1, NUP98-HOXA9, NUP98-TOP1, NUP98-DDX10, NUP98-RAP1GDS1, NUP98-KDM5A, OFD1-JAK2, P2RY8-CRLF2, PAG1-ABL2, PAX5-ETV6, PAX5-JAK2, PCM1-JAK2, PDE4DIP-PDGFRB, PICALM-MLLT10, PML-RARA, RANBP2-ABL1, RBM15-MKL1, RCSD1-ABL1, RUNX1-RUNX1T1, SET-NUP214, SFPQ-ABL1, SNX2-ABL1, SPAG9-JAK2, SPTBN1-FLT3, SPTBN1-PDGFRB, SSBP2-JAK2, SSBP2-CSF1R, STAT5B-RARA, STIL-TAL1, STRN-PDGFR, STRN3-JAK2, TAF15-ZNF384, TCF3-PBX1, TCF3-HLF, TERF2-JAK2, TPM3-PDGFRB, TPR-FGFR1, TRIM24-FGFR1, ZBTB16-RARA, ZBTB16-ABL1, ZC3HAV1-ABL2, ZEB2-PDGFRB, ZMIZ1-ABL1, ZMYM2-FGFR1.

### Synonyms:

- FUHBL
- FUHNB
- Gene Fusions
- 5'exon-3'exon
- Next Generation Sequencing
- NGS

## COLLECTION

### Sample Type:

EDTA whole blood and Bone marrow aspirates

### Collect:

Lavender top (EDTA)

### Preferred Volume:

Blood: 3 mL

Bone marrow aspirate: 3 mL

**Minimum Volume:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen at -20C unacceptable.

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Heparinized sample submitted.

**PROCESSING****Test Code:**

FUHL: Blood  
FUHNB: Non-blood

**Performing Lab:**

Genomic Services - Molecular Diagnostics

**Preferred Volume:**

Blood: 3 mL  
Bone marrow aspirate: 3 mL

**Minimum Volume:**

Blood: 2 mL  
Bone marrow aspirate: 2 mL

**Unacceptable Conditions:**

Heparinized sample submitted.

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen at -20C unacceptable.

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Gene fusions leading to the expression of chimeric RNA fusion transcripts are frequent genetic abnormalities that occur in myeloid malignancies such as myelofibrosis, myelodysplastic syndromes and acute myeloid leukemia. The identification of recurrent gene rearrangements is critical for risk classification according to World Health Organization and European Leukemia Net (ELN) guidelines.

This assay can detect 112 RNA fusions, representing 118 different genes fused in myeloid malignancies. In addition, this assay has the potential of detecting novel fusion combinations when their breakpoints match those of other fusions. This assay employs the coupling of NGS and Unique Molecular Identifiers (UMI) flanking each fusion breakpoint to eliminate PCR duplicates, resulting in an accurate detection sensitivity of approximately 10 tumor cells harboring each an RNA fusion. In addition, this assay could uncover cryptic RNA fusions that escape detection by conventional cytogenetics.

A comprehensive list of RNA fusions detected by this assay is found below. Among these are recurrent RNA fusions such as BCR-ABL1, PML-RARA, CBFB-MYH11, RUNX1-RUNX1T1, KMT2A-MLLT3, DEK-NUP214, KMT2A-MLLT10, KMT2A-MLLT1, NUP98-NSD1 and KMT2A-ELL.

**RNA Fusions Heme Panel**

ATF7IP-JAK2, BCR-ABL1, BCR-JAK2, BCR-PDGFR, BCR-FGFR1, BMP2K-ZNF384, CBFA2T3-GLIS2, CBFB-MYH11, CCDC6-PDGFRB, CHIC2-ETV6, CNTRL-FGFR1, CREBBP-ZNF384, CUX1-FGFR1, DEK-NUP214, EBF1-JAK2, EBF1-PDGFRB, EML1-ABL1, EP300-ZNF384, ETV6-ABL1, ETV6-PDGFRB, ETV6-NTRK3, ETV6-JAK2, ETV6-RUNX1, ETV6-ARNT, FGFR1OP-FGFR1, FIP1L1-PDGFR, FOXP1-ABL1, INPP5D-ABL1, KAT6A-CREBBP, KMT2A-CREBBP, KMT2A-RARA, KMT2A-AFF1, KMT2A-KMT2A (MLL-PTD), KMT2A-MLLT3, KMT2A-MLLT1, KMT2A-MLLT10, KMT2A-AFDN, KMT2A-ELL, KMT2A-EPS15, KMT2A-MLLT6, KMT2A-SEPT6, KMT2A-MLLT11, KMT2A-CIP2A, KMT2A-AFF4, KMT2A-ARHGAP26, KMT2A-MAPRE1, KMT2A-SEPT5, KMT2A-SEPT9, KMT2A-TET1, KMT2A-AFF3, KMT2A-KNL1, KMT2A-FOXO3, KMT2A-MAML2, KMT2A-NRIP3, KMT2A-ARHGEF17, KMT2A-C2CD3, KMT2A-ARHGEF12, KMT2A-CBL, KMT2A-DCPS, MEF2D-CSF1R, MN1-ETV6, MNX1-ETV6, MYB-GATA1, NCOR1-LYN, NDE1-PDGFRB, NPM1-RARA, NPM1-MLF1, NUP214-ABL1, NUP98-NSD1, NUP98-HOXA9, NUP98-TOP1, NUP98-DDX10, NUP98-RAP1GDS1, NUP98-KDM5A, OFD1-JAK2, P2RY8-CRLF2, PAG1-ABL2, PAX5-ETV6, PAX5-JAK2, PCM1-JAK2, PDE4DIP-PDGFRB, PICALM-MLLT10, PML-RARA, RANBP2-ABL1, RBM15-MKL1, RCSD1-ABL1, RUNX1-RUNX1T1, SET-NUP214, SFPQ-ABL1, SNX2-ABL1, SPAG9-JAK2, SPTBN1-FLT3, SPTBN1-PDGFRB, SSBP2-JAK2, SSBP2-CSF1R, STAT5B-RARA, STIL-TAL1, STRN-PDGFR, STRN3-JAK2, TAF15-ZNF384, TCF3-PBX1, TCF3-HLF, TERF2-JAK2, TPM3-PDGFRB, TPR-FGFR1, TRIM24-FGFR1, ZBTB16-RARA, ZBTB16-ABL1, ZC3HAV1-ABL2, ZEB2-PDGFRB, ZMIZ1-ABL1, ZMYM2-FGFR1.



**ADMINISTRATIVE****CPT Codes:**

81455

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Ordering Recommendations:**

Determine RNA Fusions in exons of genes that are joined as a result of inter and intra chromosomal rearrangements. The 112 RNA fusions detected by this assay occur predominantly in myeloid malignancies and may extend to related disorders. This assay complements the Myeloid Multi Gene Panel DNA assay at diagnosis, relapse and during remission.

**Test Code:**

FUHBL: Blood

FUHNB: Non-blood

**Performing Lab:**

Genomic Services - Molecular Diagnostics

**Performed:**

Run 1x per week, or as needed, day shift only

**Methodology:**

RNA extraction and Next Generation DNA sequencing (NGS) on the Illumina platform

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top (EDTA)

**Sample Type:**

EDTA whole blood and Bone marrow aspirates

**Preferred Volume:**

Blood: 3 mL

Bone marrow aspirate: 3 mL

**Minimum Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

**Unacceptable Conditions:**

Heparinized sample submitted.

**Reference Interval:**

Negative

**Synonyms:**

- FUHBL
- FUHNB
- Gene Fusions
- 5'exon-3'exon
- Next Generation Sequencing
- NGS

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated 3 days, frozen at -20C unacceptable.

**Reported:**

10-14 days

**Additional Information:**

Gene fusions leading to the expression of chimeric RNA fusion transcripts are frequent genetic abnormalities that occur in myeloid malignancies such as myelofibrosis, myelodysplastic syndromes and acute myeloid leukemia. The identification of recurrent gene rearrangements is critical for risk classification according to World Health Organization and European Leukemia Net (ELN) guidelines.

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A comprehensive list of RNA fusions detected by this assay is found below. Among these are recurrent RNA fusions such as BCR-ABL1, PML-RARA, CBFB-MYH11, RUNX1-RUNX1T1, KMT2A-MLLT3, DEK-NUP214, KMT2A-MLLT10, KMT2A-MLLT1, NUP98-NSD1 and KMT2A-ELL.

**RNA Fusions Heme Panel**

ATF7IP-JAK2, BCR-ABL1, BCR-JAK2, BCR-PDGFR, BCR-FGFR1, BMP2K-ZNF384, CBFA2T3-GLIS2, CBFB-MYH11, CCDC6-PDGFRB, CHIC2-ETV6, CNTRL-FGFR1, CREBBP-ZNF384, CUX1-FGFR1, DEK-NUP214, EBF1-JAK2, EBF1-PDGFRB, EML1-ABL1, EP300-ZNF384, ETV6-ABL1, ETV6-PDGFRB, ETV6-NTRK3, ETV6-JAK2, ETV6-RUNX1, ETV6-ARNT, FGFR1OP-FGFR1, FIP1L1-PDGFR, FOXP1-ABL1, INPP5D-ABL1, KAT6A-CREBBP, KMT2A-CREBBP, KMT2A-RARA, KMT2A-AFF1, KMT2A-KMT2A (MLL-PTD), KMT2A-MLLT3, KMT2A-MLLT1, KMT2A-MLLT10, KMT2A-AFDN, KMT2A-ELL, KMT2A-EPS15, KMT2A-MLLT6, KMT2A-SEPT6, KMT2A-MLLT11, KMT2A-CIP2A, KMT2A-AFF4, KMT2A-ARHGAP26, KMT2A-MAPRE1, KMT2A-SEPT5, KMT2A-SEPT9, KMT2A-TET1, KMT2A-AFF3, KMT2A-KNL1, KMT2A-FOXO3, KMT2A-MAML2, KMT2A-NRIP3, KMT2A-ARHGEF17, KMT2A-C2CD3, KMT2A-ARHGEF12, KMT2A-CBL, KMT2A-DCPS, MEF2D-CSF1R, MN1-ETV6, MNX1-ETV6, MYB-GATA1, NCOR1-LYN, NDE1-PDGFRB, NPM1-RARA, NPM1-MLF1, NUP214-ABL1, NUP98-NSD1, NUP98-HOXA9, NUP98-TOP1, NUP98-DDX10, NUP98-RAP1GDS1, NUP98-KDM5A, OFD1-JAK2, P2RY8-CRLF2, PAG1-ABL2, PAX5-ETV6, PAX5-JAK2, PCM1-JAK2, PDE4DIP-PDGFRB, PICALM-MLLT10, PML-RARA, RANBP2-ABL1, RBM15-MKL1, RCSD1-ABL1, RUNX1-RUNX1T1, SET-NUP214, SFPQ-ABL1, SNX2-ABL1, SPAG9-JAK2, SPTBN1-FLT3, SPTBN1-PDGFRB, SSBP2-JAK2, SSBP2-CSF1R, STAT5B-RARA, STIL-TAL1, STRN-PDGFR, STRN3-JAK2, TAF15-ZNF384, TCF3-PBX1, TCF3-HLF, TERF2-JAK2, TPM3-PDGFRB, TPR-FGFR1, TRIM24-FGFR1, ZBTB16-RARA, ZBTB16-ABL1, ZC3HAV1-ABL2, ZEB2-PDGFRB, ZMIZ1-ABL1, ZMYM2-FGFR1.

**CPT Codes:**

81455

**LDT or Modified FDA:**

Yes

# RNA Polymerase III Antibody

LAB5438

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Enzyme Linked Immunosorbent Immunoassay (ELISA)

**Reported:**

3-7 days

**Additional Information:**

Autoantibodies to RNA Polymerase III antigen are found in 11% to 23% of patients with systemic sclerosis. Patients who are positive for RNA Polymerase III antibodies do not have any of the other antibodies typically found in systemic sclerosis patients such as anti-centromere, anti-Scl-70, or anti-Pm/Scl antibodies. Thus, they are a separate serologic group. Numerous studies have shown that these patients have an increased risk of the diffuse cutaneous form of scleroderma, with high likelihood of skin involvement and hypertensive renal disease. Antibodies to several different types of RNA Polymerases are found in patients with systemic sclerosis. The immunodominant epitope on RNA Pol III was identified and cloned. The recombinant immunodominant epitope of RNA Pol III can be used in ELISA with high specificity to detect anti-RNA Pol III antibodies in patients with the diffuse cutaneous form of systemic sclerosis, with a high incidence of skin involvement.

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

RNAP

**Collect:**

Red top or Gold top

**Amount to Collect:**

1.0 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen 1 month.

**Unacceptable Conditions:**

Gross hemolysis

**Rejection Criteria:**

Gross hemolysis

## PROCESSING

**Test Code:**

RNAP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Gross hemolysis

**Rejection Criteria:**

Gross hemolysis

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen 1 month.

**RESULT INTERPRETATION****Units:**

Units

**Reference Interval:**

&lt; 20 Units

**Additional Information:**

Autoantibodies to RNA Polymerase III antigen are found in 11% to 23% of patients with systemic sclerosis. Patients who are positive for RNA Polymerase III antibodies do not have any of the other antibodies typically found in systemic sclerosis patients such as anti-centromere, anti-Scl-70, or anti-Pm/Scl antibodies. Thus, they are a separate serologic group. Numerous studies have shown that these patients have an increased risk of the diffuse cutaneous form of scleroderma, with high likelihood of skin involvement and hypertensive renal disease. Antibodies to several different types of RNA Polymerases are found in patients with systemic sclerosis. The immunodominant epitope on RNA Pol III was identified and cloned. The recombinant immunodominant epitope of RNA Pol III can be used in ELISA with high specificity to detect anti-RNA Pol III antibodies in patients with the diffuse cutaneous form of systemic sclerosis, with a high incidence of skin involvement.

**ADMINISTRATIVE****CPT Codes:**

83520-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

RNAP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Enzyme Linked Immunosorbent Immunoassay (ELISA)

**Collect:**

Red top or Gold top

**Amount to Collect:**

1.0 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Rejection Criteria:**

Gross hemolysis

**Unacceptable Conditions:**

Gross hemolysis

**Units:**

Units

**Reference Interval:**

&lt; 20 Units

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen 1 month.

**Reported:**

3-7 days

**Additional Information:**

Autoantibodies to RNA Polymerase III antigen are found in 11% to 23% of patients with systemic sclerosis. Patients who are positive for RNA Polymerase III antibodies do not have any of the other antibodies typically found in systemic sclerosis patients such as anti-centromere, anti-Scl-70, or anti-Pm/Scl antibodies. Thus, they are a separate serologic group. Numerous studies have shown that these patients have an increased risk of the diffuse cutaneous form of scleroderma, with high likelihood of skin involvement and hypertensive renal disease. Antibodies to several different types of RNA Polymerases are found in patients with systemic sclerosis. The immunodominant epitope on RNA Pol III was identified and cloned. The recombinant immunodominant epitope of RNA Pol III can be used in ELISA with high specificity to detect anti-RNA Pol III antibodies in patients with the diffuse cutaneous form of systemic sclerosis, with a high incidence of skin involvement.

**CPT Codes:**

83520-90

# Rubella Antibody IgG

LAB496

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

1-4 days

**Additional Information:**

For occupational or early post-exposure screening, a single specimen is generally sufficient to determine immunity to rubella infection. An EQUIVOCAL result may not provide sufficient protection from clinical illness upon exposure to rubella virus.

When congenital infection is suspected, an initial negative result most likely excludes the diagnosis. If the result is positive in the initial specimen, a second sample should be submitted 3 months later to distinguish transplacentally-transmitted maternal antibody from congenital infection.

See also entry for Rubella Culture and table for Viral Serology. Acute cases of rubella should show a rise in antibody from an initially negative or equivocal level.

**Synonyms:**

- Prenatal screening
- TORCH Antibodies
- German measles

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Remarks:**

Avoid hemolysis

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

## PROCESSING

**Test Code:**

RUBI

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze sample at -20C

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

**RESULT INTERPRETATION****Units:**

Index

**Reference Interval:**

Negative / Not-immune: &lt; 0.90

Equivocal: 0.90 - 0.99

Positive / Immune: &gt;= 1.00

**Additional Information:**

For occupational or early post-exposure screening, a single specimen is generally sufficient to determine immunity to rubella infection. An EQUIVOCAL result may not provide sufficient protection from clinical illness upon exposure to rubella virus.

When congenital infection is suspected, an initial negative result most likely excludes the diagnosis. If the result is positive in the initial specimen, a second sample should be submitted 3 months later to distinguish transplacentally-transmitted maternal antibody from congenital infection.

See also entry for Rubella Culture and table for Viral Serology. Acute cases of rubella should show a rise in antibody from an initially negative or equivocal level.

**ADMINISTRATIVE****CPT Codes:**

86762

**LOINC Codes:**

25514-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

RUBI

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Remarks:**

Avoid hemolysis

**Collect:**

Gold top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

**Specimen Preparation:**

Freeze sample at -20C

**Units:**

Index

**Reference Interval:**

Negative / Not-immune: &lt; 0.90

Equivocal: 0.90 - 0.99

Positive / Immune: &gt;= 1.00

**Synonyms:**

- Prenatal screening
- TORCH Antibodies
- German measles

**Reported:**

1-4 days

**Additional Information:**

For occupational or early post-exposure screening, a single specimen is generally sufficient to determine immunity to rubella infection. An EQUIVOCAL result may not provide sufficient protection from clinical illness upon exposure to rubella virus.

When congenital infection is suspected, an initial negative result most likely excludes the diagnosis. If the result is positive in the initial specimen, a second sample should be submitted 3 months later to distinguish transplacentally-transmitted maternal antibody from congenital infection.

See also entry for Rubella Culture and table for Viral Serology. Acute cases of rubella should show a rise in antibody from an initially negative or equivocal level.

**CPT Codes:**

86762

**LOINC Codes:**

25514-1



**Rubella Culture**  
LAB5088

**ORDERING**

**Available Stat:**

No

**Performing Lab:**

State Viral & Rickettsial Disease Laboratory

**Methodology:**

Tissue culture

**Synonyms:**

- Viral culture
- German measles

**COLLECTION**

**Sample Type:**

Amniotic fluid, nasal wash, random urine

**Collect:**

Urine cup, clean container

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

>= 20 mL fluid

**Minimum Volume:**

1 mL fluid

**Remarks:**

Performed only on infants with suspected congenital infection. Contact the Microbiology laboratory (x3-1268) to obtain consultation and arrange for sendout to the State Health Dept.

**PROCESSING**

**Test Code:**

P319

**Test Group:**

Viral culture

**Sendout:**

Yes

**Performing Lab:**

State Viral & Rickettsial Disease Laboratory

**Preferred Volume:**

>= 20 mL fluid

**Minimum Volume:**

1 mL fluid

**ADMINISTRATIVE**

**LOINC Codes:**

29257-3

**COMPLETE VIEW**

**Available Stat:**

No

**Test Code:**

P319

**Test Group:**

Viral culture

**Performing Lab:**

State Viral & Rickettsial Disease Laboratory

**Sendout:**

Yes

**Methodology:**

Tissue culture

**Remarks:**

Performed only on infants with suspected congenital infection. Contact the Microbiology laboratory (x3-1268) to obtain consultation and arrange for sendout to the State Health Dept.

**Collect:**

Urine cup, clean container

**Amount to Collect:**

See preferred volume

**Sample Type:**

Amniotic fluid, nasal wash, random urine

**Preferred Volume:**

$\geq 20$  mL fluid

**Minimum Volume:**

1 mL fluid

**Synonyms:**

- Viral culture
- German measles

**LOINC Codes:**

29257-3

# Rubella PCR

LAB5088

## ORDERING

**Approval Required:**

Physician must discuss the case and receive approval for submission of specimens from the SF Department of Public Health Communicable Disease Control Unit (415) 554-2830.

Physician must complete [VIRAL & RICKETTSIAL DISEASE SPECIMEN SUBMITTAL FORM](#)

**Available Stat:**

No

**Performing Lab:**

State Viral & Rickettsial Disease Laboratory

**Methodology:**

Real time RT-PCR, molecular genotyping, viral culture

**Synonyms:**

- Viral culture
- German measles

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Amniotic fluid, nasal wash, random urine, NPS or throat swab in UTM

**Collect:**

Urine cup, clean container, UTM

**Preferred Volume:**

>= 20 mL fluid

**Remarks:**

Collect respiratory specimen within 7-10 days of symptom onset.

10-50 mL urine should be collected within 10 days of rash onset. First part of urine stream is preferable.

## PROCESSING

**Test Code:**

P319

**Test Group:**

Viral culture

**Sendout:**

Yes

**Performing Lab:**

State Viral & Rickettsial Disease Laboratory

**Specimen Preparation:**

Urine: Centrifuge at 500-600 g for 5-10 min. at 4C. Resuspend the pellet in 2-3 mL of UTM. Store and ship at -70C.

**Preferred Volume:**

>= 20 mL fluid

## ADMINISTRATIVE

**LOINC Codes:**

29257-3

## COMPLETE VIEW

**Approval Required:**

Physician must discuss the case and receive approval for submission of specimens from the SF Department of Public Health Communicable Disease Control Unit (415) 554-2830.

Physician must complete [VIRAL & RICKETTSIAL DISEASE SPECIMEN SUBMITTAL FORM](#)

**Available Stat:**

No

**Test Code:**

P319

**Test Group:**

Viral culture

**Performing Lab:**

State Viral & Rickettsial Disease Laboratory

**Sendout:**

Yes

**Methodology:**

Real time RT-PCR, molecular genotyping, viral culture

**Remarks:**

Collect respiratory specimen within 7-10 days of symptom onset.

10-50 mL urine should be collected within 10 days of rash onset. First part of urine stream is preferable.

**Collect:**

Urine cup, clean container, UTM

**Sample Type:**

Amniotic fluid, nasal wash, random urine, NPS or throat swab in UTM

**Preferred Volume:**

>= 20 mL fluid

**Specimen Preparation:**

Urine: Centrifuge at 500-600 g for 5-10 min. at 4C. Resuspend the pellet in 2-3 mL of UTM. Store and ship at -70C.

**Synonyms:**

- Viral culture
- German measles

**LOINC Codes:**

29257-3

**Supplemental Test Request Form Required:**

Yes

# Russell's Viper Venom Test

LAB3073

## ORDERING

### Ordering Recommendations:

Should be ordered concurrently with Lupus Anticoagulant by HEXA test.

### Available Stat:

No

### Performing Lab:

Parnassus Hematology

### Performed:

Test run once per week (Tuesday)

### Reported:

2-9 days

### Additional Information:

Summary of Interpretive Information for test results:

A RVVT test result  $\leq 45.5$  seconds is NEGATIVE for lupus anticoagulant according to international guidelines for interpretation.

A negative test result in this assay does not exclude the possibility of a lupus anticoagulant. Current guidelines suggest testing for lupus anticoagulant with two clot based tests (J Thromb Haemost 2009; 7: 1737-40): in addition to this RVVT-based assay, the lupus anticoagulant by HEXA is recommended for detecting lupus anticoagulants. Lupus anticoagulant testing should be considered positive if one of the two tests gives a positive result.

Testing for lupus anticoagulant in the presence of anticoagulant therapy (including warfarin, direct thrombin inhibitors & direct factor 10a inhibitors, and supratherapeutic heparin) is not recommended due to possible interference with test results. The presence of factor deficiencies or a factor specific inhibitor may also interfere with this assay. Clinical correlation is advised.

Test results must be interpreted in their clinical context if a diagnosis of antiphospholipid syndrome is being considered. J Thromb Haemost 2006; 4: 295-306 provides consensus guidelines for diagnosis of antiphospholipid syndrome.

For detection of lupus anticoagulants, which by definition prolong a clotting time, are inhibitors, and are phospholipid dependent. Positives are automatically confirmed with an assay using a different reagent containing increased phospholipid content. An inhibitor screen is incorporated to exclude an abnormal result due to clotting factor deficiency.

Persistent presence ( $> 3$  months) of antiphospholipid antibodies has been associated with recurrent thrombosis syndromes. A review of testing performed on UCSF patients indicates that, of all patients diagnosed with Lupus Anticoagulants, approximately 50% are detected in both Hexagonal Phospholipid Neutralization and Russell's Viper Venom tests, 25% in only the Hexagonal Phospholipid Neutralization Test, and 25% in only the Russell's Viper Venom Test.

Thrombin inhibitors (e.g. hirudin, argatroban, etc.) present in the sample to be tested may interfere in the test and lead to falsely positive results

Rivaroxaban, apixaban, and similar agents can cause false positive results in assays used to identify LA. Evaluation for a lupus anticoagulant, therefore, cannot be accurately performed in the presence of rivaroxaban.

To monitor unfractionated heparin therapy in the presence of a lupus anticoagulant, Heparin Levels may be needed.

### Reflex Testing:

When lupus anticoagulant testing is requested, it is appropriate to perform BOTH the RVVT and Lupus Anticoagulant by HEXA tests. For this reason, both will be performed whenever either is ordered. In the uncommon circumstance that a provider wishes to perform only one of these tests, the hematology laboratory should be contacted at 353-1747 to request that only the single test be performed.

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

In some circumstances a concurrent PT will be added and charged to allow RVVT interpretation.

### Synonyms:

- RVVT
- RVVTD
- LA
- Lupus anticoagulant

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top x2 filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (x3-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Stability (from collection to initiation):**

4 hours

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected. Samples received over 4 hours from collection.

**PROCESSING****Test Code:**

RVVTM

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Within 4 hour of collection separate, centrifuge, and freeze 1.5 mL of plasma at -20C in a plastic tube.

**Note:** If Lupus Anticoagulant ordered without further specification order both HEXA and RVVTM.

**Preferred Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected. Samples received over 4 hours from collection.

**Stability (from collection to initiation):**

4 hours

**RESULT INTERPRETATION****Units:**

Seconds, Ratio

**Reference Interval:**

RVVT: 27.5- 44.3 seconds

RVVT Inhibitor Screen 33.5-39.9 seconds

Phospholipid Confirmatory Ratio: 1.00 - 1.19

See 'Additional Information' for interpretation of negative RVVT results.

**Additional Information:**

Summary of Interpretive Information for test results:

A RVVT test result  $\leq 45.5$  seconds is **NEGATIVE** for lupus anticoagulant according to international guidelines for interpretation.

A negative test result in this assay does not exclude the possibility of a lupus anticoagulant. Current guidelines suggest testing for lupus anticoagulant with two clot based tests (J Thromb Haemost 2009; 7: 1737-40): in addition to this RVVT-based assay, the lupus anticoagulant by HEXA is recommended for detecting lupus anticoagulants. Lupus anticoagulant testing should be considered positive if one of the two tests gives a positive result.

Testing for lupus anticoagulant in the presence of anticoagulant therapy (including warfarin, direct thrombin inhibitors & direct factor 10a inhibitors, and supratherapeutic heparin) is not recommended due to possible interference with test results. The presence of factor deficiencies or a factor specific inhibitor may also interfere with this assay. Clinical correlation is advised.

Test results must be interpreted in their clinical context if a diagnosis of antiphospholipid syndrome is being considered. J Thromb Haemost 2006; 4: 295-306 provides consensus guidelines for diagnosis of antiphospholipid syndrome.

For detection of lupus anticoagulants, which by definition prolong a clotting time, are inhibitors, and are phospholipid dependent. Positives are automatically confirmed with an assay using a different reagent containing increased phospholipid content. An inhibitor screen is incorporated to exclude an abnormal result due to clotting factor deficiency.

Persistent presence ( $> 3$  months) of antiphospholipid antibodies has been associated with recurrent thrombosis syndromes. A review of testing performed on UCSF patients indicates that, of all patients diagnosed with Lupus Anticoagulants, approximately 50% are detected in both Hexagonal Phospholipid Neutralization and Russell's Viper Venom tests, 25% in only the Hexagonal Phospholipid Neutralization Test, and 25% in only the Russell's Viper Venom Test.

Thrombin inhibitors (e.g. hirudin, argatroban, etc.) present in the sample to be tested may interfere in the test and lead to falsely positive results

Rivaroxaban, apixaban, and similar agents can cause false positive results in assays used to identify LA. Evaluation for a lupus anticoagulant, therefore, cannot be accurately performed in the presence of rivaroxaban.

To monitor unfractionated heparin therapy in the presence of a lupus anticoagulant, Heparin Levels may be needed.

**ADMINISTRATIVE****CPT Codes:**

85613

**LOINC Codes:**

6303-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Should be ordered concurrently with Lupus Anticoagulant by HEXA test.

**Test Code:**

RVVTM

**Performing Lab:**

Parnassus Hematology

**Performed:**

Test run once per week (Tuesday)

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (x3-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top x2 filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected. Samples received over 4 hours from collection.

**Specimen Preparation:**

Within 4 hour of collection separate, centrifuge, and freeze 1.5 mL of plasma at -20C in a plastic tube.

**Note:** If Lupus Anticoagulant ordered without further specification order both HEXA and RVVTM.

**Units:**

Seconds, Ratio

**Reference Interval:**

RVVT: 27.5- 44.3 seconds

RVVT Inhibitor Screen 33.5-39.9 seconds

Phospholipid Confirmatory Ratio: 1.00 - 1.19

See 'Additional Information' for interpretation of negative RVVT results.

**Synonyms:**

- RVVT
- RVVTD
- LA
- Lupus anticoagulant

**Stability (from collection to initiation):**

4 hours

**Reported:**

2-9 days

**Reflex Testing:**

When lupus anticoagulant testing is requested, it is appropriate to perform BOTH the RVVT and Lupus Anticoagulant by HEXA tests. For this reason, both will be performed whenever either is ordered. In the uncommon circumstance that a provider wishes to perform only one of these tests, the hematology laboratory should be contacted at 353-1747 to request that only the single test be performed.

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

In some circumstances a concurrent PT will be added and charged to allow RVVT interpretation.



**Additional Information:**

Summary of Interpretive Information for test results:

A RVVT test result  $\leq 45.5$  seconds is NEGATIVE for lupus anticoagulant according to international guidelines for interpretation.

A negative test result in this assay does not exclude the possibility of a lupus anticoagulant. Current guidelines suggest testing for lupus anticoagulant with two clot based tests (J Thromb Haemost 2009; 7: 1737-40): in addition to this RVVT-based assay, the lupus anticoagulant by HEXA is recommended for detecting lupus anticoagulants. Lupus anticoagulant testing should be considered positive if one of the two tests gives a positive result.

Testing for lupus anticoagulant in the presence of anticoagulant therapy (including warfarin, direct thrombin inhibitors & direct factor 10a inhibitors, and supratherapeutic heparin) is not recommended due to possible interference with test results. The presence of factor deficiencies or a factor specific inhibitor may also interfere with this assay. Clinical correlation is advised.

Test results must be interpreted in their clinical context if a diagnosis of antiphospholipid syndrome is being considered. J Thromb Haemost 2006; 4: 295-306 provides consensus guidelines for diagnosis of antiphospholipid syndrome.

For detection of lupus anticoagulants, which by definition prolong a clotting time, are inhibitors, and are phospholipid dependent. Positives are automatically confirmed with an assay using a different reagent containing increased phospholipid content. An inhibitor screen is incorporated to exclude an abnormal result due to clotting factor deficiency.

Persistent presence ( $> 3$  months) of antiphospholipid antibodies has been associated with recurrent thrombosis syndromes. A review of testing performed on UCSF patients indicates that, of all patients diagnosed with Lupus Anticoagulants, approximately 50% are detected in both Hexagonal Phospholipid Neutralization and Russell's Viper Venom tests, 25% in only the Hexagonal Phospholipid Neutralization Test, and 25% in only the Russell's Viper Venom Test.

Thrombin inhibitors (e.g. hirudin, argatroban, etc.) present in the sample to be tested may interfere in the test and lead to falsely positive results

Rivaroxaban, apixaban, and similar agents can cause false positive results in assays used to identify LA. Evaluation for a lupus anticoagulant, therefore, cannot be accurately performed in the presence of rivaroxaban.

To monitor unfractionated heparin therapy in the presence of a lupus anticoagulant, Heparin Levels may be needed.

**CPT Codes:**

85613

**LOINC Codes:**

6303-2

# Saccharomyces cerevisiae Antibody

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Additional Information:**

The presence of IgG or IgA antibodies against the mannan antigen of *S. cerevisiae* in patients with gastrointestinal complaints is associated with a diagnosis of Crohn's disease. Although the specificity is relatively high (90-95%), the test may also be positive in small number of patients with gluten sensitive enteropathy, primary biliary cirrhosis, and Behcet's disease.

The sensitivity of the test is low (45-60%), therefore a negative test does not rule out the diagnosis.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate serum, send in plastic tube, order #10295N for IgA and/or #10294N for IgG

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## RESULT INTERPRETATION

**Additional Information:**

The presence of IgG or IgA antibodies against the mannan antigen of *S. cerevisiae* in patients with gastrointestinal complaints is associated with a diagnosis of Crohn's disease. Although the specificity is relatively high (90-95%), the test may also be positive in small number of patients with gluten sensitive enteropathy, primary biliary cirrhosis, and Behcet's disease.

The sensitivity of the test is low (45-60%), therefore a negative test does not rule out the diagnosis.

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

Quest

**Sendout:**

Yes

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Refrigerate serum, send in plastic tube, order #10295N for IgA and/or #10294N for IgG

**Additional Information:**

The presence of IgG or IgA antibodies against the mannan antigen of *S. cerevisiae* in patients with gastrointestinal complaints is associated with a diagnosis of Crohn's disease. Although the specificity is relatively high (90-95%), the test may also be positive in small number of patients with gluten sensitive enteropathy, primary biliary cirrhosis, and Behcet's disease.

The sensitivity of the test is low (45-60%), therefore a negative test does not rule out the diagnosis.

# Salicylate Level

LAB34

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzymatic/Colorimetric - Timed-endpoint using salicylate hydroxylase

**Reported:**

STAT 1 hour, Routine 1-3 days

**Synonyms:**

- ASA
- aspirin
- acetylsalicylic acid
- SAL

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Stability (from collection to initiation):**

Refrigerated 14 days, frozen at -20C 6 months

## PROCESSING

**Test Code:**

SAL

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Stability (from collection to initiation):**

Refrigerated 14 days, frozen at -20C 6 months

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

Therapeutic: 10-30 mg/dL

According to UpToDate guidelines (Accessed August 28<sup>th</sup> 2019): Therapeutic serum salicylate concentrations fall between 10 to 30 mg/dL (0.7 to 2.2 mmol/L); values above 40 mg/dL (2.9 mmol/L) are associated with toxicity. Although toxicity does not correlate exactly with serum salicylate concentrations and symptoms, most patients exhibit signs of intoxication when the serum concentration exceeds 40 to 50 mg/dL (2.9 to 3.6 mmol/L)."

**Critical Values:**

&gt; 35 mg/dL

**ADMINISTRATIVE****CPT Codes:**

80179

**LOINC Codes:**

4024-6

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

SAL

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Enzymatic/Colorimetric - Timed-endpoint using salicylate hydroxylase

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Units:**

mg/dL

**Reference Interval:**

Therapeutic: 10-30 mg/dL

According to UpToDate guidelines (Accessed August 28<sup>th</sup> 2019): Therapeutic serum salicylate concentrations fall between 10 to 30 mg/dL (0.7 to 2.2 mmol/L); values above 40 mg/dL (2.9 mmol/L) are associated with toxicity. Although toxicity does not correlate exactly with serum salicylate concentrations and symptoms, most patients exhibit signs of intoxication when the serum concentration exceeds 40 to 50 mg/dL (2.9 to 3.6 mmol/L)."

**Critical Values:**

&gt; 35 mg/dL

**Synonyms:**

- ASA
- aspirin
- acetylsalicylic acid
- SAL

**Stability (from collection to initiation):**

Refrigerated 14 days, frozen at -20C 6 months

**Reported:**

STAT 1 hour, Routine 1-3 days

**CPT Codes:**

80179

**LOINC Codes:**

4024-6

# SARS-CoV-2 Ab IgG Nucleocapsid Protein

LAB6236

## ORDERING

**Ordering Recommendations:**

Use for the qualitative detection of IgG antibodies against the nucleocapsid protein of SARS-CoV-2 (COVID-19) that develop in response to natural infection with SARS-CoV-2. These antibodies do not develop as a result of a COVID-19 vaccination. There are no current recommendations for assessing COVID-19 vaccine response.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Wed, Fri

**Methodology:**

Qualitative Chemiluminescent Immunoassay (CLIA)

**Reported:**

1-5 days

**Synonyms:**

- 2019-nCoV
- Coronavirus Disease - 2019
- COVID-19 Illness
- COVID-2019
- COVID19 IgG Ab
- SARS-CoV-2
- C19G

## COLLECTION

**Sample Type:**

Serum or plasma (Gold, red or labender-top)

**Label Abbreviation:**

C19G

**Collect:**

Serum separator tube (SST) or EDTA plasma

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.25 mL serum or plasma

**Remarks:**

Preferred: ARUP Standard Transport Tube for specimen submission (ARUP Item# 15824).

**Stability (from collection to initiation):**

Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Grossly hemolyzed, grossly icteric, or severely lipemic specimens. Postmortem specimens.

**Submit with Order:**

- [Public Health Demographics Form](#): submit **ONLY** if complete demographic info is not transmitted to ARUP

## PROCESSING

**Test Code:**

C19G

**ARUP Test Code:**

3002776

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.25 mL)

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.25 mL serum or plasma

**Unacceptable Conditions:**

Grossly hemolyzed, grossly icteric, or severely lipemic specimens. Postmortem specimens.

**Stability (from collection to initiation):**

Refrigerated: 1 week; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Interpretive Data:**

The COVID-19 IgG, Qualitative by CIA test is for in vitro diagnostic use under an FDA Emergency Use Authorization (EUA). In compliance with this authorization, please visit <https://www.aruplab.com/infectious-disease/coronavirus/testing> for more information and to access the applicable information sheets. This test should not be used for screening of donated blood. Use for the qualitative detection of IgG antibodies against the nucleocapsid protein of SARS-CoV-2 (COVID-19) that develop in response to natural infection with SARS-CoV-2. These antibodies do not develop as a result of a COVID-19 vaccination. There are no current recommendations for assessing COVID-19 vaccine response.

**ADMINISTRATIVE****CPT Codes:**

86769

**LOINC:**

- 94563-4

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use for the qualitative detection of IgG antibodies against the nucleocapsid protein of SARS-CoV-2 (COVID-19) that develop in response to natural infection with SARS-CoV-2. These antibodies do not develop as a result of a COVID-19 vaccination. There are no current recommendations for assessing COVID-19 vaccine response.

**Test Code:**

C19G

**ARUP Test Code:**

3002776

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Wed, Fri

**Methodology:**

Qualitative Chemiluminescent Immunoassay (CLIA)

**Remarks:**

Preferred: ARUP Standard Transport Tube for specimen submission (ARUP Item# 15824).

**Collect:**

Serum separator tube (SST) or EDTA plasma

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma (Gold, red or labender-top)

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.25 mL serum or plasma

**Unacceptable Conditions:**

Grossly hemolyzed, grossly icteric, or severely lipemic specimens. Postmortem specimens.

**Specimen Preparation:**

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.25 mL)

**Reference Interval:**

Negative

**Interpretive Data:**

The COVID-19 IgG, Qualitative by CIA test is for in vitro diagnostic use under an FDA Emergency Use Authorization (EUA). In compliance with this authorization, please visit <https://www.aruplab.com/infectious-disease/coronavirus/testing> for more information and to access the applicable information sheets. This test should not be used for screening of donated blood. Use for the qualitative detection of IgG antibodies against the nucleocapsid protein of SARS-CoV-2 (COVID-19) that develop in response to natural infection with SARS-CoV-2. These antibodies do not develop as a result of a COVID-19 vaccination. There are no current recommendations for assessing COVID-19 vaccine response.

**Synonyms:**

- 2019-nCoV
- Coronavirus Disease - 2019
- COVID-19 Illness
- COVID-2019
- COVID19 IgG Ab
- SARS-CoV-2
- C19G

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated: 1 week; Frozen: 1 month

**Reported:**

1-5 days

**CPT Codes:**

86769

**LOINC:**

- 94563-4



## SC5b-9 Level

LAB999883

### ORDERING

**Available Stat:**

No

**Performing Lab:**

Macheon

**Performed:**

weekly

**Methodology:**

ELISA

**Reported:**

48 hrs - 1 week

**Additional Information:**A [test requisition form](#) must be completed and submitted with the sample.**Synonyms:**

- Soluble Membrane Attack Complex
- sMAC
- MAC complex
- C5B9S

**Supplemental Test Request Form Required:**

Yes

### COLLECTION

**Sample Type:**

Plasma

**Collect:**

Lavender top (EDTA)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.25 mL plasma

**Stability (from collection to initiation):**

1 year frozen

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Thawed specimen

### PROCESSING

**Test Code:**

C5B9S

**Sendout:**

Yes

**Performing Lab:**

Macheon

**Specimen Preparation:**

Centrifuge at room temp within 2 hours of collection. Aliquot and immediately freeze at -70C. This aliquot cannot be shared with other tests.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.25 mL plasma

**Unacceptable Conditions:**

Thawed specimen

**Stability (from collection to initiation):**

1 year frozen

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

&lt; 250 ng/mL

**Additional Information:**A [test requisition form](#) must be completed and submitted with the sample.**ADMINISTRATIVE****CPT Codes:**

86160

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

C5B9S

**Performing Lab:**

Macheon

**Sendout:**

Yes

**Performed:**

weekly

**Methodology:**

ELISA

**Collect:**

Lavender top (EDTA)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.25 mL plasma

**Unacceptable Conditions:**

Thawed specimen

**Specimen Preparation:**

Centrifuge at room temp within 2 hours of collection. Aliquot and immediately freeze at -70C. This aliquot cannot be shared with other tests.

**Units:**

ng/mL

**Reference Interval:**

&lt; 250 ng/mL

**Synonyms:**

- Soluble Membrane Attack Complex
- sMAC
- MAC complex
- C5B9S

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

1 year frozen

**Reported:**

48 hrs - 1 week

**Additional Information:**

A [test requisition form](#) must be completed and submitted with the sample.

**CPT Codes:**

86160

**Supplemental Test Request Form Required:**

Yes

# Schistosoma Ab IgG, FMI, Serum

LAB11844

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

ELISA

**Reported:**

Set up once per week. Turnaround 7-14 days

**Additional Information:**

This assay will be run only if serial stool/urine examinations are negative.

See also Parasites-Rectal Biopsy,-Stool and-Urine.

**Synonyms:**

- Schistosomiasis
- Schistosoma mansoni
- Schistosoma haematobium
- Schistosoma japonicum
- Schistosoma mekongi

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 months, frozen at -20C indefinite.

## PROCESSING

**Test Code:**

SCHISS

**Test Group:**

Schistosoma

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Refrigerate sample. Order Quest test # 53704P.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 months, frozen at -20C indefinite.

## RESULT INTERPRETATION

**Reference Interval:**

&lt; 1.00 = Antibody not detected

**Additional Information:**

This assay will be run only if serial stool/urine examinations are negative.

See also Parasites-Rectal Biopsy,-Stool and-Urine.

**ADMINISTRATIVE****CPT Codes:**

86682-90

**LOINC Codes:**

6629-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SCHISS

**Test Group:**

Schistosoma

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**

Red top (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.25 mL serum

**Specimen Preparation:**

Refrigerate sample. Order Quest test # 53704P.

**Reference Interval:**

< 1.00 = Antibody not detected

**Synonyms:**

- Schistosomiasis
- Schistosoma mansoni
- Schistosoma haematobium
- Schistosoma japonicum
- Schistosoma mekongi

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 months, frozen at -20C indefinite.

**Reported:**

Set up once per week. Turnaround 7-14 days

**Additional Information:**

This assay will be run only if serial stool/urine examinations are negative.

See also Parasites-Rectal Biopsy,-Stool and-Urine.

**CPT Codes:**

86682-90

**LOINC Codes:**

6629-0

# Schistosoma species

P401, P412, P404

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Methodology:**

Microscopy

**Reported:**

1-3 days

**Reflex Testing:**

If direct examination of urine is negative, a concentrate will be made for examination at an additional charge.

**Synonyms:**

- Schistosomiasis
- Schistosoma mansoni
- Schistosoma haematobium
- Schistosoma japonicum
- Schistosoma mekongi

## COLLECTION

**Sample Type:**

Stool, Unfixed tissue, Random urine

**Collect:**

Stool: Urine cup, SAF fixative vial for outpatients

Urine: 24-hour urine container

Tissue: Urine cup or sterile tube

SAF tubes and instructions available from the 1st floor ACC draw station, 2330 Post St draw station, 5th floor lab at Parnassus and 2nd floor lab at MtZ.

**Remarks:**

**Schistosoma haematobium**, collect all urine voided between 10 am - 2 pm (peak egg excretion).

For Schistosoma species other than S. haematobium, collect 3 stool samples 48 hours apart.

Rectal or urinary bladder mucosal biopsy is suitable for detection of all species. Place tissue in saline-wetted gauze (do NOT soak tissue) and submit in a urine cup or tube.

Deliver urine, unpreserved stool, and tissue to laboratory within one hour of collection.

SAF tubes and instructions available from the 1st floor ACC draw station, 2330 Post St draw station, 5th floor lab at Parnassus and 2nd floor lab at MtZ.

**Stability (from collection to initiation):**

Unpreserved stool: 1 hour

Stool in SAF: indefinite

Refrigerated urine and tissue: 2 days

**Unacceptable Conditions:**

Improperly collected/submitted sample. Unpreserved stool &gt; 1 hour old

## PROCESSING

**Test Code:**

Stool: P401

Urine: P412

Tissue: P404

**Test Group:**

Schistosoma

**Performing Lab:**

Microbiology

**Unacceptable Conditions:**

Improperly collected/submitted sample. Unpreserved stool > 1 hour old

**Stability (from collection to initiation):**

Unpreserved stool: 1 hour

Stool in SAF: indefinite

Refrigerated urine and tissue: 2 days

**RESULT INTERPRETATION****Reference Interval:**

Negative

**ADMINISTRATIVE****CPT Codes:**

Stool: 87177, 88313, 87206

Tissue: 87169

Urine: 87210

**LOINC Codes:**

10704-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

Stool: P401

Urine: P412

Tissue: P404

**Test Group:**

Schistosoma

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Methodology:**

Microscopy

**Remarks:**

**Schistosoma haematobium**, collect all urine voided between 10 am - 2 pm (peak egg excretion).

For Schistosoma species other than S. haematobium, collect 3 stool samples 48 hours apart.

Rectal or urinary bladder mucosal biopsy is suitable for detection of all species. Place tissue in saline-wetted gauze (do NOT soak tissue) and submit in a urine cup or tube.

Deliver urine, unpreserved stool, and tissue to laboratory within one hour of collection.

SAF tubes and instructions available from the 1st floor ACC draw station, 2330 Post St draw station, 5th floor lab at Parnassus and 2nd floor lab at MtZ.

**Collect:**

Stool: Urine cup, SAF fixative vial for outpatients

Urine: 24-hour urine container

Tissue: Urine cup or sterile tube

SAF tubes and instructions available from the 1st floor ACC draw station, 2330 Post St draw station, 5th floor lab at Parnassus and 2nd floor lab at MtZ.

**Sample Type:**

Stool, Unfixed tissue, Random urine

**Unacceptable Conditions:**

Improperly collected/submitted sample. Unpreserved stool > 1 hour old

**Reference Interval:**

Negative

**Synonyms:**

- Schistosomiasis
- Schistosoma mansoni
- Schistosoma haematobium
- Schistosoma japonicum
- Schistosoma mekongi

**Stability (from collection to initiation):**

Unpreserved stool: 1 hour

Stool in SAF: indefinite

Refrigerated urine and tissue: 2 days

**Reported:**

1-3 days

**Reflex Testing:**

If direct examination of urine is negative, a concentrate will be made for examination at an additional charge.

**CPT Codes:**

Stool: 87177, 88313, 87206

Tissue: 87169

Urine: 87210

**LOINC Codes:**

10704-5



# SCL-70 Antibody

LAB9100

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Friday, day shift

**Methodology:**

Chemiluminescent

**Reported:**

2-8 days

**Additional Information:**

Clinical Use: Scleroderma may be localized or diffuse (Progressive Systemic Sclerosis PSS) that may involve skin, gastrointestinal tracts, lungs, vascular and cardiac systems, and kidneys. Scl-70 Antibody is present in approximately 40% of patients with PSS.

**Synonyms:**

- Topoisomerase I antibodies
- Scleroderma

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Serum in room temperature no longer than 48 hours; 2 - 8C serum up to 10 days; -20C or colder if longer than 10 days.

**Storage/Transport Temperature:**

-20C

**Unacceptable Conditions:**

Grossly hemolyzed, icteric or lipemic serum should be avoided.

## PROCESSING

**Test Code:**

SCL70I

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze sample at -20C

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, icteric or lipemic serum should be avoided.

**Stability (from collection to initiation):**

Serum in room temperature no longer than 48 hours; 2 - 8C serum up to 10 days; -20C or colder if longer than 10 days.

**Storage/Transport Temperature:**

-20C

## RESULT INTERPRETATION

**Units:**

CU

**Reference Interval:**

Negative: &lt;20 CU

Positive: ≥20 CU

**Additional Information:**

Clinical Use: Scleroderma may be localized or diffuse (Progressive Systemic Sclerosis PSS) that may involve skin, gastrointestinal tracts, lungs, vascular and cardiac systems, and kidneys. Scl-70 Antibody is present in approximately 40% of patients with PSS.

**ADMINISTRATIVE****CPT Codes:**

86235

**LOINC Codes:**

27416-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SCL70I

**Performing Lab:**

Immunology

**Performed:**

Friday, day shift

**Methodology:**

Chemiluminescent

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, icteric or lipemic serum should be avoided.

**Specimen Preparation:**

Freeze sample at -20C

**Units:**

CU

**Reference Interval:**

Negative: &lt;20 CU

Positive: ≥20 CU

**Synonyms:**

- Topoisomerase I antibodies
- Scleroderma

**Storage/Transport Temperature:**

-20C

**Stability (from collection to initiation):**

Serum in room temperature no longer than 48 hours; 2 - 8C serum up to 10 days; -20C or colder if longer than 10 days.

**Reported:**

2-8 days

**Additional Information:**

Clinical Use: Scleroderma may be localized or diffuse (Progressive Systemic Sclerosis PSS) that may involve skin, gastrointestinal tracts, lungs, vascular and cardiac systems, and kidneys. Scl-70 Antibody is present in approximately 40% of patients with PSS.

**CPT Codes:**

86235

**LOINC Codes:**

27416-7

# SCVMC Volatiles Screen

MOLT

## ORDERING

**Approval Required:**

Yes

**Available Stat:**

No

**Performing Lab:**

Santa Clara Valley Medical Center

**Methodology:**

Head space GC-MS

**Reported:**

1-2 days with prior approval.

**Additional Information:**

This test detects methanol, acetone, isopropanol and ethanol.

This test should only be used in cases where the turn-around time for the ARUP volatiles test (VOLAS) is not adequate and/or when the Poison Control Center advises the clinicians to order it. It should not be used routinely.

If a sample for this test has to be sent out, please follow the procedure below:

1. Once you receive the sample, print the SCVMC requisition that can be found at the link below and complete the top section with the patient information and the contact information. Complete the bottom part of the form including adding the accession number of each sample.
2. If the clinicians have not placed an order for this test, add a MOLT" on to the accession numbers of each of the samples that will be sent. In the description, please write SCVMC volatiles screen."
3. Package the samples up in a box and attach the address label that can be found at the link below.
6. Call an AmTran courier to have the samples picked up and taken to SCVMC directly from processing at Mission Bay or Parnassus.

AmTran: 877-243-8733

The results will be called or emailed to the contact information given on the requisition form. The report will be faxed to the sendout department and will be scanned into ApeX (Monday through Friday only, not on holidays or weekends). If there are any questions, the SCVMC processing department can be called at 408-885-6585.

[SCVMC requisition form](#)

[SCVMC address label](#)

**Synonyms:**

- Acetone
- Ethanol
- Methanol
- Isopropanol
- Alcohol
- EtOH
- MeOH
- Volatiles

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Serum, Plasma, and Whole Blood (red top, dark green top or gray top)

**Collect:**

Red top, dark green top, or gray top

**Amount to Collect:**

2 mL of serum, plasma, and whole blood (red top, dark green top or gray top)

**Minimum Volume:**

1 mL of serum, plasma, and whole blood (red top, dark green top or gray top)

**Remarks:**

Keep sample capped.

This test detects methanol, acetone, isopropanol and ethanol.

This test should only be used in cases where the turn-around time for the ARUP volatiles test (VOLAS) is not adequate and/or when the Poison Control Center advises the clinicians to order it. It should not be used routinely.

**Stability (from collection to initiation):**

After separation from cells: Refrigerated 2 weeks; Frozen 1 month (adopted from ARUP laboratories)

**PROCESSING****Test Code:**

MOLT

**Test Group:**

Drug Screen

**Sendout:**

Yes (direct from ordering site)

**Performing Lab:**

Santa Clara Valley Medical Center

**Specimen Preparation:**

Keep capped, and store refrigerated until ready to be shipped by courier to Santa Clara Valley Medical Center

**Minimum Volume:**

1 mL of serum, plasma, and whole blood (red top, dark green top or gray top)

**Stability (from collection to initiation):**

After separation from cells: Refrigerated 2 weeks; Frozen 1 month (adopted from ARUP laboratories)

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

Ethanol: < 20 mg/dL

Methanol: < 10 mg/dL

Acetone: < 5 mg/dL

Isopropanol: < 10 mg/dL

**Additional Information:**

This test detects methanol, acetone, isopropanol and ethanol.

This test should only be used in cases where the turn-around time for the ARUP volatiles test (VOLAS) is not adequate and/or when the Poison Control Center advises the clinicians to order it. It should not be used routinely.

If a sample for this test has to be sent out, please follow the procedure below:

1. Once you receive the sample, print the SCVMC requisition that can be found at the link below and complete the top section with the patient information and the contact information. Complete the bottom part of the form including adding the accession number of each sample.
2. If the clinicians have not placed an order for this test, add a MOLT" on to the accession numbers of each of the samples that will be sent. In the description, please write SCVMC volatiles screen."
3. Package the samples up in a box and attach the address label that can be found at the link below.
6. Call an AmTran courier to have the samples picked up and taken to SCVMC directly from processing at Mission Bay or Parnassus.

AmTran: 877-243-8733

The results will be called or emailed to the contact information given on the requisition form. The report will be faxed to the sendout department and will be scanned into ApeX (Monday through Friday only, not on holidays or weekends). If there are any questions, the SCVMC processing department can be called at 408-885-6585.

[SCVMC requisition form](#)

[SCVMC address label](#)

**ADMINISTRATIVE**

**CPT Codes:**  
80320

## COMPLETE VIEW

**Approval Required:**

Yes

**Available Stat:**

No

**Test Code:**

MOLT

**Test Group:**

Drug Screen

**Performing Lab:**

Santa Clara Valley Medical Center

**Sendout:**

Yes (direct from ordering site)

**Methodology:**

Head space GC-MS

**Remarks:**

Keep sample capped.

This test detects methanol, acetone, isopropanol and ethanol.

This test should only be used in cases where the turn-around time for the ARUP volatiles test (VOLAS) is not adequate and/or when the Poison Control Center advises the clinicians to order it. It should not be used routinely.

**Collect:**

Red top, dark green top, or gray top

**Amount to Collect:**

2 mL of serum, plasma, and whole blood (red top, dark green top or gray top)

**Sample Type:**

Serum, Plasma, and Whole Blood (red top, dark green top or gray top)

**Minimum Volume:**

1 mL of serum, plasma, and whole blood (red top, dark green top or gray top)

**Specimen Preparation:**

Keep capped, and store refrigerated until ready to be shipped by courier to Santa Clara Valley Medical Center

**Units:**

mg/dL

**Reference Interval:**

Ethanol: < 20 mg/dL

Methanol: < 10 mg/dL

Acetone: < 5 mg/dL

Isopropanol: < 10 mg/dL

**Synonyms:**

- Acetone
- Ethanol
- Methanol
- Isopropanol
- Alcohol
- EtOH
- MeOH
- Volatiles

**Stability (from collection to initiation):**

After separation from cells: Refrigerated 2 weeks; Frozen 1 month (adopted from ARUP laboratories)

**Reported:**

1-2 days with prior approval.

**Additional Information:**

This test detects methanol, acetone, isopropanol and ethanol.

This test should only be used in cases where the turn-around time for the ARUP volatiles test (VOLAS) is not adequate and/or when the Poison Control Center advises the clinicians to order it. It should not be used routinely.

If a sample for this test has to be sent out, please follow the procedure below:

1. Once you receive the sample, print the SCVMC requisition that can be found at the link below and complete the top section with the patient information and the contact information. Complete the bottom part of the form including adding the accession number of each sample.
2. If the clinicians have not placed an order for this test, add a MOLT" on to the accession numbers of each of the samples that will be sent. In the description, please write SCVMC volatiles screen."
3. Package the samples up in a box and attach the address label that can be found at the link below.
6. Call an AmTran courier to have the samples picked up and taken to SCVMC directly from processing at Mission Bay or Parnassus.

AmTran: 877-243-8733

The results will be called or emailed to the contact information given on the requisition form. The report will be faxed to the sendout department and will be scanned into ApeX (Monday through Friday only, not on holidays or weekends). If there are any questions, the SCVMC processing department can be called at 408-885-6585.

[SCVMC requisition form](#)

[SCVMC address label](#)

**CPT Codes:**

80320

**Supplemental Test Request Form Required:**

Yes

## Second Trimester Screen

LAB1757

### ORDERING

**Available Stat:**

No

**Performing Lab:**

Western Clinical Laboratories, Inc.

**Reported:**

10 days from time of receipt at Western Clinical laboratories

**Additional Information:**

For questions, call the California Prenatal Screening Program at (866) 718-7915 Toll Free.

**Synonyms:**

- Triple screen
- Obstetrical screen
- Down's syndrome screen
- Neural tube defect screen
- Alpha-fetoprotein
- alpha-fetoglobulin
- AFP3
- E3
- Expanded AFP screening
- Maternal serum screen
- MSS3
- Maternal tests
- Prenatal screening

**Supplemental Test Request Form Required:**

Yes

### COLLECTION

**Patient Preparation:**

Have the patient read the Program booklet and sign the consent form. The consent is to remain with the clinic.

**Sample Type:**

Serum is used for testing but the entire unopened tube must be sent.

**Collect:**

Special SST supplied in Prenatal Screening test kit.

**Amount to Collect:**

3.5 mL blood

**Preferred Volume:**

3.5 mL blood (1.5 mL serum)

**Minimum Volume:**

3.5 mL blood (1.5 mL serum)

**Remarks:****Prior to collection:**

Send the remainder of the Program form with the patient to have the sample collected between 15 weeks to 20 weeks of pregnancy (Second Trimester). Include a completed Routine Laboratory requisition listing 'Second Trimester Screen' in the lower right corner of the form.

To allow correct billing, provide Medi-Cal information, if applicable. Otherwise, enclose a copy of insurance card.

**At the time of collection:** Complete Part B (green) at the bottom of form.

Draw the patient's blood using the 3.5 mL serum separator tube supplied in the program kit.

Apply the white collection label from the top of this page to the tube with the patient's name and collection date.



**Rejection Criteria:**

1. No information on tube or in package containing the tube
2. Specimen arrives with no test request form (TRF)
3. Tube arrives damaged or broken
4. Quantity of serum is insufficient for analysis
5. Specimen arrives hemolyzed
6. Specimen arrives over 30 days (1st trimester) or 10 days (2nd trimester) after blood collection date (1st trimester)
7. EDTA contamination in tube
8. 1st trimester specimen is not properly centrifuged
  - Let whole blood stand 1/h hr to 1 hr before centrifuging to aid clot formation.
  - Centrifuge at 1000 x g for minimum of 10 minutes.
9. TRF number on TRF does not match TRF number on tube
10. Patient last name on tube does not match spelling of patient last name on TRF
11. Patient last name or TRF number is absent from either tube or TRF
12. Different middle initials on tube vs TRF

**PROCESSING****Test Code:**

STS

**Test Group:**

Prenatal screening

**Sendout:**

Yes

**Performing Lab:**

Western Clinical Laboratories, Inc.

**Specimen Preparation:**

Let whole blood stand for 1/2 hour to 1 hour after time of collection before centrifuging to aid clot formation. Centrifuge tube and place the centrifuged tube in the blue plastic tray. Place plastic tray in the absorbent pouch. Seal the pouch.

Place the white copy of the completed form, the insurance information in the red mailing box.

Remove the Business Reply label from the top of the form and place it on the red box, mail the same day, if possible.

If specimen is sent by courier, follow the courier's instructions for packaging.

**Preferred Volume:**

3.5 mL blood (1.5 mL serum)

**Minimum Volume:**

3.5 mL blood (1.5 mL serum)

**Rejection Criteria:**

1. No information on tube or in package containing the tube
2. Specimen arrives with no test request form (TRF)
3. Tube arrives damaged or broken
4. Quantity of serum is insufficient for analysis
5. Specimen arrives hemolyzed
6. Specimen arrives over 30 days (1st trimester) or 10 days (2nd trimester) after blood collection date (1st trimester)
7. EDTA contamination in tube
8. 1st trimester specimen is not properly centrifuged
  - Let whole blood stand 1/h hr to 1 hr before centrifuging to aid clot formation.
  - Centrifuge at 1000 x g for minimum of 10 minutes.
9. TRF number on TRF does not match TRF number on tube
10. Patient last name on tube does not match spelling of patient last name on TRF
11. Patient last name or TRF number is absent from either tube or TRF
12. Different middle initials on tube vs TRF

**RESULT INTERPRETATION****Additional Information:**

For questions, call the California Prenatal Screening Program at (866) 718-7915 Toll Free.

**ADMINISTRATIVE****CPT Codes:**

The Prenatal Screening Billing Code is assigned by the Program upon request.

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

STS

**Test Group:**

Prenatal screening

**Performing Lab:**

Western Clinical Laboratories, Inc.

**Sendout:**

Yes

**Patient Preparation:**

Have the patient read the Program booklet and sign the consent form. The consent is to remain with the clinic.

**Remarks:**

**Prior to collection:**

Send the remainder of the Program form with the patient to have the sample collected between 15 weeks to 20 weeks of pregnancy (Second Trimester). Include a completed Routine Laboratory requisition listing 'Second Trimester Screen' in the lower right corner of the form.

To allow correct billing, provide Medi-Cal information, if applicable. Otherwise, enclose a copy of insurance card.

**At the time of collection:** Complete Part B (green) at the bottom of form.

Draw the patient's blood using the 3.5 mL serum separator tube supplied in the program kit.

Apply the white collection label from the top of this page to the tube with the patient's name and collection date.

**Collect:**

Special SST supplied in Prenatal Screening test kit.

**Amount to Collect:**

3.5 mL blood

**Sample Type:**

Serum is used for testing but the entire unopened tube must be sent.

**Preferred Volume:**

3.5 mL blood (1.5 mL serum)

**Minimum Volume:**

3.5 mL blood (1.5 mL serum)

**Rejection Criteria:**

1. No information on tube or in package containing the tube
2. Specimen arrives with no test request form (TRF)
3. Tube arrives damaged or broken
4. Quantity of serum is insufficient for analysis
5. Specimen arrives hemolyzed
6. Specimen arrives over 30 days (1st trimester) or 10 days (2nd trimester) after blood collection date (1st trimester)
7. EDTA contamination in tube
8. 1st trimester specimen is not properly centrifuged
  - Let whole blood stand 1/h hr to 1 hr before centrifuging to aid clot formation.
  - Centrifuge at 1000 x g for minimum of 10 minutes.
9. TRF number on TRF does not match TRF number on tube
10. Patient last name on tube does not match spelling of patient last name on TRF
11. Patient last name or TRF number is absent from either tube or TRF
12. Different middle initials on tube vs TRF

**Specimen Preparation:**

Let whole blood stand for 1/2 hour to 1 hour after time of collection before centrifuging to aid clot formation. Centrifuge tube and place the centrifuged tube in the blue plastic tray. Place plastic tray in the absorbent pouch. Seal the pouch.

Place the white copy of the completed form, the insurance information in the red mailing box.

Remove the Business Reply label from the top of the form and place it on the red box, mail the same day, if possible.

If specimen is sent by courier, follow the courier's instructions for packaging.

**Synonyms:**

- Triple screen
- Obstetrical screen
- Down's syndrome screen
- Neural tube defect screen
- Alpha-fetoprotein
- alpha-fetoglobulin
- AFP3
- E3
- Expanded AFP screening
- Maternal serum screen
- MSS3
- Maternal tests
- Prenatal screening

**Reported:**

10 days from time of receipt at Western Clinical laboratories

**Additional Information:**

For questions, call the California Prenatal Screening Program at (866) 718-7915 Toll Free.

**CPT Codes:**

The Prenatal Screening Billing Code is assigned by the Program upon request.

**Supplemental Test Request Form Required:**

Yes

# Selenium, Serum/Plasma

LAB579

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Atomic Absorption Spectroscopy

**Reported:**

Test performed Tuesday and Friday. Turnaround time: 2-4 days.

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 0.0127.

Selenium is an essential trace element, and is commonly used in industry such as semiconductors, ceramics, glass, and rubber. It is important to monitor its level for health and for avoiding selenosis, especially when it is used as an element of parenteral nutrition. Concentrations are also monitored in children with propionic acidemia who require special diets with supplements.

**Synonyms:**

- DECANT

## COLLECTION

**Patient Preparation:**

Patient should refrain from taking vitamins or mineral supplements at least three days prior to specimen collection.

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

SE

**Collect:**

Navy blue top without gel (EDTA or plain)

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

0.7 mL serum or plasma

**Remarks:**

Be sure to gently mix the specimen promptly after phlebotomy.

**Stability (from collection to initiation):**

Room temperature: 8 hours

Refrigerated: 14 days

Frozen: 1 month

**Rejection Criteria:**

Hemolyzed specimen

## PROCESSING

**Test Code:**

SE

**Test Group:**

Selenium

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Centrifuge the Navy Blue-EDTA tube within 1 hour of collection and pour off the plasma into a plastic trace element shipping container supplied by reference laboratory. Freeze plasma at -20C. Ship frozen. Order Quest # 5507

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

0.7 mL serum or plasma

**Rejection Criteria:**

Hemolyzed specimen

**Stability (from collection to initiation):**

Room temperature: 8 hours

Refrigerated: 14 days

Frozen: 1 month

**RESULT INTERPRETATION****Units:**

µg/L (mcg/L)

**Reference Interval:**

|            |             |
|------------|-------------|
| < 2 years  | 16-71 µg/L  |
| 2-3 years  | 40-103 µg/L |
| 4-16 years | 55-134 µg/L |
| > 16 years | 63-160 µg/L |

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 0.0127.

Selenium is an essential trace element, and is commonly used in industry such as semiconductors, ceramics, glass, and rubber. It is important to monitor its level for health and for avoiding selenosis, especially when it is used as an element of parenteral nutrition. Concentrations are also monitored in children with propionic acidemia who require special diets with supplements.

**ADMINISTRATIVE****CPT Codes:**

84255-90

**LOINC Codes:**

5724-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SE

**Test Group:**

Selenium

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Atomic Absorption Spectroscopy

**Patient Preparation:**

Patient should refrain from taking vitamins or mineral supplements at least three days prior to specimen collection.

**Remarks:**

Be sure to gently mix the specimen promptly after phlebotomy.

**Collect:**

Navy blue top without gel (EDTA or plain)

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

0.7 mL serum or plasma

**Rejection Criteria:**

Hemolyzed specimen

**Specimen Preparation:**

Centrifuge the Navy Blue-EDTA tube within 1 hour of collection and pour off the plasma into a plastic trace element shipping container supplied by reference laboratory. Freeze plasma at -20C. Ship frozen. Order Quest # 5507

**Units:**

µg/L (mcg/L)

**Reference Interval:**

|            |             |
|------------|-------------|
| < 2 years  | 16-71 µg/L  |
| 2-3 years  | 40-103 µg/L |
| 4-16 years | 55-134 µg/L |
| > 16 years | 63-160 µg/L |

**Synonyms:**

- DECANT

**Stability (from collection to initiation):**

Room temperature: 8 hours

Refrigerated: 14 days

Frozen: 1 month

**Reported:**

Test performed Tuesday and Friday. Turnaround time: 2-4 days.

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 0.0127.

Selenium is an essential trace element, and is commonly used in industry such as semiconductors, ceramics, glass, and rubber. It is important to monitor its level for health and for avoiding selenosis, especially when it is used as an element of parenteral nutrition. Concentrations are also monitored in children with propionic acidemia who require special diets with supplements.

**CPT Codes:**

84255-90

**LOINC Codes:**

5724-0

# Selenium, urine

SELRU

## ORDERING

**Available Stat:**

No

**Performing Lab:**

National Medical Services via Quest

**Methodology:**

Graphite furnace atomic absorption spectrophotometry (GFAAS)

**Reported:**

Performed at NMS Tuesday &amp; Saturday. Turnaround 7-14 days

**Additional Information:**

Concentrations are diet dependent.

Creatinine is also run and reported on the sample

**Synonyms:**

- Se

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Acid washed (trace metal free) container or urine cup

**Amount to Collect:**

15 mL urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

3 mL urine

**Remarks:**

Clean catch urine

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 weeks.

**Rejection Criteria:**

Frozen sample received

## PROCESSING

**Test Code:**

SELRU

**Test Group:**

Selenium

**Sendout:**

Yes

**Performing Lab:**

National Medical Services via Quest

**Specimen Preparation:**

Aliquot urine in acid washed (trace metal free) container and refrigerate. DO NOT freeze.

Ship sample refrigerated to Quest, order test # 8829X. If patient is B/T, order LabCorp test # 071613.

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

3 mL urine

**Rejection Criteria:**

Frozen sample received

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 weeks.

**RESULT INTERPRETATION****Units:**

µg/L (µg/g Creatinine)

**Reference Interval:**

Selenium: ≤ 200 µg/L

Corrected for Creatinine: &lt; 25 µg/g Creatinine

**Additional Information:**

Concentrations are diet dependent.

Creatinine is also run and reported on the sample

**ADMINISTRATIVE****CPT Codes:**

84255-90, 82570-90

**LOINC Codes:**

5726-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SELRU

**Test Group:**

Selenium

**Performing Lab:**

National Medical Services via Quest

**Sendout:**

Yes

**Methodology:**

Graphite furnace atomic absorption spectrophotometry (GFAAS)

**Remarks:**

Clean catch urine

**Collect:**

Acid washed (trace metal free) container or urine cup

**Amount to Collect:**

15 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

5 mL urine

**Minimum Volume:**

3 mL urine

**Rejection Criteria:**

Frozen sample received

**Specimen Preparation:**

Aliquot urine in acid washed (trace metal free) container and refrigerate. DO NOT freeze.

Ship sample refrigerated to Quest, order test # 8829X. If patient is B/T, order LabCorp test # 071613.

**Units:**

µg/L (µg/g Creatinine)

**Reference Interval:**

Selenium: ≤ 200 µg/L

Corrected for Creatinine: &lt; 25 µg/g Creatinine

**Synonyms:**

- Se

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 weeks.

**Reported:**

Performed at NMS Tuesday &amp; Saturday. Turnaround 7-14 days



**Additional Information:**

Concentrations are diet dependent.

Creatinine is also run and reported on the sample

**CPT Codes:**

84255-90, 82570-90

**LOINC Codes:**

5726-5

**Semen Analysis**  
SEMN

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
This testing is no longer offered through the UCSF Clinical Laboratories. If testing is desired, please contact the UCSF Reproductive Clinic at (415) 353-7475 (option 1).

**PROCESSING**

**Performing Lab:**  
This testing is no longer offered through the UCSF Clinical Laboratories. If testing is desired, please contact the UCSF Reproductive Clinic at (415) 353-7475 (option 1).

**COMPLETE VIEW**

**Available Stat:**  
No

**Performing Lab:**  
This testing is no longer offered through the UCSF Clinical Laboratories. If testing is desired, please contact the UCSF Reproductive Clinic at (415) 353-7475 (option 1).

# Sendout Kit

LAB1757

## ORDERING

**Ordering Recommendations:**

This order should be used for all of the following send out tests that utilize vendor specific collection kits (NOTE: The collection kits are NOT stocked by the UCSF Clinical Labs and must be provided by the ordering clinic):

Myriad - Prenatal Screen, Cell-free DNA (CFFD)  
NavDx - Blood Test for Oropharyngeal Cancer  
Natera - Signatera MRD  
4Kscore  
Guardant  
FoundationOne CDX

**Available Stat:**

No

**Performing Lab:**

Depending on which test is being collected: Myriad, NavDx, Natera, 4Kscore, Guardant, FoundationOne

**Performed:**

See vendor website/kit literature.

**Methodology:**

See vendor website/kit literature.

**Reported:**

See vendor website/kit literature.

## COLLECTION

**Sample Type:**

See vendor website/kit literature.

**Collect:**

See vendor website/kit literature.

**Amount to Collect:**

See vendor website/kit literature.

**Remarks:**

Vendor specific collection kit is required for this testing. Kit it to be brought by the patient from the ordering clinic.

**Stability (from collection to initiation):**

See vendor website/kit literature.

**Storage/Transport Temperature:**

See vendor website/kit literature.

**Unacceptable Conditions:**

See vendor website/kit literature.

## PROCESSING

**Test Code:**

SOKIT

**Sendout:**

Yes

**Performing Lab:**

Depending on which test is being collected: Myriad, NavDx, Natera, 4Kscore, Guardant, FoundationOne

**Specimen Preparation:**

See vendor website/kit literature.

**Unacceptable Conditions:**

See vendor website/kit literature.

**Stability (from collection to initiation):**

See vendor website/kit literature.

**Storage/Transport Temperature:**

See vendor website/kit literature.

## RESULT INTERPRETATION

**Reference Interval:**

See vendor website/kit literature.

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

This order should be used for all of the following send out tests that utilize vendor specific collection kits (NOTE: The collection kits are NOT stocked by the UCSF Clinical Labs and must be provided by the ordering clinic):

Myriad - Prenatal Screen, Cell-free DNA (CFFD)

NavDx - Blood Test for Oropharyngeal Cancer

Natera - Signatera MRD

4Kscore

Guardant

FoundationOne CDX

**Test Code:**

SOKIT

**Performing Lab:**

Depending on which test is being collected: Myriad, NavDx, Natera, 4Kscore, Guardant, FoundationOne

**Sendout:**

Yes

**Performed:**

See vendor website/kit literature.

**Methodology:**

See vendor website/kit literature.

**Remarks:**

Vendor specific collection kit is required for this testing. Kit it to be brought by the patient from the ordering clinic.

**Collect:**

See vendor website/kit literature.

**Amount to Collect:**

See vendor website/kit literature.

**Sample Type:**

See vendor website/kit literature.

**Unacceptable Conditions:**

See vendor website/kit literature.

**Specimen Preparation:**

See vendor website/kit literature.

**Reference Interval:**

See vendor website/kit literature.

**Storage/Transport Temperature:**

See vendor website/kit literature.

**Stability (from collection to initiation):**

See vendor website/kit literature.

**Reported:**

See vendor website/kit literature.

# Serotonin, Whole Blood

LAB121

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

Test run Monday-Saturday. Turnaround time: 3-5 days.

## COLLECTION

**Patient Preparation:**

Patient should avoid food high in indoles: avocado, banana, tomato, plum, walnut, pineapple, and eggplant. Patient should also avoid tobacco, tea and coffee three days prior to specimen collection.

**Sample Type:**

Blood

**Label Abbreviation:**

SERO

**Collect:**

QUEST-PROVIDED KIT

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:**

Proper specimen collection, storage and shipment are critical for serotonin whole blood analysis. Strict adherence to the following specimen collection instructions will ensure the most meaningful results.

1. Draw blood into the EDTA 7.2-mg Vacutainer® tube.
2. After drawing the blood, mix well and immediately transfer all blood to the enclosed container, which contains 35 mg of ascorbic acid.
3. Mix well and freeze immediately.
4. Ship frozen. Expiration date for ascorbic acid container is the same as the EDTA tube provided in the kit.

**Stability (from collection to initiation):**

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Received room temperature • Received refrigerated • EDTA (lavender-top) collection without ascorbic acid

## PROCESSING

**Test Code:**

SERO

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Proper specimen collection, storage and shipment are critical for serotonin whole blood analysis. Strict adherence to the following specimen collection instructions will ensure the most meaningful results.

1. Draw blood into the EDTA 7.2-mg Vacutainer® tube.
2. After drawing the blood, mix well and immediately transfer all blood to the enclosed container, which contains 35 mg of ascorbic acid.
3. Mix well and freeze immediately.
4. Ship frozen. Expiration date for ascorbic acid container is the same as the EDTA tube provided in the kit.

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Received room temperature • Received refrigerated • EDTA (lavender-top) collection without ascorbic acid

**Stability (from collection to initiation):**

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

56-244 ng/mL

**ADMINISTRATIVE****CPT Codes:**

84260

**LOINC Codes:**

2939-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SERO

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Patient Preparation:**

Patient should avoid food high in indoles: avocado, banana, tomato, plum, walnut, pineapple, and eggplant. Patient should also avoid tobacco, tea and coffee three days prior to specimen collection.

**Remarks:**

Proper specimen collection, storage and shipment are critical for serotonin whole blood analysis. Strict adherence to the following specimen collection instructions will ensure the most meaningful results.

1. Draw blood into the EDTA 7.2-mg Vacutainer® tube.
2. After drawing the blood, mix well and immediately transfer all blood to the enclosed container, which contains 35 mg of ascorbic acid.
3. Mix well and freeze immediately.
4. Ship frozen. Expiration date for ascorbic acid container is the same as the EDTA tube provided in the kit.

**Collect:**

QUEST-PROVIDED KIT

**Amount to Collect:**

4 mL blood

**Sample Type:**

Blood

**Preferred Volume:**

4 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Received room temperature • Received refrigerated • EDTA (lavender-top) collection without ascorbic acid

**Specimen Preparation:**

Proper specimen collection, storage and shipment are critical for serotonin whole blood analysis. Strict adherence to the following specimen collection instructions will ensure the most meaningful results.

1. Draw blood into the EDTA 7.2-mg Vacutainer® tube.
2. After drawing the blood, mix well and immediately transfer all blood to the enclosed container, which contains 35 mg of ascorbic acid.
3. Mix well and freeze immediately.
4. Ship frozen. Expiration date for ascorbic acid container is the same as the EDTA tube provided in the kit.

**Units:**

ng/mL

**Reference Interval:**

56-244 ng/mL

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Frozen: 30 days

**Reported:**

Test run Monday-Saturday. Turnaround time: 3-5 days.

**CPT Codes:**

84260

**LOINC Codes:**

2939-7

# Serum Preparation & Storage

HTSPS (Sunquest: ILSPS)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Synonyms:**

- Serum for Waitlist, Save Transplant Serum

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top x 2

**Amount to Collect:**

12 mL blood

**Preferred Volume:**

6 mL serum

**Minimum Volume:**

2 mL serum

**Remarks:**

Fill Red top tube completely. If being collected with other antibody and or crossmatch testing, collect 2 tubes.

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample

## PROCESSING

**Test Code:**

HTSPS (Sunquest: ILSPS)

**Test Group:**

HLA Sample

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

6 mL serum

**Minimum Volume:**

2 mL serum

**Unacceptable Conditions:**

Hemolyzed sample

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

## ADMINISTRATIVE

**CPT Codes:**

N/A

## COMPLETE VIEW

**Available Stat:**

Yes



**Test Code:**

HTSPS (Sunquest: ILSPS)

**Test Group:**

HLA Sample

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Remarks:**

Fill Red top tube completely. If being collected with other antibody and or crossmatch testing, collect 2 tubes.

**Collect:**

Red top x 2

**Amount to Collect:**

12 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

6 mL serum

**Minimum Volume:**

2 mL serum

**Unacceptable Conditions:**

Hemolyzed sample

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Serum for Waitlist, Save Transplant Serum

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**CPT Codes:**

N/A

# Severe Acute Respiratory Syndrome

LAB5088

## ORDERING

**Available Stat:**

No

**Performing Lab:**

State Viral &amp; Rickettsial Disease Laboratory

**Additional Information:**

Laboratory testing is performed at the State of California DHS Viral and Rickettsial Disease Laboratory, and at the Centers for Disease Control, on hospitalized patients with unexplained pneumonia AND, for SARS, with travel to Guangdong Province, China.

Testing is performed for a broad range of pathogens, including Coronavirus, other respiratory viruses, human metapneumovirus, Mycoplasma, and Chlamydia.

Specimens should be kept refrigerated until delivered to the Microbiology laboratory.

**Synonyms:**

- SARS

## COLLECTION

**Sample Type:**

Nasopharyngeal swab or wash, Serum, Stool or rectal swab, BAL, tracheal aspirate, pleural fluid.

**Collect:**

Swabs in viral transport media, Gold top, stool in urine cup, fluid in Red top or other sterile container.

**Amount to Collect:**

Blood: 10 mL

Stool: 50 mL

**Preferred Volume:**

5 mL serum **AND** 50 mL stool

**Minimum Volume:**

2.5 mL serum **AND** 10 mL stool

**Remarks:**

Before submitting specimens for SARS testing, clinicians who suspect cases of SARS are requested to report such cases to UCSF Infection Control at 476-5793 and San Francisco Communicable Disease Control Unit at (415)554-2830.

Contact UCSF Microbiology Laboratory (3-1268) to obtain the Unexplained Pneumonia Screening form for specimen submission, and to facilitate transport of specimens to San Francisco DPH Laboratory.

Both upper respiratory (nasopharyngeal swab or wash) and blood are required samples. Stool and lower respiratory samples may also be submitted but are not required.

## PROCESSING

**Test Code:**

P319

**Sendout:**

Yes

**Performing Lab:**

State Viral & Rickettsial Disease Laboratory

**Specimen Preparation:**

Refrigerate sample

**Preferred Volume:**

5 mL serum **AND** 50 mL stool

**Minimum Volume:**

2.5 mL serum **AND** 10 mL stool

## RESULT INTERPRETATION

**Additional Information:**

Laboratory testing is performed at the State of California DHS Viral and Rickettsial Disease Laboratory, and at the Centers for Disease Control, on hospitalized patients with unexplained pneumonia AND, for SARS, with travel to Guangdong Province, China.

Testing is performed for a broad range of pathogens, including Coronavirus, other respiratory viruses, human metapneumovirus, Mycoplasma, and Chlamydia.

Specimens should be kept refrigerated until delivered to the Microbiology laboratory.

**ADMINISTRATIVE****LOINC Codes:**

29257-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P319

**Performing Lab:**

State Viral & Rickettsial Disease Laboratory

**Sendout:**

Yes

**Remarks:**

Before submitting specimens for SARS testing, clinicians who suspect cases of SARS are requested to report such cases to UCSF Infection Control at 476-5793 and San Francisco Communicable Disease Control Unit at (415)554-2830.

Contact UCSF Microbiology Laboratory (3-1268) to obtain the Unexplained Pneumonia Screening form for specimen submission, and to facilitate transport of specimens to San Francisco DPH Laboratory.

Both upper respiratory (nasopharyngeal swab or wash) and blood are required samples. Stool and lower respiratory samples may also be submitted but are not required.

**Collect:**

Swabs in viral transport media, Gold top, stool in urine cup, fluid in Red top or other sterile container.

**Amount to Collect:**

Blood: 10 mL

Stool: 50 mL

**Sample Type:**

Nasopharyngeal swab or wash, Serum, Stool or rectal swab, BAL, tracheal aspirate, pleural fluid.

**Preferred Volume:**

5 mL serum **AND** 50 mL stool

**Minimum Volume:**

2.5 mL serum **AND** 10 mL stool

**Specimen Preparation:**

Refrigerate sample

**Synonyms:**

- SARS

**Additional Information:**

Laboratory testing is performed at the State of California DHS Viral and Rickettsial Disease Laboratory, and at the Centers for Disease Control, on hospitalized patients with unexplained pneumonia AND, for SARS, with travel to Guangdong Province, China.

Testing is performed for a broad range of pathogens, including Coronavirus, other respiratory viruses, human metapneumovirus, Mycoplasma, and Chlamydia.

Specimens should be kept refrigerated until delivered to the Microbiology laboratory.

**LOINC Codes:**

29257-3

# Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), Spike Antibody, Semi-Quantitative, Serum

MOLT

## ORDERING

### Ordering Recommendations:

Aiding in the identification of individuals with an adaptive immune response to SARS-CoV-2, indicating prior infection or vaccination

This test provides semi-quantitative detection of serum antibodies against the spike glycoprotein of the SARS-CoV-2, the causative agent of COVID-19.

This test is intended for use as an aid in identifying individuals with an adaptive immune response to SARS-CoV-2, indicating prior infection and/or vaccination.

Fact sheets for this emergency use authorization assay can be found at the following links:

For healthcare providers: [www.fda.gov/media/144035/download](https://www.fda.gov/media/144035/download)

For patients: [www.fda.gov/media/144036/download](https://www.fda.gov/media/144036/download)

### Available Stat:

No

### Performing Lab:

Mayo Clinic Laboratories

### Performed:

Monday, Wednesday, and Friday

### Methodology:

Electrochemiluminescence Immunoassay (ECLIA)

### Reported:

1 - 3 days

**Additional Information:**

This test will detect antibodies developed due to prior or current infection and will detect antibodies against the spike glycoprotein of SARS-CoV-2 generated following vaccination. This test will not differentiate between the two events. The absence of antibodies in this assay does not rule out recent infection.

For confirmation of prior infection in the presence of vaccination, order COVTA / Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2), Nucleocapsid, Total Antibody, Serum.

Molecular testing is recommended for diagnosis of COVID-19 in symptomatic patients. For more information see HPCOV / Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Molecular Detection, Varies.

For the most up-to-date coronavirus disease 2019 (COVID-19) epidemiology and testing recommendations, visit [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html).

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is an enveloped, single-stranded RNA virus of the family Coronaviridae, genus Betacoronavirus. All coronaviruses share similarities in the organization and expression of their genome, which encodes 16 nonstructural proteins and the 4 structural proteins: spike (S), envelope (E), membrane (M), and nucleocapsid (N).

Results are for the semiquantitative detection of total antibodies (without differentiation between immunoglobulin classes) against the SARS-CoV-2 spike protein, and specifically against the receptor binding domain. Antibodies to SARS-CoV-2 are detectable in over 90% of patients by 2 weeks after symptom onset or vaccination and can remain detectable for months to years following resolution of infection and after repeat vaccination.

This assay provides qualitative and semi-quantitative results for the presence of antibodies to the receptor binding domain on the SARS-CoV-2 spike glycoprotein. Both vaccine and recent infection can stimulate antibodies against this domain.

**Negative:**

No antibodies to SARS-CoV-2 spike glycoprotein detected. Negative results may occur in serum collected too soon following infection or vaccination, in immunosuppressed patients, or in patients with mild or asymptomatic infection. This test does not rule out active or recent COVID-19 infection. Follow-up testing with a molecular test for SARS-CoV-2 is recommended in symptomatic patients.

**Positive:**

Antibodies to the SARS-CoV-2 spike glycoprotein detected. Results suggest recent or prior SARS-CoV-2 infection or vaccination. Serologic results should not be used to diagnose recent SARS-CoV-2 infection as antibodies remain detectable for months to years after infection/vaccination.

For the manufacture of COVID-19 convalescent plasma using the Roche Diagnostics anti-SARS-CoV-2 spike electro-chemiluminescence immunoassays, per current US Food and Drug Administration Emergency Use Authorization guidelines, high-titer convalescent plasma is defined as plasma units with a semi-quantitative value of 132 U/mL and above (see appendix A: [www.fda.gov/media/141477/download](http://www.fda.gov/media/141477/download)).

**Cautions**

Negative results do not preclude SARS-CoV-2 infections. If an acute infection is suspected, direct testing for SARS-CoV-2 virus is necessary.

False-positive results for Roche Anti-SARS-CoV-2 IgG test may occur due to cross-reactivity from pre-existing antibodies or other possible causes.

In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin, or ruthenium can occur.

Serum biotin concentrations up to 1200 ng/mL do not interfere with this assay. Extremely high concentrations of biotin in patient serum due to heavy administration or supplementation of biotin may falsely depress Anti-SARS-CoV-2 antibody detection.

In rare cases, some individuals can develop antibodies to mouse or other animal antibodies (often referred to as human antimouse antibodies [HAMA] or heterophile antibodies), which may cause interference in some immunoassays. The presence of antibodies to streptavidin or ruthenium rarely occur and may also interfere with this assay. Caution should be used in interpretation of results, and the laboratory should be alerted if the result does not correlate with the clinical presentation.

**Synonyms:**

- Coronavirus
- Cov-2
- SARS-Cov-2
- Covid-19
- Coronavirus Ab
- Coronavirus antibody
- COVID-19 Ab
- COVID-19 antibody
- SARS CoV-2 Ab
- SARS CoV-2
- SARS CoV-2 antibody
- COVID
- COVSQ

**COLLECTION****Sample Type:**

Serum

**Collect:**

Gold top preferred  
Red top acceptable

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1.0 mL serum

**Minimum Volume:**

0.75 mL serum

**Stability (from collection to initiation):**

Room temperature: 72 hours  
Refrigerated: 14 days  
Frozen: 28 days

**PROCESSING****Test Code:**

MOLT

**Performing Lab:**

Mayo Clinic Laboratories

**Preferred Volume:**

1.0 mL serum

**Minimum Volume:**

0.75 mL serum

**Stability (from collection to initiation):**

Room temperature: 72 hours  
Refrigerated: 14 days  
Frozen: 28 days

**RESULT INTERPRETATION****Units:**

U/mL

**Reference Interval:**

An interpretative report will be provided.

**Additional Information:**

This test will detect antibodies developed due to prior or current infection and will detect antibodies against the spike glycoprotein of SARS-CoV-2 generated following vaccination. This test will not differentiate between the two events. The absence of antibodies in this assay does not rule out recent infection.

For confirmation of prior infection in the presence of vaccination, order COVTA / Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2), Nucleocapsid, Total Antibody, Serum.

Molecular testing is recommended for diagnosis of COVID-19 in symptomatic patients. For more information see HPCOV / Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Molecular Detection, Varies.

For the most up-to-date coronavirus disease 2019 (COVID-19) epidemiology and testing recommendations, visit [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html).

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is an enveloped, single-stranded RNA virus of the family Coronaviridae, genus Betacoronavirus. All coronaviruses share similarities in the organization and expression of their genome, which encodes 16 nonstructural proteins and the 4 structural proteins: spike (S), envelope (E), membrane (M), and nucleocapsid (N).

Results are for the semiquantitative detection of total antibodies (without differentiation between immunoglobulin classes) against the SARS-CoV-2 spike protein, and specifically against the receptor binding domain. Antibodies to SARS-CoV-2 are detectable in over 90% of patients by 2 weeks after symptom onset or vaccination and can remain detectable for months to years following resolution of infection and after repeat vaccination.

This assay provides qualitative and semi-quantitative results for the presence of antibodies to the receptor binding domain on the SARS-CoV-2 spike glycoprotein. Both vaccine and recent infection can stimulate antibodies against this domain.

**Negative:**

No antibodies to SARS-CoV-2 spike glycoprotein detected. Negative results may occur in serum collected too soon following infection or vaccination, in immunosuppressed patients, or in patients with mild or asymptomatic infection. This test does not rule out active or recent COVID-19 infection. Follow-up testing with a molecular test for SARS-CoV-2 is recommended in symptomatic patients.

**Positive:**

Antibodies to the SARS-CoV-2 spike glycoprotein detected. Results suggest recent or prior SARS-CoV-2 infection or vaccination. Serologic results should not be used to diagnose recent SARS-CoV-2 infection as antibodies remain detectable for months to years after infection/vaccination.

For the manufacture of COVID-19 convalescent plasma using the Roche Diagnostics anti-SARS-CoV-2 spike electro-chemiluminescence immunoassays, per current US Food and Drug Administration Emergency Use Authorization guidelines, high-titer convalescent plasma is defined as plasma units with a semi-quantitative value of 132 U/mL and above (see appendix A: [www.fda.gov/media/141477/download](http://www.fda.gov/media/141477/download)).

**Cautions**

Negative results do not preclude SARS-CoV-2 infections. If an acute infection is suspected, direct testing for SARS-CoV-2 virus is necessary.

False-positive results for Roche Anti-SARS-CoV-2 IgG test may occur due to cross-reactivity from pre-existing antibodies or other possible causes.

In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin, or ruthenium can occur.

Serum biotin concentrations up to 1200 ng/mL do not interfere with this assay. Extremely high concentrations of biotin in patient serum due to heavy administration or supplementation of biotin may falsely depress Anti-SARS-CoV-2 antibody detection.

In rare cases, some individuals can develop antibodies to mouse or other animal antibodies (often referred to as human antimouse antibodies [HAMA] or heterophile antibodies), which may cause interference in some immunoassays. The presence of antibodies to streptavidin or ruthenium rarely occur and may also interfere with this assay. Caution should be used in interpretation of results, and the laboratory should be alerted if the result does not correlate with the clinical presentation.

**ADMINISTRATIVE****CPT Codes:**

86769

**LOINC Codes:**

94769-7

**COMPLETE VIEW**

**Available Stat:**

No

**Ordering Recommendations:**

Aiding in the identification of individuals with an adaptive immune response to SARS-CoV-2, indicating prior infection or vaccination

This test provides semi-quantitative detection of serum antibodies against the spike glycoprotein of the SARS-CoV-2, the causative agent of COVID-19.

This test is intended for use as an aid in identifying individuals with an adaptive immune response to SARS-CoV-2, indicating prior infection and/or vaccination.

Fact sheets for this emergency use authorization assay can be found at the following links:

For healthcare providers: [www.fda.gov/media/144035/download](http://www.fda.gov/media/144035/download)

For patients: [www.fda.gov/media/144036/download](http://www.fda.gov/media/144036/download)

**Test Code:**

MOLT

**Performing Lab:**

Mayo Clinic Laboratories

**Performed:**

Monday, Wednesday, and Friday

**Methodology:**

Electrochemiluminescence Immunoassay (ECLIA)

**Collect:**

Gold top preferred  
Red top acceptable

**Amount to Collect:**

3 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1.0 mL serum

**Minimum Volume:**

0.75 mL serum

**Units:**

U/mL

**Reference Interval:**

An interpretative report will be provided.

**Synonyms:**

- Coronavirus
- Cov-2
- SARS-Cov-2
- Covid-19
- Coronavirus Ab
- Coronavirus antibody
- COVID-19 Ab
- COVID-19 antibody
- SARS CoV-2 Ab
- SARS CoV-2
- SARS CoV-2 antibody
- COVID
- COVSQ

**Stability (from collection to initiation):**

Room temperature: 72 hours  
Refrigerated: 14 days  
Frozen: 28 days

**Reported:**

1 - 3 days



**Additional Information:**

This test will detect antibodies developed due to prior or current infection and will detect antibodies against the spike glycoprotein of SARS-CoV-2 generated following vaccination. This test will not differentiate between the two events. The absence of antibodies in this assay does not rule out recent infection.

For confirmation of prior infection in the presence of vaccination, order COVTA / Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2), Nucleocapsid, Total Antibody, Serum.

Molecular testing is recommended for diagnosis of COVID-19 in symptomatic patients. For more information see HPCOV / Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Molecular Detection, Varies.

For the most up-to-date coronavirus disease 2019 (COVID-19) epidemiology and testing recommendations, visit [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html).

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is an enveloped, single-stranded RNA virus of the family Coronaviridae, genus Betacoronavirus. All coronaviruses share similarities in the organization and expression of their genome, which encodes 16 nonstructural proteins and the 4 structural proteins: spike (S), envelope (E), membrane (M), and nucleocapsid (N).

Results are for the semiquantitative detection of total antibodies (without differentiation between immunoglobulin classes) against the SARS-CoV-2 spike protein, and specifically against the receptor binding domain. Antibodies to SARS-CoV-2 are detectable in over 90% of patients by 2 weeks after symptom onset or vaccination and can remain detectable for months to years following resolution of infection and after repeat vaccination.

This assay provides qualitative and semi-quantitative results for the presence of antibodies to the receptor binding domain on the SARS-CoV-2 spike glycoprotein. Both vaccine and recent infection can stimulate antibodies against this domain.

**Negative:**

No antibodies to SARS-CoV-2 spike glycoprotein detected. Negative results may occur in serum collected too soon following infection or vaccination, in immunosuppressed patients, or in patients with mild or asymptomatic infection. This test does not rule out active or recent COVID-19 infection. Follow-up testing with a molecular test for SARS-CoV-2 is recommended in symptomatic patients.

**Positive:**

Antibodies to the SARS-CoV-2 spike glycoprotein detected. Results suggest recent or prior SARS-CoV-2 infection or vaccination. Serologic results should not be used to diagnose recent SARS-CoV-2 infection as antibodies remain detectable for months to years after infection/vaccination.

For the manufacture of COVID-19 convalescent plasma using the Roche Diagnostics anti-SARS-CoV-2 spike electro-chemiluminescence immunoassays, per current US Food and Drug Administration Emergency Use Authorization guidelines, high-titer convalescent plasma is defined as plasma units with a semi-quantitative value of 132 U/mL and above (see appendix A: [www.fda.gov/media/141477/download](http://www.fda.gov/media/141477/download)).

**Cautions**

Negative results do not preclude SARS-CoV-2 infections. If an acute infection is suspected, direct testing for SARS-CoV-2 virus is necessary.

False-positive results for Roche Anti-SARS-CoV-2 IgG test may occur due to cross-reactivity from pre-existing antibodies or other possible causes.

In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin, or ruthenium can occur.

Serum biotin concentrations up to 1200 ng/mL do not interfere with this assay. Extremely high concentrations of biotin in patient serum due to heavy administration or supplementation of biotin may falsely depress Anti-SARS-CoV-2 antibody detection.

In rare cases, some individuals can develop antibodies to mouse or other animal antibodies (often referred to as human antimouse antibodies [HAMA] or heterophile antibodies), which may cause interference in some immunoassays. The presence of antibodies to streptavidin or ruthenium rarely occur and may also interfere with this assay. Caution should be used in interpretation of results, and the laboratory should be alerted if the result does not correlate with the clinical presentation.

**CPT Codes:**

86769

**LOINC Codes:**

94769-7

# Sex Hormone Binding Globulin

LAB3398

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Electrochemiluminescent Immunoassay

**Reported:**

Within 24 hours

**Synonyms:**

- SBP
- Sex Steroid Binding Protein
- SHBG
- TeBG
- Testosterone-Estradiol Binding Globulin
- Testosterone-Estradiol Binding Globulin (TeBG)
- Testosterone-Estrogen Binding Globulin

## COLLECTION

**Sample Type:**

Serum (gold top) or plasma (green top)

**Label Abbreviation:**

SHBG

**Collect:**

Serum separator tube. Also acceptable: Green (lithium heparin).

**Amount to Collect:**

1 ml blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.4 mL serum or plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**Specimens collected in lavender (EDTA) or pink (K<sub>2</sub>EDTA). Grossly hemolyzed specimens.

## PROCESSING

**Test Code:**

SHBG

**ARUP Test Code:**

0099375

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.4 mL serum or plasma

**Unacceptable Conditions:**Specimens collected in lavender (EDTA) or pink (K<sub>2</sub>EDTA). Grossly hemolyzed specimens.**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Units:**

nmol/L

**Reference Interval:**

| Age                | Male          | Female        |
|--------------------|---------------|---------------|
| 1-30 days          | 13-85 nmol/L  | 14-60 nmol/L  |
| 31-364 days        | 70-250 nmol/L | 60-215 nmol/L |
| 1-3 years          | 50-180 nmol/L | 60-190 nmol/L |
| 4-6 years          | 45-175 nmol/L | 55-170 nmol/L |
| 7-9 years          | 28-190 nmol/L | 35-170 nmol/L |
| 10-12 years        | 23-160 nmol/L | 17-155 nmol/L |
| 13-15 years        | 13-140 nmol/L | 11-120 nmol/L |
| 16-17 years        | 10-60 nmol/L  | 19-145 nmol/L |
| 18-49 years        | 17-56 nmol/L  | 25-122 nmol/L |
| 50 years and older | 19-76 nmol/L  | 17-125 nmol/L |
| Tanner Stage I     | 26-186 nmol/L | 30-173 nmol/L |
| Tanner Stage II    | 22-169 nmol/L | 16-127 nmol/L |
| Tanner Stage III   | 13-104 nmol/L | 12-98 nmol/L  |
| Tanner Stage IV    | 11-60 nmol/L  | 14-151 nmol/L |
| Tanner Stage V     | 11-71 nmol/L  | 23-165 nmol/L |

**ADMINISTRATIVE****CPT Codes:**

84270

**LOINC:**

- 13967-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SHBG

**ARUP Test Code:**

0099375

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Electrochemiluminescent Immunoassay

**Collect:**

Serum separator tube. Also acceptable: Green (lithium heparin).

**Amount to Collect:**

1 ml blood

**Sample Type:**

Serum (gold top) or plasma (green top)

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.4 mL serum or plasma

**Unacceptable Conditions:**

Specimens collected in lavender (EDTA) or pink (K<sub>2</sub>EDTA). Grossly hemolyzed specimens.

**Specimen Preparation:**

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)

**Units:**

nmol/L

**Reference Interval:**

| Age                | Male          | Female        |
|--------------------|---------------|---------------|
| 1-30 days          | 13-85 nmol/L  | 14-60 nmol/L  |
| 31-364 days        | 70-250 nmol/L | 60-215 nmol/L |
| 1-3 years          | 50-180 nmol/L | 60-190 nmol/L |
| 4-6 years          | 45-175 nmol/L | 55-170 nmol/L |
| 7-9 years          | 28-190 nmol/L | 35-170 nmol/L |
| 10-12 years        | 23-160 nmol/L | 17-155 nmol/L |
| 13-15 years        | 13-140 nmol/L | 11-120 nmol/L |
| 16-17 years        | 10-60 nmol/L  | 19-145 nmol/L |
| 18-49 years        | 17-56 nmol/L  | 25-122 nmol/L |
| 50 years and older | 19-76 nmol/L  | 17-125 nmol/L |
| Tanner Stage I     | 26-186 nmol/L | 30-173 nmol/L |
| Tanner Stage II    | 22-169 nmol/L | 16-127 nmol/L |
| Tanner Stage III   | 13-104 nmol/L | 12-98 nmol/L  |
| Tanner Stage IV    | 11-60 nmol/L  | 14-151 nmol/L |
| Tanner Stage V     | 11-71 nmol/L  | 23-165 nmol/L |

**Synonyms:**

- SBP
- Sex Steroid Binding Protein
- SHBG
- TeBG
- Testosterone-Estradiol Binding Globulin
- Testosterone-Estradiol Binding Globulin (TeBG)
- Testosterone-Estrogen Binding Globulin

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 6 months

**Reported:**

Within 24 hours

**CPT Codes:**

84270

**LOINC:**

- 13967-5

# Sialic Acid

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

JMC

**Reported:**

Turnaround: 2-4 weeks.

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

5 mL urine

**Remarks:**

A detailed clinical history must accompany the test request or be sent by fax to (215) 955-9554.

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Sialic acid

**Sendout:**

Yes

**Performing Lab:**

JMC

**Specimen Preparation:**

Ship by Federal Express at room temperature:

Dr. David A. Wenger, Jefferson Medical College, Jefferson Alumni Hall, Rm. 394, 1024 Locust St., Philadelphia, PA 19107,  
ph: (215) 955-4923, fax: 955-9554, david.wenger@mail.tju.edu

**Preferred Volume:**

5 mL urine

## RESULT INTERPRETATION

**Reference Interval:**

Negative

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Test Group:**

Sialic acid

**Performing Lab:**

JMC

**Sendout:**

Yes

**Remarks:**

A detailed clinical history must accompany the test request or be sent by fax to (215) 955-9554.

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

5 mL urine

**Specimen Preparation:**

Ship by Federal Express at room temperature:

Dr. David A. Wenger, Jefferson Medical College, Jefferson Alumni Hall, Rm. 394, 1024 Locust St., Philadelphia, PA 19107,  
ph: (215) 955-4923, fax: 955-9554, david.wenger@mail.tju.edu

**Reference Interval:**

Negative

**Reported:**

Turnaround: 2-4 weeks.

# Signatera MRD

SIGMRD

## ORDERING

**Performing Lab:**

Natera

**Methodology:**

Bespoke, multiplex-PCR, next-generation sequencing

**Reported:**

Initial test TAT = 21 days

Follow on test TAT = 5-7 days

**Additional Information:**

Signatera is a personalized molecular test for the detection of circulating tumor DNA (ctDNA) in the blood of patients previously diagnosed with cancer.

## COLLECTION

**Sample Type:**

Whole blood

**Collect:**

2 Streck Cell-Free DNA BCT tubes &amp; 1 EDTA tube

**Preferred Volume:**

10 mL per Streck tube (20 mL total), 6 mL EDTA

**Minimum Volume:**

8 mL per Streck tube, 3 mL per EDTA

**Remarks:**

Collection kit to be brought by patient from ordering clinic. Kit includes 2 Streck Cell-Free DNA BCT tubes &amp; 1 EDTA tube.

**Stability (from collection to initiation):**

Stable for 7 days (including shipping), store at Room/ Ambient Temp after draw (do not freeze gel pack in kit)

**Unacceptable Conditions:**

Will reject if samples are frozen, hemolyzed, have zero patient identifiers on tubes, or sample does not meet volume requirements (test is volume dependent)

## PROCESSING

**Test Code:**

SIGMRD

**Sendout:**

Yes

**Performing Lab:**

Natera

**Specimen Preparation:**

Collection kit is required for processing. After collection, kit is to be transported to Processing and sent out with pre-paid shipping from Natera.

**Preferred Volume:**

10 mL per Streck tube (20 mL total), 6 mL EDTA

**Minimum Volume:**

8 mL per Streck tube, 3 mL per EDTA

**Unacceptable Conditions:**

Will reject if samples are frozen, hemolyzed, have zero patient identifiers on tubes, or sample does not meet volume requirements (test is volume dependent)

**Stability (from collection to initiation):**

Stable for 7 days (including shipping), store at Room/ Ambient Temp after draw (do not freeze gel pack in kit)

## RESULT INTERPRETATION

**Additional Information:**

Signatera is a personalized molecular test for the detection of circulating tumor DNA (ctDNA) in the blood of patients previously diagnosed with cancer.

## ADMINISTRATIVE

**CPT Codes:**  
81479

## COMPLETE VIEW

**Test Code:**  
SIGMRD

**Performing Lab:**  
Natera

**Sendout:**  
Yes

**Methodology:**  
Bespoke, multiplex-PCR, next-generation sequencing

**Remarks:**  
Collection kit to be brought by patient from ordering clinic. Kit includes 2 Streck Cell-Free DNA BCT tubes & 1 EDTA tube.

**Collect:**  
2 Streck Cell-Free DNA BCT tubes & 1 EDTA tube

**Sample Type:**  
Whole blood

**Preferred Volume:**  
10 mL per Streck tube (20 mL total), 6 mL EDTA

**Minimum Volume:**  
8 mL per Streck tube, 3 mL per EDTA

**Unacceptable Conditions:**  
Will reject if samples are frozen, hemolyzed, have zero patient identifiers on tubes, or sample does not meet volume requirements (test is volume dependent)

**Specimen Preparation:**  
Collection kit is required for processing. After collection, kit is to be transported to Processing and sent out with pre-paid shipping from Natera.

**Stability (from collection to initiation):**  
Stable for 7 days (including shipping), store at Room/ Ambient Temp after draw (do not freeze gel pack in kit)

**Reported:**  
Initial test TAT = 21 days  
Follow on test TAT = 5-7 days

**Additional Information:**  
Signatera is a personalized molecular test for the detection of circulating tumor DNA (ctDNA) in the blood of patients previously diagnosed with cancer.

**CPT Codes:**  
81479



SIL-2RA Level (Cd25)

LAB4305

ORDERING

**Available Stat:**  
No

**Performing Lab:**  
Machaon

**Methodology:**  
Automated microfluidics immunoassay

**Reported:**  
< 1 week

**Synonyms:**

- CD25
- Soluble IL-2R

COLLECTION

**Sample Type:**  
Plasma

**Collect:**  
EDTA lavender-top

**Amount to Collect:**  
2 mL blood

**Preferred Volume:**  
1 mL plasma

**Stability (from collection to initiation):**  
Room Temp.: 3 days  
Refrigerated: 3 days  
Frozen (-20C): 1 month  
Frozen (-80C): 6 months

**Storage/Transport Temperature:**  
Frozen

PROCESSING

**Test Code:**  
SIL2RA

**Sendout:**  
Yes

**Performing Lab:**  
Machaon

**Preferred Volume:**  
1 mL plasma

**Stability (from collection to initiation):**  
Room Temp.: 3 days  
Refrigerated: 3 days  
Frozen (-20C): 1 month  
Frozen (-80C): 6 months

**Storage/Transport Temperature:**  
Frozen

RESULT INTERPRETATION

**Units:**  
pg/mL

**Reference Interval:**  
EDTA Plasma: 214-1910 pg/mL  
Serum: 325-1785 pg/mL

**Interpretive Data:**

This test is used to detect soluble IL-2Ralpha in human plasma or serum produced in response to increased activation of B and T cells and immune system activation. Studies show elevated levels of sIL-2Ralpha in serum with the onset of rejection episodes in allograft recipients, autoimmune diseases such as rheumatoid arthritis and systemic lupus erythematosus (SLE), hemophagocytic lymphohistiocytosis (HLH) and in the course of some leukemias and lymphomas. This test may be of diagnostic and/or prognostic value in HLH, granulomatous, autoimmune, and malignant diseases.

**ADMINISTRATIVE****CPT Codes:**

83520

**LOINC Codes:**

44422-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SIL2RA

**Performing Lab:**

Machaon

**Sendout:**

Yes

**Methodology:**

Automated microfluidics immunoassay

**Collect:**

EDTA lavender-top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

1 mL plasma

**Units:**

pg/mL

**Reference Interval:**

EDTA Plasma: 214-1910 pg/mL

Serum: 325-1785 pg/mL

**Interpretive Data:**

This test is used to detect soluble IL-2Ralpha in human plasma or serum produced in response to increased activation of B and T cells and immune system activation. Studies show elevated levels of sIL-2Ralpha in serum with the onset of rejection episodes in allograft recipients, autoimmune diseases such as rheumatoid arthritis and systemic lupus erythematosus (SLE), hemophagocytic lymphohistiocytosis (HLH) and in the course of some leukemias and lymphomas. This test may be of diagnostic and/or prognostic value in HLH, granulomatous, autoimmune, and malignant diseases.

**Synonyms:**

- CD25
- Soluble IL-2R

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room Temp.: 3 days

Refrigerated: 3 days

Frozen (-20C): 1 month

Frozen (-80C): 6 months

**Reported:**

&lt; 1 week

**CPT Codes:**

83520

**LOINC Codes:**

44422-4

# Sirolimus Level

LAB875

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Daily (day shift)

**Methodology:**

Abbott Architect Chemiluminescent Immunoassay

**Reported:**

For samples received by 1200 (Monday-Friday) and 1000 (weekends and holidays) the results will be available by 1600. Results for samples that miss the cut-off times will be available the following day.

Note: Samples from Berkeley Outpatient Clinic (BOPC), Peninsula Outpatient Clinic (POPC), Saint Francis, and Saint Marys may be reported next day.

**Additional Information:**

Sirolimus is an immunosuppressant drug used to prevent organ graft rejection. Therapeutic drug monitoring is used to optimize dose.

This method yields results approximately 20% higher than the Abbott IMx immunoassay due to improved extraction and recovery of sirolimus from whole blood samples. Information regarding cross reactivity of this assay with metabolites and other drugs can be found in the link to the Lab Procedure. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- Rapamune
- SIRO

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

2 mL whole blood

**Minimum Volume:**

0.3 mL whole blood

**Note:** This volume does not allow for repeat testing if needed.

**Remarks:**

Time to steady state: 6-10 days

Trough samples should be collected no more than 30-60 minutes before next dose

## PROCESSING

**Test Code:**

SIRO

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Refrigerate

**Preferred Volume:**

2 mL whole blood

**Minimum Volume:**

0.3 mL whole blood

**Note:** This volume does not allow for repeat testing if needed.

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

Therapeutic trough: 5 - 15 ng/mL

**Additional Information:**

Sirolimus is an immunosuppressant drug used to prevent organ graft rejection. Therapeutic drug monitoring is used to optimize dose.

This method yields results approximately 20% higher than the Abbott IMx immunoassay due to improved extraction and recovery of sirolimus from whole blood samples. Information regarding cross reactivity of this assay with metabolites and other drugs can be found in the link to the Lab Procedure. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

80195

**LOINC Codes:**

29247-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SIRO

**Performing Lab:**

China Basin Chemistry

**Performed:**

Daily (day shift)

**Methodology:**

Abbott Architect Chemiluminescent Immunoassay

**Remarks:**

Time to steady state: 6-10 days

Trough samples should be collected no more than 30-60 minutes before next dose

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

2 mL whole blood

**Minimum Volume:**

0.3 mL whole blood

**Note:** This volume does not allow for repeat testing if needed.

**Specimen Preparation:**

Refrigerate

**Units:**

ng/mL

**Reference Interval:**

Therapeutic trough: 5 - 15 ng/mL

**Synonyms:**

- Rapamune
- SIRO

**Reported:**

For samples received by 1200 (Monday-Friday) and 1000 (weekends and holidays) the results will be available by 1600. Results for samples that miss the cut-off times will be available the following day.

Note: Samples from Berkeley Outpatient Clinic (BOPC), Peninsula Outpatient Clinic (POPC), Saint Francis, and Saint Marys may be reported next day.

**Additional Information:**

Sirolimus is an immunosuppressant drug used to prevent organ graft rejection. Therapeutic drug monitoring is used to optimize dose.

This method yields results approximately 20% higher than the Abbott IMx immunoassay due to improved extraction and recovery of sirolimus from whole blood samples. Information regarding cross reactivity of this assay with metabolites and other drugs can be found in the link to the Lab Procedure. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

80195

**LOINC Codes:**

29247-4

# Sjogren's Antibodies (SS-A, SS-B)

LAB3198

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Friday (day shift)

**Methodology:**

Chemiluminescent

**Reported:**

2-9 days

**Additional Information:**

Antibodies to SSA (Ro) are present in approximately 60-70% of patients with Sjogren's syndrome and 30-40% of patients with systemic lupus erythematosus (SLE). The presence of this autoantibody in pregnant women has been associated with development of neonatal congenital heart block and neonatal lupus. Antibodies to SSB (La) are found in approximately 60% of patients with Sjogren's syndrome and 11-24% of patients with SLE.

Clinical correlation is advised. Repeat testing may be considered, if clinically indicated.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

## PROCESSING

**Test Code:**

SSAB

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze serum at -20C

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

## RESULT INTERPRETATION

**Units:**

Chemiluminescent Units (CU)

**Reference Interval:**

anti-SSA-Ro52, anti-SSA-Ro60 and anti-SSB:

Negative: &lt; 20 CU

Positive: &gt;= 20 CU

**Additional Information:**

Antibodies to SSA (Ro) are present in approximately 60-70% of patients with Sjogren's syndrome and 30-40% of patients with systemic lupus erythematosus (SLE). The presence of this autoantibody in pregnant women has been associated with development of neonatal congenital heart block and neonatal lupus. Antibodies to SSB (La) are found in approximately 60% of patients with Sjogren's syndrome and 11-24% of patients with SLE.

Clinical correlation is advised. Repeat testing may be considered, if clinically indicated.

**ADMINISTRATIVE****CPT Codes:**

86235 x3

**LOINC Codes:**

33569-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SSAB

**Performing Lab:**

Immunology

**Performed:**

Friday (day shift)

**Methodology:**

Chemiluminescent

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

**Specimen Preparation:**

Freeze serum at -20C

**Units:**

Chemiluminescent Units (CU)

**Reference Interval:**

anti-SSA-Ro52, anti-SSA-Ro60 and anti-SSB:

Negative: < 20 CU

Positive: >= 20 CU

**Reported:**

2-9 days

**Additional Information:**

Antibodies to SSA (Ro) are present in approximately 60-70% of patients with Sjogren's syndrome and 30-40% of patients with systemic lupus erythematosus (SLE). The presence of this autoantibody in pregnant women has been associated with development of neonatal congenital heart block and neonatal lupus. Antibodies to SSB (La) are found in approximately 60% of patients with Sjogren's syndrome and 11-24% of patients with SLE.

Clinical correlation is advised. Repeat testing may be considered, if clinically indicated.

**CPT Codes:**

86235 x3

**LOINC Codes:**

33569-5

# Smith SM/RNP Antibodies, IGG

LAB852

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Friday (day shift)

**Methodology:**

Chemiluminescent

**Reported:**

2-8 days

**Additional Information:**

Systemic lupus erythematosus (SLE) is characterized by the presence of autoantibodies. One class of autoantibodies is directed against extractable nuclear antigens, often producing a speckled pattern on ANA screening.

Antibodies to Sm are present in approximately 40% of patients with SLE and are considered to be highly specific markers for this disease.

The RNP antigen is closely associated with the Sm antigen and is designated the Sm/RNP complex. Anti-RNP antibodies are found in a variety of rheumatic diseases including scleroderma, rheumatoid arthritis, discoid lupus, polymyositis, and Sjogren's syndrome.

**Synonyms:**

- ENA
- anti-SM
- anti-RNP
- anti-ENA
- anti-smith
- RNP antibody
- Sm antibody
- Smith antibody
- Sm/RNP

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Avoid hemolysis

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples.

## PROCESSING

**Test Code:**

AENA

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze serum at -20C

**Preferred Volume:**

1 mL serum



**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples.

**RESULT INTERPRETATION****Units:**

Chemiluminescent Units (CU)

**Reference Interval:**

For both anti-SM and anti-RNP:

Negative: &lt; 20 CU

Positive: ≥ 20 CU

**Additional Information:**

Systemic lupus erythematosus (SLE) is characterized by the presence of autoantibodies. One class of autoantibodies is directed against extractable nuclear antigens, often producing a speckled pattern on ANA screening.

Antibodies to Sm are present in approximately 40% of patients with SLE and are considered to be highly specific markers for this disease.

The RNP antigen is closely associated with the Sm antigen and is designated the Sm/RNP complex. Anti-RNP antibodies are found in a variety of rheumatic diseases including scleroderma, rheumatoid arthritis, discoid lupus, polymyositis, and Sjogren's syndrome.

**ADMINISTRATIVE****CPT Codes:**

86235 x 2

**LOINC Codes:**

43182-5

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

AENA

**Performing Lab:**

Immunology

**Performed:**

Friday (day shift)

**Methodology:**

Chemiluminescent

**Remarks:**

Avoid hemolysis

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples.

**Specimen Preparation:**

Freeze serum at -20C

**Units:**

Chemiluminescent Units (CU)

**Reference Interval:**

For both anti-SM and anti-RNP:

Negative: &lt; 20 CU

Positive: ≥ 20 CU

**Synonyms:**

- ENA
- anti-SM
- anti-RNP
- anti-ENA
- anti-smith
- RNP antibody
- Sm antibody
- Smith antibody
- Sm/RNP

**Reported:**

2-8 days

**Additional Information:**

Systemic lupus erythematosus (SLE) is characterized by the presence of autoantibodies. One class of autoantibodies is directed against extractable nuclear antigens, often producing a speckled pattern on ANA screening.

Antibodies to Sm are present in approximately 40% of patients with SLE and are considered to be highly specific markers for this disease.

The RNP antigen is closely associated with the Sm antigen and is designated the Sm/RNP complex. Anti-RNP antibodies are found in a variety of rheumatic diseases including scleroderma, rheumatoid arthritis, discoid lupus, polymyositis, and Sjogren's syndrome.

**CPT Codes:**

86235 x 2

**LOINC Codes:**

43182-5

# SNP Array for Blood Analysis (aka Microarray)

SNPAB

## ORDERING

### Approval Required:

Yes, if not ordered by Genetics, Neurology or Neonatal Intensive Care Unit faculty or fellows. Requests on inpatients require approval from Cytogenetics/Array staff.

### Available Stat:

No

### Performing Lab:

Medical Genomics - Cytogenetics (Microarray)

### Methodology:

GDA SNP Array

### Reported:

10-21 days

### Additional Information:

#### Limitations

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy.
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds) Imbalances of regions not represented on the array.
- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination).

### Synonyms:

- SNP array blood

## COLLECTION

### Sample Type:

EDTA or heparinized whole blood

Peripheral blood specimen requested. Please contact the lab at 415-353-4844 or Cyto-Mgr@ucsfmedctr.org to request approval of an alternative specimen type, if necessary.

Cytogenetics laboratory only accepts genomic DNA samples for clinical microarray testing when they are extracted in a CLIA-certified laboratory and meet the lab requirement, including  $\geq 500$  ng DNA with a concentration  $\geq 50$  ng/uL and A260/280 ratio  $\geq 1.8$ . Electrophoresis gel image and/or DNA integrity related information should also be provided to the lab. Acceptance of any extracted gDNA sample should be approved by the lab director. Contact Cytogenetics 514-8964.

### Collect:

Lavender top preferred , Dark green top acceptable

### Amount to Collect:

Adult: 5 mL blood  
Infant/Child: 3 mL blood

### Preferred Volume:

Adult: 5 mL blood  
Infant/Child: 3 mL blood  
Extracted DNA: 10 micrograms

### Minimum Volume:

Adult: 2 mL blood  
Infant/Child: 2 mL blood  
Extracted DNA: 10 micrograms

### Remarks:

Insurance pre-authorization required for outpatients

Do not collect sample in lithium heparin (Lt. Green top).

Transport sample at room temperature as soon as possible to lab. If transport is delayed refrigerate sample.

Without insurance pre -authorization, the lab will change the order to SNP microarray Processing, Extraction and Storage and hold DNA for six months. Microarray will be run upon insurance authorization approval within 6 months.

### Stability (from collection to initiation):

Room temperature 4 days, refrigerated 2 weeks.

### Unacceptable Conditions:

Insufficient volume, unlabeled tubes, clotted samples, samples received in Lithium-heparin (Lt. Green top) tubes.

**PROCESSING****Test Code:**

SNPAB

**Performing Lab:**

Medical Genomics - Cytogenetics (Microarray)

**Specimen Preparation:**Refrigerate samples **DO NOT CENTRIFUGE OR FREEZE**. Transport asap to China Basin Cytogenetics.

For questions, contact the microarray laboratory at 514-8964.

**Preferred Volume:**

Adult: 5 mL blood

Infant/Child: 3 mL blood

Extracted DNA: 10 micrograms

**Minimum Volume:**

Adult: 2 mL blood

Infant/Child: 2 mL blood

Extracted DNA: 10 micrograms

**Unacceptable Conditions:**

Insufficient volume, unlabeled tubes, clotted samples, samples received in Lithium-heparin (Lt. Green top) tubes.

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks.

**RESULT INTERPRETATION****Additional Information:****Limitations**

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy.
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds) Imbalances of regions not represented on the array.
- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination).

**ADMINISTRATIVE****CPT Codes:**

81229

Note: Additional charges for MCC studies when necessary, culture set-up fees may apply.

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Approval Required:**

Yes, if not ordered by Genetics, Neurology or Neonatal Intensive Care Unit faculty or fellows. Requests on inpatients require approval from Cytogenetics/Array staff.

**Available Stat:**

No

**Test Code:**

SNPAB

**Performing Lab:**

Medical Genomics - Cytogenetics (Microarray)

**Methodology:**

GDA SNP Array

**Remarks:**

Insurance pre-authorization required for outpatients

Do not collect sample in lithium heparin (Lt. Green top).

Transport sample at room temperature as soon as possible to lab. If transport is delayed refrigerate sample.

Without insurance pre -authorization, the lab will change the order to SNP microarray Processing, Extraction and Storage and hold DNA for six months. Microarray will be run upon insurance authorization approval within 6 months.

**Collect:**

Lavender top preferred , Dark green top acceptable

**Amount to Collect:**

Adult: 5 mL blood

Infant/Child: 3 mL blood

**Sample Type:**

EDTA or heparinized whole blood

Peripheral blood specimen requested. Please contact the lab at 415-353-4844 or Cyto-Mgr@ucsfmedctr.org to request approval of an alternative specimen type, if necessary.

Cytogenetics laboratory only accepts genomic DNA samples for clinical microarray testing when they are extracted in a CLIA-certified laboratory and meet the lab requirement, including  $\geq 500$  ng DNA with a concentration  $\geq 50$  ng/uL and A260/280 ratio  $\geq 1.8$ . Electrophoresis gel image and/or DNA integrity related information should also be provided to the lab. Acceptance of any extracted gDNA sample should be approved by the lab director. Contact Cytogenetics 514-8964.

**Preferred Volume:**

Adult: 5 mL blood

Infant/Child: 3 mL blood

Extracted DNA: 10 micrograms

**Minimum Volume:**

Adult: 2 mL blood

Infant/Child: 2 mL blood

Extracted DNA: 10 micrograms

**Unacceptable Conditions:**

Insufficient volume, unlabeled tubes, clotted samples, samples received in Lithium-heparin (Lt. Green top) tubes.

**Specimen Preparation:**

Refrigerate samples **DO NOT CENTRIFUGE OR FREEZE**. Transport asap to China Basin Cytogenetics.

For questions, contact the microarray laboratory at 514-8964.

**Synonyms:**

- SNP array blood

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks.

**Reported:**

10-21 days

**Additional Information:**

**Limitations**

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy.
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds) Imbalances of regions not represented on the array.
- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination).

**CPT Codes:**

81229

Note: Additional charges for MCC studies when necessary, culture set-up fees may apply.

**LDT or Modified FDA:**

Yes

# SNP Array for Prenatal Analysis (aka Microarray)

SNPAP

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics (Microarray)

**Methodology:**

GDA SNP Array

**Reported:**

3-21 days

**Additional Information:**

Limitations

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds)

Imbalances of regions not represented on the array

- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination)

The lab will charge a tissue culture setup fees (TCAFCV) if SNP microarray is ordered without chromosomes studies

**Synonyms:**

- SNP array amniocentesis
- SNP array CVS
- SNP array chorionic villus sample

## COLLECTION

**Sample Type:**

Amniotic fluid or chorionic villi only

Cytogenetics laboratory only accepts genomic DNA samples for clinical microarray testing when they are extracted in a CLIA-certified laboratory and meet the lab requirement, including  $\geq 500$  ng DNA with a concentration  $\geq 50$  ng/uL and A260/280 ratio  $\geq 1.8$ . Electrophoresis gel image and/or DNA integrity related information should also be provided to the lab. Acceptance of any extracted gDNA sample should be approved by the lab director. Contact Cytogenetics 514-8964.

**Collect:**

Sterile centrifuge tube, CVS in transport media provided by lab

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Direct Array ONLY:

|                 |                                                          |
|-----------------|----------------------------------------------------------|
| Amniotic fluid  | 25 mL non-bloody fluid (20 mL for array 5 mL for backup) |
| Placental Villi | 20-25 mg                                                 |
| Cultured cells  | 2 confluent T25 flasks                                   |

Chromosome analysis with reflex to array if normal

|                 |                        |
|-----------------|------------------------|
| Amniotic fluid  | 30 mL non-bloody fluid |
| Placental Villi | 30 mg                  |

Additional fluid or villi may be needed if additional tests are ordered

Aneuvysion FISH add 5 mL amniotic fluid or 5 mg villi.

**Minimum Volume:**

|                |       |
|----------------|-------|
| Amniotic fluid | 20 mL |
| Villi          | 20 mg |

These minimum amounts may limit testing that can be performed

**Remarks:**

Insurance pre-authorization required for outpatients

Do not collect sample in lithium heparin (Lt. Green top).

Transport sample at room temperature as soon as possible to lab. If transport is delayed refrigerate sample.

**Stability (from collection to initiation):**

24 hours at Room temperature

**Unacceptable Conditions:**

Leaking, contaminated, frozen or mislabeled tube(s)

**PROCESSING****Test Code:**

SNPAP

**Performing Lab:**

Medical Genomics - Cytogenetics (Microarray)

**Specimen Preparation:**

Refrigerate samples **DO NOT CENTRIFUGE OR FREEZE**. Transport asap to China Basin Cytogenetics

For questions, contact the microarray laboratory at 514-8964

**Preferred Volume:**

Direct Array ONLY:

|                 |                                                          |
|-----------------|----------------------------------------------------------|
| Amniotic fluid  | 25 mL non-bloody fluid (20 mL for array 5 mL for backup) |
| Placental Villi | 20-25 mg                                                 |
| Cultured cells  | 2 confluent T25 flasks                                   |

Chromosome analysis with reflex to array if normal

|                 |                        |
|-----------------|------------------------|
| Amniotic fluid  | 30 mL non-bloody fluid |
| Placental Villi | 30 mg                  |

Additional fluid or villi may be needed if additional tests are ordered

Aneuvysion FISH add 5 mL amniotic fluid or 5 mg villi.

**Minimum Volume:**

|                |       |
|----------------|-------|
| Amniotic fluid | 20 mL |
| Villi          | 20 mg |

These minimum amounts may limit testing that can be performed

**Unacceptable Conditions:**

Leaking, contaminated, frozen or mislabeled tube(s)

**Stability (from collection to initiation):**

24 hours at Room temperature

**RESULT INTERPRETATION****Additional Information:**

Limitations

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds)

Imbalances of regions not represented on the array

- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination)

The lab will charge a tissue culture setup fees (TCAFCV) if SNP microarray is ordered without chromosomes studies

**ADMINISTRATIVE**

**CPT Codes:**

81229, 88233

Note: Additional charges for MCC studies when necessary, culture set-up fees may apply.

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SNPAP

**Performing Lab:**

Medical Genomics - Cytogenetics (Microarray)

**Methodology:**

GDA SNP Array

**Remarks:**

Insurance pre-authorization required for outpatients

Do not collect sample in lithium heparin (Lt. Green top).

Transport sample at room temperature as soon as possible to lab. If transport is delayed refrigerate sample.

**Collect:**

Sterile centrifuge tube, CVS in transport media provided by lab

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Amniotic fluid or chorionic villi only

Cytogenetics laboratory only accepts genomic DNA samples for clinical microarray testing when they are extracted in a CLIA-certified laboratory and meet the lab requirement, including  $\geq 500$  ng DNA with a concentration  $\geq 50$  ng/uL and A260/280 ratio  $\geq 1.8$ . Electrophoresis gel image and/or DNA integrity related information should also be provided to the lab. Acceptance of any extracted gDNA sample should be approved by the lab director. Contact Cytogenetics 514-8964.

**Preferred Volume:**

Direct Array ONLY:

|                 |                                                          |
|-----------------|----------------------------------------------------------|
| Amniotic fluid  | 25 mL non-bloody fluid (20 mL for array 5 mL for backup) |
| Placental Villi | 20-25 mg                                                 |
| Cultured cells  | 2 confluent T25 flasks                                   |

Chromosome analysis with reflex to array if normal

|                 |                        |
|-----------------|------------------------|
| Amniotic fluid  | 30 mL non-bloody fluid |
| Placental Villi | 30 mg                  |

Additional fluid or villi may be needed if additional tests are ordered

Aneuvysion FISH add 5 mL amniotic fluid or 5 mg villi.

**Minimum Volume:**

|                |       |
|----------------|-------|
| Amniotic fluid | 20 mL |
| Villi          | 20 mg |

These minimum amounts may limit testing that can be performed

**Unacceptable Conditions:**

Leaking, contaminated, frozen or mislabeled tube(s)

**Specimen Preparation:**Refrigerate samples **DO NOT CENTRIFUGE OR FREEZE**. Transport asap to China Basin Cytogenetics

For questions, contact the microarray laboratory at 514-8964



**Synonyms:**

- SNP array amniocentesis
- SNP array CVS
- SNP array chorionic villus sample

**Stability (from collection to initiation):**

24 hours at Room temperature

**Reported:**

3-21 days

**Additional Information:**

Limitations

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds)

Imbalances of regions not represented on the array

- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination)

The lab will charge a tissue culture setup fees (TCAFCV) if SNP microarray is ordered without chromosomes studies

**CPT Codes:**

81229, 88233

Note: Additional charges for MCC studies when necessary, culture set-up fees may apply.

**LDT or Modified FDA:**

Yes

# SNP Array for Tissue and POC (aka Microarray)

SNPAT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics (Microarray)

**Methodology:**

GDA SNP Array

**Reported:**

7-21 days

**Additional Information:**

Limitations

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds)

Imbalances of regions not represented on the array

- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination)

The lab will charge a tissue culture setup fees (TCAFCV) if SNP microarray is ordered without chromosomes studies

The lab will charge a tissue culture setup fees (TCPOC) if SNP microarray is ordered without chromosome studies

**Synonyms:**

- SNP array amniocentesis
- SNP array CVS
- SNP array chorionic villus sample
- ACGHT
- Array CGH Tissue or Products of Conception

## COLLECTION

**Sample Type:**

Tissue or POC

Cytogenetics laboratory only accepts genomic DNA samples for clinical microarray testing when they are extracted in a CLIA-certified laboratory and meet the lab requirement, including  $\geq 500$  ng DNA with a concentration  $\geq 50$  ng/uL and A260/280 ratio  $\geq 1.8$ . Electrophoresis gel image and/or DNA integrity related information should also be provided to the lab. Acceptance of any extracted gDNA sample should be approved by the lab director. Contact Cytogenetics 514-8964.

**Collect:**

Sterile centrifuge tube with transport media provided by lab, Hanks balanced salt solution or RPMI with antibiotics

**Amount to Collect:**

1 cc (Cubic centimeter) or 20 mg tissue

**Preferred Volume:**

1 cc (Cubic centimeter) or 20 mg tissue

**Minimum Volume:**

0.3 cc (Cubic centimeter) or 15 mg tissue

**Remarks:**

Insurance pre-authorization required for outpatients

Label tube with type of tissue being submitted

Transport sample at room temperature as soon as possible to lab. If transport is delayed refrigerate sample.

Without insurance pre -authorization, the lab will change the order to SNP microarray Processing, Extraction and Storage and hold DNA for six months . Microarray will be run upon insurance authorization approval within 6 months.

**Stability (from collection to initiation):**

48 hours at Room temperature

**Unacceptable Conditions:**

Leaking, contaminated, frozen or mislabeled tube(s)

## PROCESSING

**Test Code:**  
SNPAT

**Performing Lab:**  
Medical Genomics - Cytogenetics (Microarray)

**Specimen Preparation:**  
Refrigerate samples **DO NOT CENTRIFUGE OR FREEZE**. Transport asap to China Basin Cytogenetics

For questions, contact the microarray laboratory at 514-8964

**Preferred Volume:**  
1 cc (Cubic centimeter) or 20 mg tissue

**Minimum Volume:**  
0.3 cc (Cubic centimeter) or 15 mg tissue

**Unacceptable Conditions:**  
Leaking, contaminated, frozen or mislabeled tube(s)

**Stability (from collection to initiation):**  
48 hours at Room temperature

## RESULT INTERPRETATION

### Additional Information:

#### Limitations

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds)
- Imbalances of regions not represented on the array
- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination)

The lab will charge a tissue culture setup fees (TCAFCV) if SNP microarray is ordered without chromosomes studies

The lab will charge a tissue culture setup fees (TCPOC) if SNP microarray is ordered without chromosome studies

## ADMINISTRATIVE

**CPT Codes:**  
81229, 88233

Note: Additional charges for MCC studies when necessary, culture set-up fees may apply

**LDT or Modified FDA:**  
Yes

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
SNPAT

**Performing Lab:**  
Medical Genomics - Cytogenetics (Microarray)

**Methodology:**  
GDA SNP Array

**Remarks:**  
Insurance pre-authorization required for outpatients

Label tube with type of tissue being submitted

Transport sample at room temperature as soon as possible to lab. If transport is delayed refrigerate sample.

Without insurance pre -authorization, the lab will change the order to SNP microarray Processing, Extraction and Storage and hold DNA for six months . Microarray will be run upon insurance authorization approval within 6 months.

**Collect:**  
Sterile centrifuge tube with transport media provided by lab, Hanks balanced salt solution or RPMI with antibiotics

**Amount to Collect:**  
1 cc (Cubic centimeter) or 20 mg tissue

**Sample Type:**

Tissue or POC

Cytogenetics laboratory only accepts genomic DNA samples for clinical microarray testing when they are extracted in a CLIA-certified laboratory and meet the lab requirement, including  $\geq 500$  ng DNA with a concentration  $\geq 50$  ng/uL and A260/280 ratio  $\geq 1.8$ . Electrophoresis gel image and/or DNA integrity related information should also be provided to the lab. Acceptance of any extracted gDNA sample should be approved by the lab director. Contact Cytogenetics 514-8964.

**Preferred Volume:**

1 cc (Cubic centimeter) or 20 mg tissue

**Minimum Volume:**

0.3 cc (Cubic centimeter) or 15 mg tissue

**Unacceptable Conditions:**

Leaking, contaminated, frozen or mislabeled tube(s)

**Specimen Preparation:**Refrigerate samples **DO NOT CENTRIFUGE OR FREEZE**. Transport asap to China Basin Cytogenetics

For questions, contact the microarray laboratory at 514-8964

**Synonyms:**

- SNP array amniocentesis
- SNP array CVS
- SNP array chorionic villus sample
- ACGHT
- Array CGH Tissue or Products of Conception

**Stability (from collection to initiation):**

48 hours at Room temperature

**Reported:**

7-21 days

**Additional Information:**

Limitations

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds)

Imbalances of regions not represented on the array

- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination)

The lab will charge a tissue culture setup fees (TCAFCV) if SNP microarray is ordered without chromosomes studies

The lab will charge a tissue culture setup fees (TCPOC) if SNP microarray is ordered without chromosome studies

**CPT Codes:**

81229, 88233

Note: Additional charges for MCC studies when necessary, culture set-up fees may apply

**LDT or Modified FDA:**

Yes

# SNP Array, Family Follow-Up

PSNPA

## ORDERING

### Approval Required:

Yes, if not ordered by Genetics, Neurology or Neonatal Intensive Care Unit faculty or fellows. Requests on inpatients require approval from Cytogenetics/Array staff. Insurance authorization required.

### Available Stat:

No

### Performing Lab:

Medical Genomics - Cytogenetics (Microarray)

### Methodology:

850K SNP array

### Reported:

10-21 days

### Additional Information:

#### Limitations

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds) Imbalances of regions not represented on the array
- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination)

### Synonyms:

- Parental SNP Array

## COLLECTION

### Sample Type:

EDTA or Heparinized whole blood, Extracted DNA

Cytogenetics laboratory only accepts genomic DNA samples for clinical microarray testing when they are extracted in a CLIA-certified laboratory and meet the lab requirement, including  $\geq 500$  ng DNA with a concentration  $\geq 50$  ng/uL and A260/280 ratio  $\geq 1.8$ . Electrophoresis gel image and/or DNA integrity related information should also be provided to the lab. Acceptance of any extracted gDNA sample should be approved by the lab director. Contact Cytogenetics 514-8964.

### Collect:

Lavender top preferred, Dark green top acceptable

### Amount to Collect:

See preferred volume

### Preferred Volume:

|               |                  |
|---------------|------------------|
| Adult         | 5 mL whole blood |
| Infant/Child  | 3 mL whole blood |
| Extracted DNA | 10 $\mu$ g (mcg) |

### Minimum Volume:

|               |                  |
|---------------|------------------|
| Adult         | 2 mL whole blood |
| Infant/Child  | 2 mL whole blood |
| Extracted DNA | 10 $\mu$ g (mcg) |

### Remarks:

Insurance pre-authorization required for outpatients

Only collect samples Monday - Friday and avoid holidays.

Do not collect sample in lithium heparin (Lt. Green top).

Transport sample at room temperature as soon as possible to lab. If transport is delayed refrigerate sample.

### Stability (from collection to initiation):

Room temperature 4 days, refrigerated 2 weeks

## PROCESSING

**Test Code:**

PSNPA

**Test Group:**

Microarray

**Performing Lab:**

Medical Genomics - Cytogenetics (Microarray)

**Specimen Preparation:**Refrigerate samples **DO NOT CENTRIFUGE OR FREEZE**. Transport asap to China Basin Cytogenetics

For questions, contact the microarray laboratory at 514-8964

**Preferred Volume:**

|               |                  |
|---------------|------------------|
| Adult         | 5 mL whole blood |
| Infant/Child  | 3 mL whole blood |
| Extracted DNA | 10 µg (mcg)      |

**Minimum Volume:**

|               |                  |
|---------------|------------------|
| Adult         | 2 mL whole blood |
| Infant/Child  | 2 mL whole blood |
| Extracted DNA | 10 µg (mcg)      |

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks

**RESULT INTERPRETATION****Additional Information:****Limitations**

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds) Imbalances of regions not represented on the array
- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination)

**ADMINISTRATIVE****CPT Codes:**

81229

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

62375-1

**COMPLETE VIEW****Approval Required:**

Yes, if not ordered by Genetics, Neurology or Neonatal Intensive Care Unit faculty or fellows. Requests on inpatients require approval from Cytogenetics/Array staff. Insurance authorization required.

**Available Stat:**

No

**Test Code:**

PSNPA

**Test Group:**

Microarray

**Performing Lab:**

Medical Genomics - Cytogenetics (Microarray)

**Methodology:**

850K SNP array

**Remarks:**

Insurance pre-authorization required for outpatients

Only collect samples Monday - Friday and avoid holidays.

Do not collect sample in lithium heparin (Lt. Green top).

Transport sample at room temperature as soon as possible to lab. If transport is delayed refrigerate sample.

**Collect:**

Lavender top preferred, Dark green top acceptable

**Amount to Collect:**

See preferred volume

**Sample Type:**

EDTA or Heparinized whole blood, Extracted DNA

Cytogenetics laboratory only accepts genomic DNA samples for clinical microarray testing when they are extracted in a CLIA-certified laboratory and meet the lab requirement, including  $\geq 500$  ng DNA with a concentration  $\geq 50$  ng/uL and A260/280 ratio  $\geq 1.8$ . Electrophoresis gel image and/or DNA integrity related information should also be provided to the lab. Acceptance of any extracted gDNA sample should be approved by the lab director. Contact Cytogenetics 514-8964.

**Preferred Volume:**

|               |                  |
|---------------|------------------|
| Adult         | 5 mL whole blood |
| Infant/Child  | 3 mL whole blood |
| Extracted DNA | 10 $\mu$ g (mcg) |

**Minimum Volume:**

|               |                  |
|---------------|------------------|
| Adult         | 2 mL whole blood |
| Infant/Child  | 2 mL whole blood |
| Extracted DNA | 10 $\mu$ g (mcg) |

**Specimen Preparation:**

Refrigerate samples **DO NOT CENTRIFUGE OR FREEZE**. Transport asap to China Basin Cytogenetics

For questions, contact the microarray laboratory at 514-8964

**Synonyms:**

- Parental SNP Array

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks

**Reported:**

10-21 days

**Additional Information:****Limitations**

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism for unbalanced rearrangements and aneuploidy
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds) Imbalances of regions not represented on the array
- Genomic changes in mixed samples (i.e. prenatal samples with maternal cell contamination)

**CPT Codes:**

81229

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

62375-1

# SNP Microarray Processing, Extraction & Storage

LAB6817

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday to Friday day shift only

**Methodology:**

DNA Extraction

**Reported:**

2-3 days

**Additional Information:**

DNA will be held for 6 months. If no testing is ordered within that time frame, the DNA will be discarded.

For questions, contact the Cytogenetics-microarray laboratory at 514-8964.

**Synonyms:**

- Hold for SNP microarray

## COLLECTION

**Sample Type:**

Blood, amniotic fluid, CVS, Tissue, POC

**Collect:**

Lavender top preferred for blood , Dark green top acceptable

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

|                 |                                         |
|-----------------|-----------------------------------------|
| Adult           | 5 mL blood                              |
| Infant/Child    | 3 mL blood                              |
| Amniotic fluid  | 25 ml (25ml for array and 5ml backup)   |
| Placental Villi | 20-25 mg                                |
| Cultured cells  | 2 confluent T25 flasks                  |
| Tissue          | 1 cc (Cubic centimeter) or 20 mg tissue |

**Minimum Volume:**

|                 |                                           |
|-----------------|-------------------------------------------|
| Adult           | 2 mL blood                                |
| Infant/Child    | 2 mL blood                                |
| Amniotic fluid  | 20 ml                                     |
| Placental Villi | 20 mg                                     |
| Cultured cells  | 2 confluent T25 flasks                    |
| Tissue          | 0.3 cc (Cubic centimeter) or 15 mg tissue |

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks.

**Unacceptable Conditions:**

Unlabeled tubes, QNS, clotted samples, samples received in Lithium-heparin (Lt. Green top) tubes.

## PROCESSING

**Test Code:**

SNPES

**Performing Lab:**

Cytogenetics

**Specimen Preparation:**

Refrigerate samples DO NOT CENTRIFUGE OR FREEZE. Transport asap to China Basin Cytogenetics

For questions, contact the Cytogenetics-microarray laboratory at 514-8964



**Preferred Volume:**

|                 |                                         |
|-----------------|-----------------------------------------|
| Adult           | 5 mL blood                              |
| Infant/Child    | 3 mL blood                              |
| Amniotic fluid  | 25 ml (25ml for array and 5ml backup)   |
| Placental Villi | 20-25 mg                                |
| Cultured cells  | 2 confluent T25 flasks                  |
| Tissue          | 1 cc (Cubic centimeter) or 20 mg tissue |

**Minimum Volume:**

|                 |                                           |
|-----------------|-------------------------------------------|
| Adult           | 2 mL blood                                |
| Infant/Child    | 2 mL blood                                |
| Amniotic fluid  | 20 ml                                     |
| Placental Villi | 20 mg                                     |
| Cultured cells  | 2 confluent T25 flasks                    |
| Tissue          | 0.3 cc (Cubic centimeter) or 15 mg tissue |

**Unacceptable Conditions:**

Unlabeled tubes, QNS, clotted samples, samples received in Lithium-heparin (Lt. Green top) tubes.

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks.

**RESULT INTERPRETATION****Additional Information:**

DNA will be held for 6 months. If no testing is ordered within that time frame, the DNA will be discarded.

For questions, contact the Cytogenetics-microarray laboratory at 514-8964.

**ADMINISTRATIVE****CPT Codes:**

81479

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SNPES

**Performing Lab:**

Cytogenetics

**Performed:**

Monday to Friday day shift only

**Methodology:**

DNA Extraction

**Collect:**

Lavender top preferred for blood , Dark green top acceptable

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Blood, amniotic fluid, CVS, Tissue, POC

**Preferred Volume:**

|                 |                                         |
|-----------------|-----------------------------------------|
| Adult           | 5 mL blood                              |
| Infant/Child    | 3 mL blood                              |
| Amniotic fluid  | 25 ml (25ml for array and 5ml backup)   |
| Placental Villi | 20-25 mg                                |
| Cultured cells  | 2 confluent T25 flasks                  |
| Tissue          | 1 cc (Cubic centimeter) or 20 mg tissue |

**Minimum Volume:**

|                 |                                           |
|-----------------|-------------------------------------------|
| Adult           | 2 mL blood                                |
| Infant/Child    | 2 mL blood                                |
| Amniotic fluid  | 20 ml                                     |
| Placental Villi | 20 mg                                     |
| Cultured cells  | 2 confluent T25 flasks                    |
| Tissue          | 0.3 cc (Cubic centimeter) or 15 mg tissue |

**Unacceptable Conditions:**

Unlabeled tubes, QNS, clotted samples, samples received in Lithium-heparin (Lt. Green top) tubes.

**Specimen Preparation:**

Refrigerate samples DO NOT CENTRIFUGE OR FREEZE. Transport asap to China Basin Cytogenetics

For questions, contact the Cytogenetics-microarray laboratory at 514-8964

**Synonyms:**

- Hold for SNP microarray

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 2 weeks.

**Reported:**

2-3 days

**Additional Information:**

DNA will be held for 6 months. If no testing is ordered within that time frame, the DNA will be discarded.

For questions, contact the Cytogenetics-microarray laboratory at 514-8964.

**CPT Codes:**

81479

# SNP Microarray, Cancer

LAB5610

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

GDA SNP Array

**Reported:**

10-14 days

**Additional Information:**

Limitations

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism or clone for unbalanced rearrangements, aneuploidy, and copy-number neutral loss of heterozygosity.
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds) Imbalances of regions not represented on the array

**Synonyms:**

- Microarray
- SNP array cancer

## COLLECTION

**Sample Type:**

EDTA or heparinized whole bone marrow

Cytogenetics laboratory only accepts genomic DNA samples for clinical microarray

testing when they are extracted in a CLIA-certified laboratory and meet the lab requirement, including  $\geq 500$  ng DNA with a concentration  $\geq 50$  ng/ $\mu$ L andA260/280 ratio  $\geq 1.8$ .

Electrophoresis gel image and/or DNA integrity related information should also

be provided to the lab. Acceptance of any extracted gDNA sample should be approved by the lab director. Contact Cytogenetics 514-8964.

**Collect:**

Both lavender top and dark green top acceptable

**Preferred Volume:**

Adult: 3 mL bone marrow

Infant/Child: 2 mL bone marrow

Extracted DNA: 10 micrograms

**Minimum Volume:**

Adult: 1 mL bone marrow

Infant/Child: 1 mL bone marrow

Extracted DNA: 10 micrograms

**Remarks:**

Insurance pre-authorization required for outpatients

Do not collect sample in lithium heparin (Light Green top).

Transport sample at room temperature as soon as possible to lab. If transport is delayed refrigerate sample.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks

**Unacceptable Conditions:**

Insufficient volume, unlabeled tubes, clotted samples, samples received in Lithium-heparin (Lt. Green top) tubes.

## PROCESSING

**Test Code:**

SNPAC

**Performing Lab:**

Medical Genomics - Cytogenetics

**Preferred Volume:**

Adult: 3 mL bone marrow  
 Infant/Child: 2 mL bone marrow  
 Extracted DNA: 10 micrograms

**Minimum Volume:**

Adult: 1 mL bone marrow  
 Infant/Child: 1 mL bone marrow  
 Extracted DNA: 10 micrograms

**Unacceptable Conditions:**

Insufficient volume, unlabeled tubes, clotted samples, samples received in Lithium-heparin (Lt. Green top) tubes.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks

**RESULT INTERPRETATION****Additional Information:**

## Limitations

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism or clone for unbalanced rearrangements, aneuploidy, and copy-number neutral loss of heterozygosity.
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds) Imbalances of regions not represented on the array

**ADMINISTRATIVE****CPT Codes:**

81229

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SNPAC

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

GDA SNP Array

**Remarks:**

Insurance pre-authorization required for outpatients

Do not collect sample in lithium heparin (Light Green top).

Transport sample at room temperature as soon as possible to lab. If transport is delayed refrigerate sample.

**Collect:**

Both lavender top and dark green top acceptable

**Sample Type:**

EDTA or heparinized whole bone marrow

Cytogenetics laboratory only accepts genomic DNA samples for clinical microarray testing when they are extracted in a CLIA-certified laboratory and meet the lab requirement, including  $\geq 500$  ng DNA with a concentration  $\geq 50$  ng/uL and A260/280 ratio  $\geq 1.8$ . Electrophoresis gel image and/or DNA integrity related information should also be provided to the lab. Acceptance of any extracted gDNA sample should be approved by the lab director. Contact Cytogenetics 514-8964.

**Preferred Volume:**

Adult: 3 mL bone marrow  
 Infant/Child: 2 mL bone marrow  
 Extracted DNA: 10 micrograms

**Minimum Volume:**

Adult: 1 mL bone marrow  
 Infant/Child: 1 mL bone marrow  
 Extracted DNA: 10 micrograms

**Unacceptable Conditions:**

Insufficient volume, unlabeled tubes, clotted samples, samples received in Lithium-heparin (Lt. Green top) tubes.

**Synonyms:**

- Microarray
- SNP array cancer

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 2 weeks

**Reported:**

10-14 days

**Additional Information:**

Limitations

Genomic aberrations that may not be detected by SNP array assay include:

- Balanced rearrangement (i.e. balanced translocation, insertion or inversion) and tetraploidy resulted from endoduplication.
- Low level (<30%) mosaicism or clone for unbalanced rearrangements, aneuploidy, and copy-number neutral loss of heterozygosity.
- Nucleotide sequence changes (i.e. point mutation or small insertion/deletion below the level of detection or cut-off thresholds) Imbalances of regions not represented on the array

**CPT Codes:**

81229

# Sodium, Body Fluid

LAB197

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Indirect, solid state electrode

**Reported:**

4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

Turbid samples, including watery stools, will be centrifuged and the test run on the supernatant.

**Synonyms:**

- Na
- Body fluid electrolytes

## COLLECTION

**Sample Type:**

Body Fluid

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

## PROCESSING

**Test Code:**

NABF

**Test Group:**

Sodium

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

## RESULT INTERPRETATION

**Units:**

mmol/L

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

Turbid samples, including watery stools, will be centrifuged and the test run on the supernatant.

**ADMINISTRATIVE****CPT Codes:**

84302

**LOINC Codes:**

2950-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

NABF

**Test Group:**

Sodium

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Indirect, solid state electrode

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Sample Type:**

Body Fluid

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Units:**

mmol/L

**Synonyms:**

- Na
- Body fluid electrolytes

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

**Reported:**

4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

Turbid samples, including watery stools, will be centrifuged and the test run on the supernatant.

**CPT Codes:**

84302

**LOINC Codes:**  
2950-4



# Sodium, Fecal

LAB1000003

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Ion-Selective Electrode

**Reported:**

1-2 days

**Synonyms:**

- Na fecal
- SODF

## COLLECTION

**Label Abbreviation:**

SODF

**Collect:**

Liquid random stool.

**Stability (from collection to initiation):**

Ambient: 1 hour; Refrigerated: 2 weeks; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Formed or viscous stool.

## PROCESSING

**Test Code:**

SODF

**ARUP Test Code:**

0020379

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer a 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact Client Services at (800) 522-2787. (Min: 1 g) Do not add saline or water to liquefy specimen.

**Unacceptable Conditions:**

Formed or viscous stool.

**Stability (from collection to initiation):**

Ambient: 1 hour; Refrigerated: 2 weeks; Frozen: 6 months

**Storage/Transport Temperature:**

Refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**

A reference range has not been established for fecal specimens.

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

## ADMINISTRATIVE

**CPT Codes:**

84302

**LOINC:**

- 15207-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SODF

**ARUP Test Code:**

0020379

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Ion-Selective Electrode

**Collect:**

Liquid random stool.

**Unacceptable Conditions:**

Formed or viscous stool.

**Specimen Preparation:**

Transfer a 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact Client Services at (800) 522-2787. (Min: 1 g) Do not add saline or water to liquefy specimen.

**Reference Interval:**

A reference range has not been established for fecal specimens.

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Na fecal
- SODF

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: 1 hour; Refrigerated: 2 weeks; Frozen: 6 months

**Reported:**

1-2 days

**CPT Codes:**

84302

**LOINC:**

- 15207-4

# Sodium, Serum/Plasma

LAB122

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Indirect, solid state electrode on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: Indirect ISE on Roche cobas c311

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

1. This is an indirect method and so is susceptible to pseudohyponatremia in samples with high protein or lipid concentrations. If pseudohyponatremia is suspected, testing for whole blood electrolytes using a direct ion selective electrode can be ordered which is not susceptible to this interference.

Parnassus, Mission Bay, and Mt. Zion Chemistry:

Serum/Plasma samples with a lipemic index concentration of  $\geq 200$  on the Abbott Architect analyzer will be automatically run on the ABL90 blood gas analyzer with a direct ion selective electrode assay for sodium. The comment "Electrolytes determined on the blood gas analyzer to avoid assay interference from lipemia/turbidity" will be appended to the result.

Berkeley Outpatient Center:

Serum/Plasma samples with a lipemic index concentration of  $>500$  on the Roche chemistry analyzer will be result and a comment will be attached to the result stating that "Lipemia or turbidity present, may tend to decrease result."

2. High levels of glucose can also lower electrolyte concentrations, each 100 mg/dL causing an apparent decrease in serum sodium of 1.6 mmol/L (Ref: Schrier RW: Manual of Nephrology, Boston, Little Brown, 1981). Hyperglycemia can reduce serum sodium levels regardless of the method used for sodium measurement.

**Synonyms:**

- Na
- Electrolytes
- Anion gap

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 weeks, frozen at -20C 1 year

## PROCESSING

**Test Code:**

NA

**Test Group:**

Sodium

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 weeks, frozen at -20C 1 year

**RESULT INTERPRETATION****Units:**

mmol/L

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; Saint Marys Chemistry

|           |                  |
|-----------|------------------|
| < 1 year  | 131 - 145 mmol/L |
| >= 1 year | 135 - 145 mmol/L |

1. Normal range for children less than 1 year old adapted from Beckman Coulter's "Pediatric Reference Range Guidelines for Synchron Systems" Bulletin 9345.

2. Adult reference range adopted from the Abbott c system package insert.

Berkeley Outpatient Center and Peninsula Outpatient Center

|             |         |
|-------------|---------|
| Age         | mmol/L  |
| >= 19 years | 135-145 |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Abbott c system package insert by running 20 male and 20 female lab volunteers.

**Critical Values:**

&lt; 125 mmol/L or &gt; 155 mmol/L

**Additional Information:**

1. This is an indirect method and so is susceptible to pseudohyponatremia in samples with high protein or lipid concentrations. If pseudohyponatremia is suspected, testing for whole blood electrolytes using a direct ion selective electrode can be ordered which is not susceptible to this interference.

Parnassus, Mission Bay, and Mt. Zion Chemistry:

Serum/Plasma samples with a lipemic index concentration of >= 200 on the Abbott Architect analyzer will be automatically run on the ABL90 blood gas analyzer with a direct ion selective electrode assay for sodium. The comment "Electrolytes determined on the blood gas analyzer to avoid assay interference from lipemia/turbidity" will be appended to the result.

Berkeley Outpatient Center:

Serum/Plasma samples with a lipemic index concentration of >500 on the Roche chemistry analyzer will be result and a comment will be attached to the result stating that "Lipemia or turbidity present, may tend to decrease result."

2. High levels of glucose can also lower electrolyte concentrations, each 100 mg/dL causing an apparent decrease in serum sodium of 1.6 mmol/L (Ref: Schrier RW: Manual of Nephrology, Boston, Little Brown, 1981). Hyperglycemia can reduce serum sodium levels regardless of the method used for sodium measurement.

**ADMINISTRATIVE****CPT Codes:**

84295

**LOINC Codes:**

2951-2

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

NA

**Test Group:**

Sodium

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Indirect, solid state electrode on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: Indirect ISE on Roche cobas c311

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

mmol/L

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry

|           |                  |
|-----------|------------------|
| < 1 year  | 131 - 145 mmol/L |
| >= 1 year | 135 - 145 mmol/L |

1. Normal range for children less than 1 year old adapted from Beckman Coulter's "Pediatric Reference Range Guidelines for Synchron Systems" Bulletin 9345.

2. Adult reference range adopted from the Abbott c system package insert.

Berkeley Outpatient Center and Peninsula Outpatient Center

|             |         |
|-------------|---------|
| Age         | mmol/L  |
| >= 19 years | 135-145 |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Abbott c system package insert by running 20 male and 20 female lab volunteers.

**Critical Values:**

< 125 mmol/L or > 155 mmol/L

**Synonyms:**

- Na
- Electrolytes
- Anion gap

**Stability (from collection to initiation):**

Room temperature 2 weeks, refrigerated 2 weeks, frozen at -20C 1 year

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

1. This is an indirect method and so is susceptible to pseudohyponatremia in samples with high protein or lipid concentrations. If pseudohyponatremia is suspected, testing for whole blood electrolytes using a direct ion selective electrode can be ordered which is not susceptible to this interference.

Parnassus, Mission Bay, and Mt. Zion Chemistry:

Serum/Plasma samples with a lipemic index concentration of  $\geq 200$  on the Abbott Architect analyzer will be automatically run on the ABL90 blood gas analyzer with a direct ion selective electrode assay for sodium. The comment "Electrolytes determined on the blood gas analyzer to avoid assay interference from lipemia/turbidity" will be appended to the result.

Berkeley Outpatient Center:

Serum/Plasma samples with a lipemic index concentration of  $>500$  on the Roche chemistry analyzer will be result and a comment will be attached to the result stating that "Lipemia or turbidity present, may tend to decrease result."

2. High levels of glucose can also lower electrolyte concentrations, each 100 mg/dL causing an apparent decrease in serum sodium of 1.6 mmol/L (Ref: Schrier RW: Manual of Nephrology, Boston, Little Brown, 1981). Hyperglycemia can reduce serum sodium levels regardless of the method used for sodium measurement.

**CPT Codes:**

84295

**LOINC Codes:**

2951-2

# Sodium, Urine, Random

LAB3025

## ORDERING

**Available Stat:**

Yes (Note: samples originating from Mount Zion may take 3-6 hours to be reported)

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, & Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Indirect, solid state electrode

**Reported:**

STAT 1 hour, Routine same or next day.

Note: samples originating from Mount Zion may exceed the 1 hour TAT.

**Additional Information:**

Output varies with diet, but the concentration usually exceeds 20 mmol/L.

**Synonyms:**

- Urine electrolytes
- Na
- NAU

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature 45 days, refrigerated 45 days, frozen at -20C 1 year

## PROCESSING

**Test Code:**

NAU

**Test Group:**

Sodium

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, & Saint Marys Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature 45 days, refrigerated 45 days, frozen at -20C 1 year

## RESULT INTERPRETATION

**Units:**

mmol/L

**Reference Interval:**

Output varies with diet, but the concentration usually exceeds 20 mmol/L.

**Additional Information:**

Output varies with diet, but the concentration usually exceeds 20 mmol/L.

**ADMINISTRATIVE****CPT Codes:**

84300

**LOINC Codes:**

2955-3

**COMPLETE VIEW****Available Stat:**

Yes (Note: samples originating from Mount Zion may take 3-6 hours to be reported)

**Test Code:**

NAU

**Test Group:**

Sodium

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Indirect, solid state electrode

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Units:**

mmol/L

**Reference Interval:**

Output varies with diet, but the concentration usually exceeds 20 mmol/L.

**Synonyms:**

- Urine electrolytes
- Na
- NAU

**Stability (from collection to initiation):**

Room temperature 45 days, refrigerated 45 days, frozen at -20C 1 year

**Reported:**

STAT 1 hour, Routine same or next day.

Note: samples originating from Mount Zion may exceed the 1 hour TAT.

**Additional Information:**

Output varies with diet, but the concentration usually exceeds 20 mmol/L.

**CPT Codes:**

84300

**LOINC Codes:**

2955-3



# Sodium, Urine, Timed

LAB446

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Indirect, solid state electrode

**Reported:**

STAT 1 hour, Routine same or next day.

**Additional Information:**

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Synonyms:**

- Urine electrolytes
- Na
- NAUR

## COLLECTION

**Sample Type:**

Timed urine collection

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 10g Boric Acid

**Amount to Collect:**

Entire urine output for collection period

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Remarks:**

Refrigerate the collection container during the period of the collection.

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Stability (from collection to initiation):**

Room temperature 45 days, refrigerated 45 days, frozen at -20C 1 year

## PROCESSING

**Test Code:**

NAUR

**Test Group:**

Sodium

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature 45 days, refrigerated 45 days, frozen at -20C 1 year

**RESULT INTERPRETATION****Units:**

mmol/D

**Reference Interval:**

Usually 40-220 mmol/D. Output varies with diet.

**Additional Information:**

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**ADMINISTRATIVE****CPT Codes:**

84300

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

NAUR

**Test Group:**

Sodium

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Indirect, solid state electrode

**Remarks:**

Refrigerate the collection container during the period of the collection.

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container, 10g Boric Acid

**Amount to Collect:**

Entire urine output for collection period

**Sample Type:**

Timed urine collection

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Units:**

mmol/D

**Reference Interval:**

Usually 40-220 mmol/D. Output varies with diet.

**Synonyms:**

- Urine electrolytes
- Na
- NAUR

**Stability (from collection to initiation):**

Room temperature 45 days, refrigerated 45 days, frozen at -20C 1 year

**Reported:**

STAT 1 hour, Routine same or next day.

**Additional Information:**

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**CPT Codes:**

84300

# Sodium, Whole Blood

LAB4454

## ORDERING

**Ordering Recommendations:**

Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Potentiometry: Radiometer ABL 90 FLEX Plus

**Reported:**

Stat 15 min, Routine 30 min

**Additional Information:**

A level < 110 mmol/L or > 170 mmol/L will automatically be re-assayed.

High levels of glucose can lower electrolyte concentrations, each 100 mg/dL causing an apparent decrease in serum sodium of 1.6 mmol/L Ref: Schrier RW: Manual of Nephrology, Boston, Little Brown, 1981

**Synonyms:**

- Na
- Electrolytes
- Na<sup>+</sup>
- Sodium
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV
- BLYTEG
- NLYTE
- Blood gas
- ABG

## COLLECTION

**Sample Type:**

Heparinized whole blood (Blood gas syringe only)

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly" IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly", aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, fingertip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab >30 minutes after collection may yield erroneous results.

**Unacceptable Conditions:**

Samples with needle attached, containing large bubbles, unlabeled, clotted or of insufficient volume

**PROCESSING****Test Code:**

NAWB: Parnassus and Mission Bay  
NAWBG: Mt Zion

LAB4454: Arterial source

LAB4455: Venous source

LAB4456: Central venous source

LAB4457: Mixed venous source

LAB4459: Capillary source

**Test Group:**

Sodium

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Samples with needle attached, containing large bubbles, unlabeled, clotted or of insufficient volume

**RESULT INTERPRETATION****Units:**

mmol/L

**Reference Interval:**

Arterial:

136 - 146 mmol/L

Arterial reference range adopted from the UCSF reference range previously used with the ABL 835 blood gas analyzers.

Venous:

136-146 mmol/L

Venous reference range adopted from Ress KL et al, Pathology 2018, volume 50, supplement page S94 and verified by running 25 male and 25 female normal volunteers from UCSF Clinical Laboratories

Mixed venous, central venous and capillary:

136-146 mmol/L

**Critical Values:**

&lt; 125 mmol/L or &gt; 155 mmol/L

**Additional Information:**

A level &lt; 110 mmol/L or &gt; 170 mmol/L will automatically be re-assayed.

High levels of glucose can lower electrolyte concentrations, each 100 mg/dL causing an apparent decrease in serum sodium of 1.6 mmol/L Ref: Schrier RW: Manual of Nephrology, Boston, Little Brown, 1981

**ADMINISTRATIVE****CPT Codes:**

84295

**LOINC Codes:**

2947-0

**COMPLETE VIEW****Available Stat:**

Yes

**Ordering Recommendations:**Follow the link for information about [Blood Gas Panels](#) that contain this test.

**Test Code:**

NAWB: Parnassus and Mission Bay  
NAWBG: Mt Zion

LAB4454: Arterial source

LAB4455: Venous source

LAB4456: Central venous source

LAB4457: Mixed venous source

LAB4459: Capillary source

**Test Group:**

Sodium

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Potentiometry: Radiometer ABL 90 FLEX Plus

**Remarks:****Arterial puncture:**

Due to the risk of arterial damage and subsequent distal ischemia, prior to puncturing an artery the RN assesses the collateral circulation. If the radial artery is to be punctured, then the pulse of the ulnar artery is assessed. If the dorsalis pedis artery is to be accessed then the posterior tibial pulse is assessed and likewise if the posterior tibial approach is used the dorsalis pedis pulse is assessed. The modified Allens's test may be used to assess collateral circulation of the ulnar artery before a radial artery puncture, but it does not always ensure adequate flow. A Doppler ultrasound flow indicator may be used to verify collateral circulation. If the collateral circulation is poor and the RN cannot palpate a pulse then the physician should be notified before proceeding. If for any reason the circulation is compromised to the extremity being assessed for arterial puncture then the physician should be notified prior to proceeding.

1. Palpate the radial artery and identify the site where the pulse is the strongest. Avoid areas with overlying veins to prevent venous admixture.
2. Prepare the patient's skin with an alcohol or 2% chlorhexidine wipe/swab.
3. Place two or three fingers along the course of the artery both to locate its position and direction, and to stabilize it.
4. Penetrate the skin smoothly holding the needle at 30-60 degree angle with the needle bevel up and pointed proximally. The angle of the butterfly IV catheter should not exceed 45° for pediatric patients.
5. Re-establish the position and direction of the artery by palpation.
6. Gently and slowly advance the needle or butterfly, aiming directly for the area of maximum pulsation.
7. When the arterial lumen has been entered, less resistance is felt and blood appears in the syringe above the needle hub.
8. Obtain required amount of arterial blood for test(s).
9. If blood is not obtained on first attempt, withdraw the needle to just below the skin surface and advance needle at same angle but at 1 mm to either side of previous attempt.
10. Place the 2x2 gauze over the site of the puncture then withdraw the needle from the artery. Press firmly at the site for at least five minutes, or until the bleeding stops. Apply bandage or pressure dressing.
11. Expel any air bubble in the syringe with air filter cap placed on specimen syringe.
12. Label sample with patient's name, ID number and DOB.

**Venous samples:**

1. Avoid excessive venous stasis from prolonged tourniquet application or clenching of the fist prior to sample collection.
2. For central line draws make sure to waste a full red top tube then draw via the blood gas syringe as noted above.
3. Fill syringe completely, remove needle (in peripheral draws), cap sample, expel all bubbles (while holding syringe upright) until blood hits the top of cap.
4. Label sample with patient's name, ID number and DOB.

**Capillary Samples:**

1. The following are recommended sampling sites: earlobe, fingertip, big toe, heel. The heel and big toe are more suitable for use on neonates and infants.
2. Warm the area or puncture site for 5 to 10 minutes prior to actual sampling. This accelerates flow for blood to be representative of general status of patient.
3. Make a puncture using a lancet or similar device. Do not squeeze the area to avoid tissue juice from mixing into blood sample.
4. Wipe off the first drop of blood. Take the sample from the center of the second drop of blood and hold the capillary at a slightly downward angle for an uninterrupted blood flow. Avoid getting air bubbles in the specimen.
5. Refrain from squeezing or milking the puncture site as this may result in faulty measurements or cause hemolysis of blood sample and cause elevated K+ readings.
6. Apply accompanying caps to both ends of the capillary tube and mix the sample with the heparin immediately after collection to prevent blood from clotting. The manufacturer recommends the use of a mixing wire and magnet for capillary samples.
7. Label sample with patient's name, ID and DOB.

Deliver samples immediately to lab for testing. Samples delivered to the lab >30 minutes after collection may yield erroneous results.

**Collect:**

Plastic blood gas syringe containing approximately 70 IU dry heparin in a 3 mL syringe or 23 IU in a 1 mL syringe - or a capillary tube coated with 70 IU heparin (Radiometer Clinitube).

**Amount to Collect:**

3 mL blood

**Sample Type:**

Heparinized whole blood (Blood gas syringe only)

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Samples with needle attached, containing large bubbles, unlabeled, clotted or of insufficient volume

**Units:**

mmol/L



**Reference Interval:**

Arterial:

136 - 146 mmol/L

Arterial reference range adopted from the UCSF reference range previously used with the ABL 835 blood gas analyzers.

Venous:

136-146 mmol/L

Venous reference range adopted from Ress KL et al, Pathology 2018, volume 50, supplement page S94 and verified by running 25 male and 25 female normal volunteers from UCSF Clinical Laboratories

Mixed venous, central venous and capillary:

136-146 mmol/L

**Critical Values:**

< 125 mmol/L or > 155 mmol/L

**Synonyms:**

- Na
- Electrolytes
- Na<sup>+</sup>
- Sodium
- ARTBGL
- VENBGL
- CVBGL
- MVBGL
- CAPBG
- MVBGCX
- CIRBGA
- CIRBGV
- BLYTEG
- NLYTE
- Blood gas
- ABG

**Reported:**

Stat 15 min, Routine 30 min

**Additional Information:**

A level < 110 mmol/L or > 170 mmol/L will automatically be re-assayed.

High levels of glucose can lower electrolyte concentrations, each 100 mg/dL causing an apparent decrease in serum sodium of 1.6 mmol/L Ref: Schrier RW: Manual of Nephrology, Boston, Little Brown, 1981

**CPT Codes:**

84295

**LOINC Codes:**

2947-0

# Solid Tumor Chromosome Analysis

LAB5603

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Giemsa banding and brightfield microscopy

**Reported:**

21 days

**Synonyms:**

- Cytogenetic analysis
- Karyotype
- Karyotyping

## COLLECTION

**Sample Type:**

Fresh tumor tissue (Formalin-fixed, paraffin-embedded unacceptable)

**Collect:**

Orange screw top tube (25 mL) with transport media available for clinical lab.

**Amount to Collect:**

1 cubic centimeter of tumor tissue

**Preferred Volume:**

1 cubic centimeter of tumor tissue

**Minimum Volume:**

0.5 cubic centimeter of tumor tissue

**Remarks:**

Collect in transport media provided by lab, keep sample in room temperature until received by lab, specimen must be kept moist and sterile. Transport to laboratory immediately.

**Stability (from collection to initiation):**

1 day

**Unacceptable Conditions:**

Sample submitted in formalin or alcohol or other fixative. Frozen samples. Formalin fixed paraffin embedded (FFPE) samples.

## PROCESSING

**Test Code:**

CYSTU

**Performing Lab:**

Medical Genomics - Cytogenetics

**Preferred Volume:**

1 cubic centimeter of tumor tissue

**Minimum Volume:**

0.5 cubic centimeter of tumor tissue

**Unacceptable Conditions:**

Sample submitted in formalin or alcohol or other fixative. Frozen samples. Formalin fixed paraffin embedded (FFPE) samples.

**Stability (from collection to initiation):**

1 day

## ADMINISTRATIVE

**CPT Codes:**

88239, 88262, 88280

**LDT or Modified FDA:**

Yes

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

CYSTU

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Giemsa banding and brightfield microscopy

**Remarks:**

Collect in transport media provided by lab, keep sample in room temperature until received by lab, specimen must be kept moist and sterile. Transport to laboratory immediately.

**Collect:**

Orange screw top tube (25 mL) with transport media available for clinical lab.

**Amount to Collect:**

1 cubic centimeter of tumor tissue

**Sample Type:**

Fresh tumor tissue (Formalin-fixed, paraffin-embedded unacceptable)

**Preferred Volume:**

1 cubic centimeter of tumor tissue

**Minimum Volume:**

0.5 cubic centimeter of tumor tissue

**Unacceptable Conditions:**

Sample submitted in formalin or alcohol or other fixative. Frozen samples. Formalin fixed paraffin embedded (FFPE) samples.

**Synonyms:**

- Cytogenetic analysis
- Karyotype
- Karyotyping

**Stability (from collection to initiation):**

1 day

**Reported:**

21 days

**CPT Codes:**

88239, 88262, 88280

**LDT or Modified FDA:**

Yes

**Specimen Validity Test Panel**  
LC5723

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Quest

**Performed:**  
Monday - Saturday

**Methodology:**  
Specrophotometry

**Reported:**  
2-3 days

**COLLECTION**

**Sample Type:**  
Urine

**Label Abbreviation:**  

SVP

**Collect:**  
Urine container

**Amount to Collect:**  
20 mL

**Minimum Volume:**  
7 mL

**Stability (from collection to initiation):**  
Ambient: 5 days  
Refrigerated: 7 days  
Frozen: 30 days

**Storage/Transport Temperature:**  
Frozen

**PROCESSING**

**Test Code:**  
SVP

**Sendout:**  
Yes

**Performing Lab:**  
Quest

**Specimen Preparation:**  
ALIUQUOT ON FREEZE. SEND TO CHINA BASIN FROZEN. ORDER QUEST TEST CODE 39343.

**Minimum Volume:**  
7 mL

**Stability (from collection to initiation):**  
Ambient: 5 days  
Refrigerated: 7 days  
Frozen: 30 days

**Storage/Transport Temperature:**  
Frozen

**ADMINISTRATIVE**

**CPT Codes:**  
82570, 83986, 84311

**LOINC Codes:**  
2965-2, 2756-5, 2161-8, 58714-7

**COMPLETE VIEW**

**Available Stat:**

No

**Test Code:**

SVP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Monday - Saturday

**Methodology:**

Specrophotometry

**Collect:**

Urine container

**Amount to Collect:**

20 mL

**Sample Type:**

Urine

**Minimum Volume:**

7 mL

**Specimen Preparation:**

ALIUOT ON FREEZE. SEND TO CHINA BASIN FROZEN. ORDER QUEST TEST CODE 39343.

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Ambient: 5 days

Refrigerated: 7 days

Frozen: 30 days

**Reported:**

2-3 days

**CPT Codes:**

82570, 83986, 84311

**LOINC Codes:**

2965-2, 2756-5, 2161-8, 58714-7

# Sperm Count and Motility

SPMO

## ORDERING

**Available Stat:**  
No

**Performing Lab:**  
This test is no longer performed by the UCSF Clinical Laboratories. If testing is desired, please contact the UCSF Reproductive Clinic at (415) 353-7475 (option 1).

**Synonyms:**  

- Semen

## PROCESSING

**Performing Lab:**  
This test is no longer performed by the UCSF Clinical Laboratories. If testing is desired, please contact the UCSF Reproductive Clinic at (415) 353-7475 (option 1).

## COMPLETE VIEW

**Available Stat:**  
No

**Performing Lab:**  
This test is no longer performed by the UCSF Clinical Laboratories. If testing is desired, please contact the UCSF Reproductive Clinic at (415) 353-7475 (option 1).

**Synonyms:**  

- Semen

# Sperm Count, Post Vasectomy

PSCT

## ORDERING

**Available Stat:**  
No

**Performing Lab:**  
This test is no longer performed by the UCSF Clinical Laboratories. If testing is desired, please contact the UCSF Reproductive Clinic at (415) 353-7475 (option 1).

**Synonyms:**

- Pelleted sperm count

## PROCESSING

**Performing Lab:**  
This test is no longer performed by the UCSF Clinical Laboratories. If testing is desired, please contact the UCSF Reproductive Clinic at (415) 353-7475 (option 1).

## COMPLETE VIEW

**Available Stat:**  
No

**Performing Lab:**  
This test is no longer performed by the UCSF Clinical Laboratories. If testing is desired, please contact the UCSF Reproductive Clinic at (415) 353-7475 (option 1).

**Synonyms:**

- Pelleted sperm count

# Spinal Muscular Atrophy

LAB4259

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1-2x per week, and as needed.

**Methodology:**

Real time PCR for copy number analysis and allele-specific probes hybridization for linked variants detection.

**Reported:**

14-21 days

**Additional Information:**

Spinal muscular atrophy (SMA) is an autosomal recessive disorder with a carrier rate of about 1 in 50 in the US, leading to disease in approximately 1 in 10,000 live births. SMA is a neuromuscular disorder and a frequently inherited cause of infant mortality. SMA is characterized by degeneration of lower motor neurons in the spinal cord and brain stem, leading to muscle wasting and paralysis. The disorder is classified into four subtypes (I-IV) based on the age of onset, which can range from infancy to adulthood. In its most severe form (Type I), SMA leads to death in infancy. In other non-fatal forms, affected individuals become disabled. Treatment in these cases is aimed at slow progression of the disease.

**SMN1 Copy Number Assay**

SMA is most often caused by deletions in the *SMN1* gene and thus molecular testing assesses the number of copies of *SMN1*. Individuals affected with SMA have 0 copies of the *SMN1* gene, whereas individuals with 1 copy of the *SMN1* gene are predicted to be carriers of SMA. Individuals with 2 or more copies have a reduced risk to be carriers, namely because individuals, who are carriers of SMA as a result of either 2 or 3 copies of *SMN1* on one chromosome and the absence of *SMN1* on the other chromosome (termed as 2+0 or 3+0) cannot be detected by this assay. The 2+0 genotype occurs in about 3-4% of the general population. This assay will determine SMN1 copy number, but will not detect intragenic mutations within the *SMN1* gene.

**SMN1 Linked Variants Assay**

Duplication of SMN1 has been linked to a haplotype that spans two linked variants (rs143838139 and rs200800214). The presence of these two variants, especially in Ashkenazi Jews and Asians, increases the likelihood of a 2+0 SMN1 genotype, but does not confirm it. This assay will also determine the presence or absence of these two linked variants. Carrier risks estimation based on SMN1 copy number analysis and detection of the linked variants is shown in the Table below.

**SMN2 Copy Number Assay**

SMN2 is adjacent to SMN1 on chromosome 5 and differs from it by only a few bases. However, SMN2 expresses only about 10% of functional mRNA due to a defect in RNA splicing. Individuals can carry multiple copy numbers of SMN2, ranging from 0 to 5 copies per chromosome. Thus, the presence of multiple copy numbers of SMN2 with 0 copy SMN1 is associated with reduced severity of SMA, thereby accounting for the various SMA phenotypic subtypes. This assay will also determine SMN2 copy number.

| Ethnic Group     | Prior Risk | CN Detect. Rate | CN3 Res. Risk | CN2+NEG LV Res. Risk | CN2+POS LV Res. Risk |
|------------------|------------|-----------------|---------------|----------------------|----------------------|
| Caucasian        | 1 in 35    | 95%             | 1 in 3,500    | 1 in 769             | 1 in 29              |
| Ashkenazi Jewish | 1 in 41    | 90%             | 1 in 4,000    | 1 in 580             | Likely Carrier       |
| Asian            | 1 in 53    | 93%             | 1 in 5,000    | 1 in 702             | Likely Carrier       |
| African American | 1 in 66    | 71%             | 1 in 3,000    | 1 in 396             | 1 in 34              |
| Hispanic         | 1 in 117   | 91%             | 1 in 11,000   | 1 in 1762            | 1 in 140             |

- Hendrickson BC et al. Differences in SMN1 allele frequencies among ethnic groups within North America. J Med Genet. 46:641-644, 2009
- Ogino S et al. Genetic risk assessment in carrier testing for spinal muscular atrophy. Am J Med Genet; 110:301-317, 2002
- Prior TW et al. Technical standards and guidelines for spinal muscular atrophy testing. Genet in Med. 13:686-694, 2011
- Luo M et al. An Ashkenazi Jewish SMN1 haplotype specific to duplication alleles improves pan-ethnic carrier screening for spinal muscular atrophy. Genet Med. 16:149-156, 2013
- Sugarman EA et al. Pan-ethnic carrier screening and prenatal diagnosis for spinal muscular atrophy: clinical laboratory analysis of >72,400 specimens. Eur J Hum Genet. 27-32, 2012

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.



**Synonyms:**

- Werdnig-Hoffmann disease
- SMA type I, II, III, IV
- Congenital axonal neuropathy

**COLLECTION****Sample Type:**

EDTA whole blood  
Amniotic fluid  
Cultured amniocytes  
Chorionic villi  
Cultured chorionic villi

**Collect:**

Lavender top

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

|                          |              |
|--------------------------|--------------|
| Blood                    | 5 ml         |
| Amniotic fluid           | 20 ml        |
| Cultured amniocytes      | 2 T25 flasks |
| Chorionic villi          | 20 mg        |
| Cultured chorionic villi | 2 T25 flasks |

**Minimum Volume:**

|                           |              |
|---------------------------|--------------|
| Blood                     | 2 ml         |
| Amniotic fluid            | 10 ml        |
| Cultured amniocytes       | 1 T25 flasks |
| Chorionic villi           | 10 mg        |
| Cultured chorionic villi: | 1 T25 flask  |

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Unacceptable Conditions:**

Heparinized samples. Low confluence cultures. Insufficient amount of amniotic fluid or chorionic villi

**PROCESSING****Test Code:**

SMAPCR

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Refrigerate sample. DO NOT centrifuge or freeze.

**Preferred Volume:**

|                          |              |
|--------------------------|--------------|
| Blood                    | 5 ml         |
| Amniotic fluid           | 20 ml        |
| Cultured amniocytes      | 2 T25 flasks |
| Chorionic villi          | 20 mg        |
| Cultured chorionic villi | 2 T25 flasks |

**Minimum Volume:**

|                           |              |
|---------------------------|--------------|
| Blood                     | 2 ml         |
| Amniotic fluid            | 10 ml        |
| Cultured amniocytes       | 1 T25 flasks |
| Chorionic villi           | 10 mg        |
| Cultured chorionic villi: | 1 T25 flask  |

**Unacceptable Conditions:**

Heparinized samples. Low confluence cultures. Insufficient amount of amniotic fluid or chorionic villi

**RESULT INTERPRETATION**

**Reference Interval:**

SMN1: 2 copies  
 SMN2: 2 copies  
 SMN1 c.\*3+80T>G (rs143838139) - Not detected  
 SMN1 c.\*211\_\*212del(rs200800214) - Not detected

**Additional Information:**

Spinal muscular atrophy (SMA) is an autosomal recessive disorder with a carrier rate of about 1 in 50 in the US, leading to disease in approximately 1 in 10,000 live births. SMA is a neuromuscular disorder and a frequently inherited cause of infant mortality. SMA is characterized by degeneration of lower motor neurons in the spinal cord and brain stem, leading to muscle wasting and paralysis. The disorder is classified into four subtypes (I-IV) based on the age of onset, which can range from infancy to adulthood. In its most severe form (Type I), SMA leads to death in infancy. In other non-fatal forms, affected individuals become disabled. Treatment in these cases is aimed at slow progression of the disease.

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**SMN1 Linked Variants Assay**

Duplication of SMN1 has been linked to a haplotype that spans two linked variants (rs143838139 and rs200800214). The presence of these two variants, especially in Ashkenazi Jews and Asians, increases the likelihood of a 2+0 SMN1 genotype, but does not confirm it. This assay will also determine the presence or absence of these two linked variants. Carrier risks estimation based on SMN1 copy number analysis and detection of the linked variants is shown in the Table below.

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SMN2 is adjacent to SMN1 on chromosome 5 and differs from it by only a few bases. However, SMN2 expresses only about 10% of functional mRNA due to a defect in RNA splicing. Individuals can carry multiple copy numbers of SMN2, ranging from 0 to 5 copies per chromosome. Thus, the presence of multiple copy numbers of SMN2 with 0 copy SMN1 is associated with reduced severity of SMA, thereby accounting for the various SMA phenotypic subtypes. This assay will also determine SMN2 copy number.

| Ethnic Group     | Prior Risk | CN Detect. Rate | CN3 Res. Risk | CN2+NEG LV Res. Risk | CN2+POS LV Res. Risk |
|------------------|------------|-----------------|---------------|----------------------|----------------------|
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This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**ADMINISTRATIVE****CPT Codes:**

81329, 81337

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SMAPCR

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Run 1-2x per week, and as needed.

**Methodology:**

Real time PCR for copy number analysis and allele-specific probes hybridization for linked variants detection.

**Remarks:**

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top

**Amount to Collect:**

See preferred volume.

**Sample Type:**

EDTA whole blood  
 Amniotic fluid  
 Cultured amniocytes  
 Chorionic villi  
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**Preferred Volume:**

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**Unacceptable Conditions:**

Heparinized samples. Low confluence cultures. Insufficient amount of amniotic fluid or chorionic villi

**Specimen Preparation:**

Refrigerate sample. DO NOT centrifuge or freeze.

**Reference Interval:**

SMN1: 2 copies  
 SMN2: 2 copies  
 SMN1 c.\*3+80T>G (rs143838139) - Not detected  
 SMN1 c.\*211\_\*212del(rs200800214) - Not detected

**Synonyms:**

- Werdnig-Hoffmann disease
- SMA type I, II, III, IV
- Congenital axonal neuropathy

**Reported:**

14-21 days

**Additional Information:**

Spinal muscular atrophy (SMA) is an autosomal recessive disorder with a carrier rate of about 1 in 50 in the US, leading to disease in approximately 1 in 10,000 live births. SMA is a neuromuscular disorder and a frequently inherited cause of infant mortality. SMA is characterized by degeneration of lower motor neurons in the spinal cord and brain stem, leading to muscle wasting and paralysis. The disorder is classified into four subtypes (I-IV) based on the age of onset, which can range from infancy to adulthood. In its most severe form (Type I), SMA leads to death in infancy. In other non-fatal forms, affected individuals become disabled. Treatment in these cases is aimed at slow progression of the disease.

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| Ethnic Group     | Prior Risk | CN Detect. Rate | CN3 Res. Risk | CN2+NEG LV Res. Risk | CN2+POS LV Res. Risk |
|------------------|------------|-----------------|---------------|----------------------|----------------------|
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3. Prior TW et al. Technical standards and guidelines for spinal muscular atrophy testing. Genet in Med. 13:686-694, 2011
4. Luo M et al. An Ashkenazi Jewish SMN1 haplotype specific to duplication alleles improves pan-ethnic carrier screening for spinal muscular atrophy. Genet Med. 16:149-156, 2013
5. Sugarman EA et al. Pan-ethnic carrier screening and prenatal diagnosis for spinal muscular atrophy: clinical laboratory analysis of >72,400 specimens. Eur J Hum Genet. 27-32, 2012

This test was developed and its performance characteristics determined by the Clinical Laboratories at the Medical Center at UC San Francisco. It has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Codes:**

81329, 81337

**LDT or Modified FDA:**

Yes

# St. Louis Equine Encephalitis Antibody

SLOUB

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

IFA

**Reported:**

Test performed 5x per week. Turnaround 3-5 days

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 2 weeks, frozen at -20C 6 months.

## PROCESSING

**Test Code:**

SLOUB

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Freeze serum at -20C. Order Quest test #2649F

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 2 weeks, frozen at -20C 6 months.

## RESULT INTERPRETATION

**Units:**

Titer

**Reference Interval:**

IgG: &lt; 1:16 titer

IgM: &lt; 1:20 titer

## ADMINISTRATIVE

**CPT Codes:**

86653-90 (x2)

**LOINC Codes:**

9578-6

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

SLOUB

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

IFA

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.1 mL serum

**Specimen Preparation:**

Freeze serum at -20C. Order Quest test #2649F

**Units:**

Titer

**Reference Interval:**

IgG: < 1:16 titer

IgM: < 1:20 titer

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 2 weeks, frozen at -20C 6 months.

**Reported:**

Test performed 5x per week. Turnaround 3-5 days

**CPT Codes:**

86653-90 (x2)

**LOINC Codes:**

9578-6

# Staphylococcus aureus Culture

LAB5091

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shift.

**Methodology:**

Culture

**Reported:**

2-4 days

**Reflex Testing:**

Susceptibility testing is performed if Staphylococcus aureus is isolated.

**Synonyms:**

- Staph aureus

## COLLECTION

**Sample Type:**

Anterior nares swab to screen for carrier, skin or soft tissue swab

**Collect:**

E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

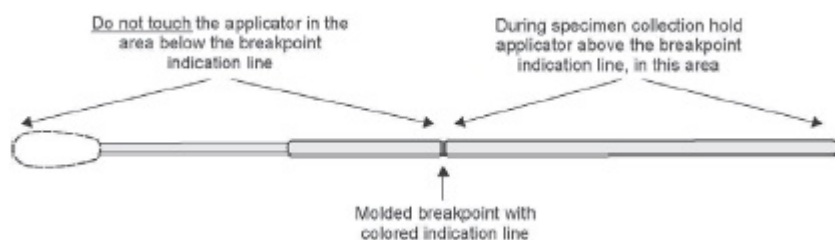
**Remarks:**

For Amies transport media with charcoal:

1. Run both swabs quickly under tap water to slightly moisten the swabs.
2. Using both swabs at the same time, gently insert the swabs approx 1/4 " into the anterior nares (just inside the nasal orifice). Swab in a circular motion; and repeat in second nostril, using the same two (2) swabs.
3. Place swabs into Amies (charcoal) transport media, cap and deliver per protocol to Microbiology.

For E-swab:

1. Do NOT prewet the swab.
2. Grasp the swab shaft at the very end.
3. Gently insert the swab approx 1/4 " into the anterior nares (just inside the nasal orifice). Swab in a circular motion; and repeat in second nostril, using the same swab.
4. After collection, break the swab off into the liquid media inside the tube at the colored breakpoint mark and tightly secure the cap.


**Stability (from collection to initiation):**

24 hours at room temperature or refrigerated

**Unacceptable Conditions:**

Swabs not submitted in transport medium

## PROCESSING

**Test Code:**

P115

**Performing Lab:**

Microbiology

**Unacceptable Conditions:**

Swabs not submitted in transport medium

**Stability (from collection to initiation):**

24 hours at room temperature or refrigerated

**ADMINISTRATIVE****CPT Codes:**

87081

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P115

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shift.

**Methodology:**

Culture

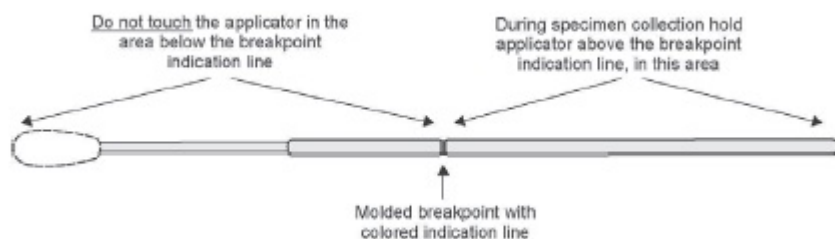
**Remarks:**

For Amies transport media with charcoal:

1. Run both swabs quickly under tap water to slightly moisten the swabs.
2. Using both swabs at the same time, gently insert the swabs approx 1/4 " into the anterior nares (just inside the nasal orifice). Swab in a circular motion; and repeat in second nostril, using the same two (2) swabs.
3. Place swabs into Amies (charcoal) transport media, cap and deliver per protocol to Microbiology.

For E-swab:

1. Do NOT prewet the swab.
2. Grasp the swab shaft at the very end.
3. Gently insert the swab approx 1/4 " into the anterior nares (just inside the nasal orifice). Swab in a circular motion; and repeat in second nostril, using the same swab.
4. After collection, break the swab off into the liquid media inside the tube at the colored breakpoint mark and tightly secure the cap.

**Collect:**

E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

**Sample Type:**

Anterior nares swab to screen for carrier, skin or soft tissue swab

**Unacceptable Conditions:**

Swabs not submitted in transport medium

**Synonyms:**

- Staph aureus

**Stability (from collection to initiation):**

24 hours at room temperature or refrigerated

**Reported:**

2-4 days

**Reflex Testing:**

Susceptibility testing is performed if Staphylococcus aureus is isolated.

**CPT Codes:**

87081



# Steroid Panel, Congenital Adrenal Hyperplasia

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

4-7 days

**Additional Information:**

Includes:

Androstenedione; 11-Deoxycortisol; Cortisol; DHEA, Unconjugated; 17-Hydroxypregnenolone; Progesterone; 17-Hydroxyprogesterone; Testosterone, Total, LC/MS/MS; Deoxycorticosterone

**Synonyms:**

- CAH

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top (Gold top NOT acceptable)

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.25 mL serum

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen 1 month

**Unacceptable Conditions:**

Hemolysis, gross lipemia, gross icterus. Collected in Gold top or other gel containing tube.

**Rejection Criteria:**

Hemolysis, gross lipemia, gross icterus

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Spin, aliquot and freeze serum at -20C. Order Quest test # 90398

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.25 mL serum

**Unacceptable Conditions:**

Hemolysis, gross lipemia, gross icterus. Collected in Gold top or other gel containing tube.

**Rejection Criteria:**

Hemolysis, gross lipemia, gross icterus

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen 1 month

## RESULT INTERPRETATION

**Additional Information:**

Includes:

Androstenedione; 11-Deoxycortisol; Cortisol; DHEA, Unconjugated; 17-Hydroxypregnenolone; Progesterone; 17-Hydroxyprogesterone; Testosterone, Total, LC/MS/MS; Deoxycorticosterone

**ADMINISTRATIVE****CPT Codes:**

82157-90, 82634-90, 82533-90, 82626-90, 84143-90, 84144-90, 83498-90, 84403-90, 82633-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Collect:**

Red top (Gold top NOT acceptable)

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.25 mL serum

**Rejection Criteria:**

Hemolysis, gross lipemia, gross icterus

**Unacceptable Conditions:**

Hemolysis, gross lipemia, gross icterus. Collected in Gold top or other gel containing tube.

**Specimen Preparation:**

Spin, aliquot and freeze serum at -20C. Order Quest test # 90398

**Synonyms:**

- CAH

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 1 week, frozen 1 month

**Reported:**

4-7 days

**Additional Information:**

Includes:

Androstenedione; 11-Deoxycortisol; Cortisol; DHEA, Unconjugated; 17-Hydroxypregnenolone; Progesterone; 17-Hydroxyprogesterone; Testosterone, Total, LC/MS/MS; Deoxycorticosterone

**CPT Codes:**

82157-90, 82634-90, 82533-90, 82626-90, 84143-90, 84144-90, 83498-90, 84403-90, 82633-90

# Sterols, Plasma

LAB6128

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Gas Chromatography-Mass Spectrometry (GC-MS)/Gas Chromatography-Flame Ionization Detection (GC-FID)

**Reported:**

7-9 days

**Additional Information:**

Testing includes desmosterol, lathosterol, campesterol, and sitosterol for the investigation of desmosterolosis and sitosterolemia.

**Synonyms:**

- photosterols
- desmosterol
- lathosterol
- campesterol
- sitosterol
- desmosterolosis
- sitosterolemia
- TENDINOUS XANTHOMATOSIS
- CHOLESTANOL
- CDPX2
- MEND
- PHYTOSTEROLEMIA

## COLLECTION

**Patient Preparation:**

Fasting (12 hours or more, infants just before next feeding).

**Sample Type:**

Plasma

**Label Abbreviation:**

UCSF Sterols

**Collect:**

Dark green top or lavender top

Spin down within 45 minutes of draw. Aliquot and freeze. Transport to China Basin.

**Amount to Collect:**

2 mL

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.2 mL

**Stability (from collection to initiation):**

Frozen/refrigerated: 90 days (plasma)

## PROCESSING

**Test Code:**

STER

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Spin down within 45 minutes of draw. Aliquot and freeze. Transport to CB frozen. Order Mayo test code STER.

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.2 mL

**Stability (from collection to initiation):**

Frozen/refrigerated: 90 days (plasma)

**RESULT INTERPRETATION****Additional Information:**

Testing includes desmosterol, lathosterol, campesterol, and sitosterol for the investigation of desmosterolosis and sitosterolemia.

**ADMINISTRATIVE****CPT Codes:**

82542-90

**LOINC Codes:**

75740-1, 75738-5, 75741-9, 75739-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

STER

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Gas Chromatography-Mass Spectrometry (GC-MS)/Gas Chromatography-Flame Ionization Detection (GC-FID)

**Patient Preparation:**

Fasting (12 hours or more, infants just before next feeding).

**Collect:**

Dark green top or lavender top

Spin down within 45 minutes of draw. Aliquot and freeze. Transport to China Basin.

**Amount to Collect:**

2 mL

**Sample Type:**

Plasma

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.2 mL

**Specimen Preparation:**

Spin down within 45 minutes of draw. Aliquot and freeze. Transport to CB frozen. Order Mayo test code STER.

**Synonyms:**

- photosterols
- desmosterol
- lathosterol
- campesterol
- sitosterol
- desmosterolosis
- sitosterolemia
- TENDINOUS XANTHOMATOSIS
- CHOLESTANOL
- CDPX2
- MEND
- PHYTOSTEROLEMIA

**Stability (from collection to initiation):**

Frozen/refrigerated: 90 days (plasma)

**Reported:**

7-9 days

**Additional Information:**

Testing includes desmosterol, lathosterol, campesterol, and sitosterol for the investigation of desmosterolosis and sitosterolemia.

**CPT Codes:**

82542-90

**LOINC Codes:**

75740-1, 75738-5, 75741-9, 75739-3

# STRATIFY JCV Ab (with Index) w/ Rfx to Inhibition Assay

LAB12797

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

Immunoassay

**Reported:**

7-10 days

**Additional Information:**

The JC Virus (JCV) is associated with Progressive Multifocal Leukoencephalopathy (PML). Detection of antibodies to JCV in serum or plasma is a reliable indicator of exposure to JCV. The analytical performance characteristics were determined for multiple sclerosis patients.

**Reflex Testing:**

If the JCV Antibody result is, "INDETERMINATE", STRATIFY JCV™ Antibody Inhibition Assay will be performed at an additional charge (CPT code(s): 86711)

**Synonyms:**

- John Cunningham virus

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top, red top or Lavender top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.25 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 3 months

## PROCESSING

**Test Code:**

JCAB

**Test Group:**

JCV

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Aliquot and freeze. Ship to CB frozen. Order Quest test code 91665

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.25 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 3 months

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

The JC Virus (JCV) is associated with Progressive Multifocal Leukoencephalopathy (PML). Detection of antibodies to JCV in serum or plasma is a reliable indicator of exposure to JCV. The analytical performance characteristics were determined for multiple sclerosis patients.

**ADMINISTRATIVE****CPT Codes:**

86790-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

JCAB

**Test Group:**

JCV

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

Immunoassay

**Collect:**

Gold top, red top or Lavender top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.25 mL serum or plasma

**Specimen Preparation:**

Aliquot and freeze. Ship to CB frozen. Order Quest test code 91665

**Reference Interval:**

Negative

**Synonyms:**

- John Cunningham virus

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 3 months

**Reported:**

7-10 days

**Reflex Testing:**

If the JCV Antibody result is, "INDETERMINATE", STRATIFY JCV™ Antibody Inhibition Assay will be performed at an additional charge (CPT code(s): 86711)

**Additional Information:**

The JC Virus (JCV) is associated with Progressive Multifocal Leukoencephalopathy (PML). Detection of antibodies to JCV in serum or plasma is a reliable indicator of exposure to JCV. The analytical performance characteristics were determined for multiple sclerosis patients.

**CPT Codes:**

86790-90

# Streptococcus Group A Antigen

LAB885

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily, day and evening shifts until 9 PM

**Methodology:**

Lateral flow immunassay

**Reported:**

1 hour after receipt at China Basin Microbiology

**Additional Information:**

Sensitivity is approximately 70% compared with culture. Culture will be performed automatically on antigen negative samples.

Excess blood or mucus on the swab may interfere with the test performance and may yield a false positive result.

**Reflex Testing:**

Negative samples are automatically reflexed to culture at an additional charge.

**Synonyms:**

- Beta-hemolytic Strep
- beta-strep
- P116
- Rapid Strep

## COLLECTION

**Sample Type:**

Throat swab

**Collect:**

Polyester (Dacron) swabs x2 in sterile dry plastic tube without preservative. Alternatively, swabs can be returned to the original sterile sleeve after collection. Do not use E-swabs or other transport media.

**Amount to Collect:**

2 swabs

**Preferred Volume:**

2 swabs

**Minimum Volume:**

2 swabs

If only one swab is received, Group A Streptococcus Culture will be performed instead of the antigen test.

**Remarks:**

Swab tonsils or tonsillar crypts and posterior pharynx.

Deliver immediately to laboratory. refrigerate if transport is delayed.

**Stability (from collection to initiation):**

Refrigerated 3 days

**Unacceptable Conditions:**

Swab submitted in transport media or preservative.

## PROCESSING

**Test Code:**

1230200046

**Test Group:**

Streptococcus

**Performing Lab:**

Microbiology

**Specimen Preparation:**

If antigen test is negative set up a group A strep culture



**Preferred Volume:**

2 swabs

**Minimum Volume:**

2 swabs

If only one swab is received, Group A Streptococcus Culture will be performed instead of the antigen test.

**Unacceptable Conditions:**

Swab submitted in transport media or preservative.

**Stability (from collection to initiation):**

Refrigerated 3 days

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

Sensitivity is approximately 70% compared with culture. Culture will be performed automatically on antigen negative samples.

Excess blood or mucus on the swab may interfere with the test performance and may yield a false positive result.

**ADMINISTRATIVE****CPT Codes:**

87880

**LOINC Codes:**

18481-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

1230200046

**Test Group:**

Streptococcus

**Performing Lab:**

Microbiology

**Performed:**

Daily, day and evening shifts until 9 PM

**Methodology:**

Lateral flow immunassay

**Remarks:**

Swab tonsils or tonsillar crypts and posterior pharynx.

Deliver immediately to laboratory. refrigerate if transport is delayed.

**Collect:**

Polyester (Dacron) swabs x2 in sterile dry plastic tube without preservative. Alternatively, swabs can be returned to the original sterile sleeve after collection. Do not use E-swabs or other transport media.

**Amount to Collect:**

2 swabs

**Sample Type:**

Throat swab

**Preferred Volume:**

2 swabs

**Minimum Volume:**

2 swabs

If only one swab is received, Group A Streptococcus Culture will be performed instead of the antigen test.

**Unacceptable Conditions:**

Swab submitted in transport media or preservative.

**Specimen Preparation:**

If antigen test is negative set up a group A strep culture

**Reference Interval:**

Negative

**Synonyms:**

- Beta-hemolytic Strep
- beta-strep
- P116
- Rapid Strep

**Stability (from collection to initiation):**

Refrigerated 3 days

**Reported:**

1 hour after receipt at China Basin Microbiology

**Reflex Testing:**

Negative samples are automatically reflexed to culture at an additional charge.

**Additional Information:**

Sensitivity is approximately 70% compared with culture. Culture will be performed automatically on antigen negative samples.

Excess blood or mucus on the swab may interfere with the test performance and may yield a false positive result.

**CPT Codes:**

87880

**LOINC Codes:**

18481-2

# Streptococcus Group A Culture

LAB236

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, all shifts

**Methodology:**

Selective media

**Reported:**

2 days

**Additional Information:**

If other organisms are requested the specimen will be processed as Bacterial Culture, Respiratory

**Synonyms:**

- Bacterial culture
- Beta-hemolytic Strep
- beta-strep
- Throat culture
- GAS Cx

## COLLECTION

**Sample Type:**

Throat swab

**Collect:**

E-swab (liquid Amies elution medium) or Amies transport medium with charcoal, or dry Polyester swab in original sterile paper sleeve. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

Note: If Streptococcus Group A antigen testing is also being requested it is required to submit two polyester swabs in the original sterile paper sleeve or sterile dry plastic tube.

**Remarks:**

If other throat organisms are of interest they must be specified on the Microbiology requisition.

**Stability (from collection to initiation):**

Room temperature 24 hours

## PROCESSING

**Test Code:**

P118

**Performing Lab:**

Microbiology

**Stability (from collection to initiation):**

Room temperature 24 hours

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

If other organisms are requested the specimen will be processed as Bacterial Culture, Respiratory

## ADMINISTRATIVE

**CPT Codes:**

87081

**LOINC Codes:**

11268-0

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P118

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, all shifts

**Methodology:**

Selective media

**Remarks:**

If other throat organisms are of interest they must be specified on the Microbiology requisition.

**Collect:**

E-swab (liquid Amies elution medium) or Amies transport medium with charcoal, or dry Polyester swab in original sterile paper sleeve. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

Note: If Streptococcus Group A antigen testing is also being requested it is required to submit two polyester swabs in the original sterile paper sleeve or sterile dry plastic tube.

**Sample Type:**

Throat swab

**Reference Interval:**

Negative

**Synonyms:**

- Bacterial culture
- Beta-hemolytic Strep
- beta-strep
- Throat culture
- GAS Cx

**Stability (from collection to initiation):**

Room temperature 24 hours

**Reported:**

2 days

**Additional Information:**

If other organisms are requested the specimen will be processed as Bacterial Culture, Respiratory

**CPT Codes:**

87081

**LOINC Codes:**

11268-0

# Streptococcus Group B Culture

LAB502

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Culture

**Reported:**

3 days

**Additional Information:**

For detection of carriers prior to delivery.

If penicillin allergy is indicated on the requisition microbiology will perform susceptibility studies to erythromycin and clindamycin.

**Synonyms:**

- Bacterial culture
- GBS Cx

## COLLECTION

**Sample Type:**

Anal-vaginal swab

**Collect:**

E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

**Remarks:**

Collect combined rectal and introital sample.

Indicate on requisition if the patient is allergic to penicillin.

**Stability (from collection to initiation):**

Room temperature 12 hours

**Unacceptable Conditions:**

Swabs not received in E-swab, Todd-Hewitt (LIM) broth, or charcoal transport media.

## PROCESSING

**Test Code:**

P138

**Performing Lab:**

Microbiology

**Specimen Preparation:**

E-swabs should be vortexed briefly prior to placing the swab in Todd-Hewitt (LIM) broth for incubation. Charcoal swabs should be placed into Todd-Hewitt (LIM) broth prior to incubation.

**Unacceptable Conditions:**

Swabs not received in E-swab, Todd-Hewitt (LIM) broth, or charcoal transport media.

**Stability (from collection to initiation):**

Room temperature 12 hours

## RESULT INTERPRETATION

**Critical Values:**

Positive culture from L&amp;D patient.

**Additional Information:**

For detection of carriers prior to delivery.

If penicillin allergy is indicated on the requisition microbiology will perform susceptibility studies to erythromycin and clindamycin.

**ADMINISTRATIVE****CPT Codes:**

87081

**LOINC Codes:**

582-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P138

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Culture

**Remarks:**

Collect combined rectal and introital sample.

Indicate on requisition if the patient is allergic to penicillin.

**Collect:**

E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

**Sample Type:**

Anal-vaginal swab

**Unacceptable Conditions:**

Swabs not received in E-swab, Todd-Hewitt (LIM) broth, or charcoal transport media.

**Specimen Preparation:**

E-swabs should be vortexed briefly prior to placing the swab in Todd-Hewitt (LIM) broth for incubation. Charcoal swabs should be placed into Todd-Hewitt (LIM) broth prior to incubation.

**Critical Values:**

Positive culture from L&amp;D patient.

**Synonyms:**

- Bacterial culture
- GBS Cx

**Stability (from collection to initiation):**

Room temperature 12 hours

**Reported:**

3 days

**Additional Information:**

For detection of carriers prior to delivery.

If penicillin allergy is indicated on the requisition microbiology will perform susceptibility studies to erythromycin and clindamycin.

**CPT Codes:**

87081

**LOINC Codes:**

582-7

# Subtel Interphase deletion 11Q FISH

11QT, B11QT

## ORDERING

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9AM to 5PM

**Methodology:**

FISH

**Reported:**

7-14 days

**Synonyms:**

- 11QT
- B11QT

## COLLECTION

**Sample Type:**

Bone marrow aspirate, Bone marrow core, Blood

**Collect:**

Bone marrow: Dark Green Top Sodium Heparin tube

Bone Core : Sterile container with medium

Blood: Dark Green Top Sodium Heparin tube

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood: 2 m

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1 mL

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

## PROCESSING

**Test Code:**

11QT: Non-blood/bone marrow

B11QT: Blood

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood: 2 m

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1 mL

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

## ADMINISTRATIVE

**CPT Codes:**

88271x1, 88275x1

**COMPLETE VIEW**

**Test Code:**

11QT: Non-blood/bone marrow

B11QT: Blood

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9AM to 5PM

**Methodology:**

FISH

**Collect:**

Bone marrow: Dark Green Top Sodium Heparin tube

Bone Core : Sterile container with medium

Blood: Dark Green Top Sodium Heparin tube

**Sample Type:**

Bone marrow aspirate, Bone marrow core, Blood

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood: 2 m

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1 mL

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Synonyms:**

- 11QT
- B11QT

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

2 days

**Reported:**

7-14 days

**CPT Codes:**

88271x1, 88275x1



# Subtelomere FISH

LAB3108

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily, Monday-Friday

**Methodology:**

Fluorescent in-situ hybridization

**Additional Information:**

Each FISH test is developed and its performance characteristics determined by the UCSF Cytogenetics Laboratory as required by CLIA '88 regulations. It has not been cleared or approved for specific uses by the U.S. Food and Drug Administration. All FISH probes undergo internal validation and quality control testing at UCSF Cytogenetics Lab prior to use.

**Reflex Testing:**

If an abnormality is detected the Director will determine the appropriate additional studies to be performed to characterize the abnormality.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**Synonyms:**

- Cytogenetic analysis
- chromosome analysis
- Karyotype
- Karyotyping

## COLLECTION

**Sample Type:**

Heparinized whole blood, Unfixed tissue

**Collect:**

Blood: Dark green top

POC: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

2 ml blood

**Preferred Volume:**

2 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason.

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## PROCESSING

**Test Code:**

CYSUB

**Test Group:**

Chromosome Analysis

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Preferred Volume:**

2 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Stability (from collection to initiation):**

48 hours

**RESULT INTERPRETATION****Reference Interval:**

Normal. See Additional Information

**Additional Information:**

Each FISH test is developed and its performance characteristics determined by the UCSF Cytogenetics Laboratory as required by CLIA '88 regulations. It has not been cleared or approved for specific uses by the U.S. Food and Drug Administration. All FISH probes undergo internal validation and quality control testing at UCSF Cytogenetics Lab prior to use.

**ADMINISTRATIVE****CPT Codes:**

88273x3, 88271x8

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

49040-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CYSUB

**Test Group:**

Chromosome Analysis

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily, Monday-Friday

**Methodology:**

Fluorescent in-situ hybridization

**Remarks:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason.

**Collect:**

Blood: Dark green top

POC: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

2 ml blood

**Sample Type:**

Heparinized whole blood, Unfixed tissue

**Preferred Volume:**

2 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Keep samples at Room temperature. DO NOT CENTRIFUGE for any reason. Send all tubes and completed paperwork asap to the Cytogenetics laboratory at China Basin.

**Reference Interval:**

Normal. See Additional Information

**Synonyms:**

- Cytogenetic analysis
- chromosome analysis
- Karyotype
- Karyotyping

**Stability (from collection to initiation):**

48 hours

**Reflex Testing:**

If an abnormality is detected the Director will determine the appropriate additional studies to be performed to characterize the abnormality.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**Additional Information:**

Each FISH test is developed and its performance characteristics determined by the UCSF Cytogenetics Laboratory as required by CLIA '88 regulations. It has not been cleared or approved for specific uses by the U.S. Food and Drug Administration. All FISH probes undergo internal validation and quality control testing at UCSF Cytogenetics Lab prior to use.

**CPT Codes:**

88273x3, 88271x8

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

49040-9

**Sulfatide Autoantibody**  
SULFAB

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Quest

**Methodology:**  
ELISA

**Reported:**  
7-10 days

**COLLECTION**

**Sample Type:**  
Serum

**Collect:**  
Gold top or Red top

**Amount to Collect:**  
4 mL blood

**Preferred Volume:**  
2 mL serum

**Minimum Volume:**  
0.5 mL

**Stability (from collection to initiation):**  
Room Temperature: 72 hours  
Refrigerated: 21 days  
Frozen: 4 months

**Storage/Transport Temperature:**  
Frozen

**PROCESSING**

**Test Code:**  
SULFAB

**Sendout:**  
Yes

**Performing Lab:**  
Quest

**Specimen Preparation:**  
Aliquot and freeze. Send to CB frozen. Order Quest test code 30175.

**Preferred Volume:**  
2 mL serum

**Minimum Volume:**  
0.5 mL

**Stability (from collection to initiation):**  
Room Temperature: 72 hours  
Refrigerated: 21 days  
Frozen: 4 months

**Storage/Transport Temperature:**  
Frozen

**RESULT INTERPRETATION**

**Reference Interval:**

|           | IgM    | IgG  |
|-----------|--------|------|
| Normal    | < 1100 | <900 |
| Elevated  | 1100   | 900  |
| Very High | 1700   | 1500 |

**ADMINISTRATIVE****CPT Codes:**

83520x2

**LOINC Codes:**

49549-9, 8251-1, 8265-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SULFAB

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**

Gold top or Red top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.5 mL

**Specimen Preparation:**

Aliquot and freeze. Send to CB frozen. Order Quest test code 30175.

**Reference Interval:**

|           | IgM    | IgG  |
|-----------|--------|------|
| Normal    | < 1100 | <900 |
| Elevated  | 1100   | 900  |
| Very High | 1700   | 1500 |

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room Temperature: 72 hours

Refrigerated: 21 days

Frozen: 4 months

**Reported:**

7-10 days

**CPT Codes:**

83520x2

**LOINC Codes:**

49549-9, 8251-1, 8265-1

# Supersaturation Profile, Urine

LAB6819

## ORDERING

**Ordering Recommendations:**

Use for kidney stone risk assessment and monitoring; includes interpretation of data. Panel includes calcium, chloride, citric acid, creatinine, magnesium, oxalate, pH, phosphorous, potassium, sodium, sulfate, and uric acid.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Wed, Fri

**Methodology:**

Quantitative Spectrophotometry / Quantitative Enzymatic Assay / Quantitative Ion-Selective Electrode

**Reported:**

1-8 days

**Synonyms:**

- Calculi Risk
- Calculus Risk
- choride
- citric aci
- creatinine
- Kidney Stone Profile
- Kidney Stone Risk Assessment
- magnesium
- oxalate
- phosphorus
- potassium
- Stone Risk Profile
- sulfate
- uric acid
- SUPSAT

## COLLECTION

**Label Abbreviation:**

SUPSAT

**Collect:**

24-hour urine. Refrigerate during collection.

**Remarks:**

Record total volume and collection time interval on tube and test request form.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks

**Storage/Transport Temperature:**

Frozen.

## PROCESSING

**Test Code:**

SUPSAT

**ARUP Test Code:**

2008771

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Thoroughly mix entire collection (24-hour) in one container. Transport four separate 4 mL aliquots of urine using Calculi Risk/Supersaturation Urine Collection Kit (ARUP supply# 46007). Available online through eSupply using ARUP Connect(TM) or contact Client Services at 800-522-2787. Do not exceed 4 mL in tubes.

Aliquot according to the following specifications:

1st aliquot (pH 2): Transfer 4 mL urine into a sulfamic acid tube. (Min: 4 mL) Mix well. Freeze immediately.

2nd aliquot (pH 2): Transfer 4 mL urine into a sulfamic acid tube. (Min: 4 mL) Mix well. Freeze immediately.

3rd aliquot (pH 9): Transfer 4 mL urine into a sodium carbonate tube. (Min: 4 mL) Mix well. Freeze immediately.

4th aliquot: Transfer 4 mL urine into an unpreserved tube. (Min: 4 mL) Freeze immediately.

If collection kit is unavailable, transport four 4 mL unadjusted aliquots of urine.

New York State Clients: Two 100 mL aliquots

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks

**Storage/Transport Temperature:**

Frozen.

**RESULT INTERPRETATION****Reference Interval:**

| Components                   | Reference Interval                        |                                  |                      |
|------------------------------|-------------------------------------------|----------------------------------|----------------------|
| Calcium, Urine - per 24h     | <b>Diet</b>                               | <b>Reference Interval (mg/d)</b> |                      |
|                              | Calcium-free diet                         | 5-40                             |                      |
|                              | Low calcium diet (less than 800 mg/d)     | 50-150                           |                      |
|                              | Average calcium diet (about 800 mg/d)     | 100-250                          |                      |
|                              | High calcium diet (greater than 800 mg/d) | > 250                            |                      |
| Creatinine, Urine - per 24h  | <b>Age</b>                                | <b>Male (mg/d)</b>               | <b>Female (mg/d)</b> |
|                              | 3-8 years                                 | 140-700                          | 140-700              |
|                              | 9-12 years                                | 300-1300                         | 300-1300             |
|                              | 13-17 years                               | 500-2300                         | 400-1600             |
|                              | 18-50 years                               | 1000-2500                        | 700-1600             |
|                              | 51-80 years                               | 800-2100                         | 500-1400             |
|                              | 81 years and older                        | 600-2000                         | 400-1300             |
| Magnesium, Urine per 24h     | 12-199 mg/d                               |                                  |                      |
| Phosphorus, Urine - per 24h  | 400-1300 mg/d                             |                                  |                      |
| Uric Acid, Urine - per 24h   | 250-750 mg/d                              |                                  |                      |
| Citric Acid, Urine - per 24h | 18 years and older: 320-1240 mg/d         |                                  |                      |
| Oxalate, Urine - per 24h     | <b>Age</b>                                | <b>Male (mg/d)</b>               | <b>Female (mg/d)</b> |
|                              | 0-12 years                                | 7-31                             | 7-31                 |
|                              | 13 years and older                        | 16-49                            | 13-40                |
| Sodium, Urine - per 24h      | 51-286 mmol/d                             |                                  |                      |
| Potassium, Urine - per 24h   | 25-125 mmol/d                             |                                  |                      |
| Chloride, Urine - per 24h    | 140-250 mmol/d                            |                                  |                      |
| pH, Urine                    | 5.00-7.50                                 |                                  |                      |

**Interpretive Data:**

The values determined for this specimen are placed on the chart to indicate the approximate risk associated with the particular concentrations. Increased risk is to the right of center; decreased risk, to the left. Relative supersaturation calculated for calcium oxalate, calcium hydrogen phosphate (brushite) and uric acid calculi is displayed. Relative risk increases from the middle to the right side of this chart.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

**ADMINISTRATIVE**

**CPT Codes:**

82340; 82436; 82507; 84560; 83735; 83945; 84105; 84133; 84300; 84392; 83986

**LOINC:**

- 35674-1
- 30211-7
- 26888-8
- 2701-1
- 19153-6
- 3086-6
- 26889-6
- 2756-5
- 2162-6
- 42678-3
- 11526-1
- 2829-0
- 34736-9
- 35676-6
- 2079-2
- 35678-2
- 30922-9
- 24447-5
- 35677-4
- 35675-8
- 27222-9
- 2956-1
- 42673-4
- 6687-8
- 48767-8
- 2779-7
- 2128-7
- 6874-2
- 35673-3
- 3087-4

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use for kidney stone risk assessment and monitoring; includes interpretation of data. Panel includes calcium, chloride, citric acid, creatinine, magnesium, oxalate, pH, phosphorous, potassium, sodium, sulfate, and uric acid.

**Test Code:**

SUPSAT

**ARUP Test Code:**

2008771

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Wed, Fri

**Methodology:**

Quantitative Spectrophotometry / Quantitative Enzymatic Assay / Quantitative Ion-Selective Electrode

**Remarks:**

Record total volume and collection time interval on tube and test request form.

**Collect:**

24-hour urine. Refrigerate during collection.

**Specimen Preparation:**

Thoroughly mix entire collection (24-hour) in one container. Transport four separate 4 mL aliquots of urine using Calculi Risk/Supersaturation Urine Collection Kit (ARUP supply# 46007). Available online through eSupply using ARUP Connect(TM) or contact Client Services at 800-522-2787. Do not exceed 4 mL in tubes.

Aliquot according to the following specifications:

1st aliquot (pH 2): Transfer 4 mL urine into a sulfamic acid tube. (Min: 4 mL) Mix well. Freeze immediately.

2nd aliquot (pH 2): Transfer 4 mL urine into a sulfamic acid tube. (Min: 4 mL) Mix well. Freeze immediately.

3rd aliquot (pH 9): Transfer 4 mL urine into a sodium carbonate tube. (Min: 4 mL) Mix well. Freeze immediately.

4th aliquot: Transfer 4 mL urine into an unpreserved tube. (Min: 4 mL) Freeze immediately.

If collection kit is unavailable, transport four 4 mL unadjusted aliquots of urine.

New York State Clients: Two 100 mL aliquots



**Reference Interval:**

| Components                   | Reference Interval                        |                    |                                  |
|------------------------------|-------------------------------------------|--------------------|----------------------------------|
| Calcium, Urine - per 24h     | <b>Diet</b>                               |                    | <b>Reference Interval (mg/d)</b> |
|                              | Calcium-free diet                         |                    | 5-40                             |
|                              | Low calcium diet (less than 800 mg/d)     |                    | 50-150                           |
|                              | Average calcium diet (about 800 mg/d)     |                    | 100-250                          |
|                              | High calcium diet (greater than 800 mg/d) |                    | > 250                            |
|                              |                                           |                    |                                  |
| Creatinine, Urine - per 24h  | <b>Age</b>                                | <b>Male (mg/d)</b> | <b>Female (mg/d)</b>             |
|                              | 3-8 years                                 | 140-700            | 140-700                          |
|                              | 9-12 years                                | 300-1300           | 300-1300                         |
|                              | 13-17 years                               | 500-2300           | 400-1600                         |
|                              | 18-50 years                               | 1000-2500          | 700-1600                         |
|                              | 51-80 years                               | 800-2100           | 500-1400                         |
|                              | 81 years and older                        | 600-2000           | 400-1300                         |
|                              |                                           |                    |                                  |
| Magnesium, Urine per 24h     | 12-199 mg/d                               |                    |                                  |
| Phosphorus, Urine - per 24h  | 400-1300 mg/d                             |                    |                                  |
| Uric Acid, Urine - per 24h   | 250-750 mg/d                              |                    |                                  |
| Citric Acid, Urine - per 24h | 18 years and older: 320-1240 mg/d         |                    |                                  |
| Oxalate, Urine - per 24h     | <b>Age</b>                                | <b>Male (mg/d)</b> | <b>Female (mg/d)</b>             |
|                              | 0-12 years                                | 7-31               | 7-31                             |
|                              | 13 years and older                        | 16-49              | 13-40                            |
|                              |                                           |                    |                                  |
| Sodium, Urine - per 24h      | 51-286 mmol/d                             |                    |                                  |
| Potassium, Urine - per 24h   | 25-125 mmol/d                             |                    |                                  |
| Chloride, Urine - per 24h    | 140-250 mmol/d                            |                    |                                  |
| pH, Urine                    | 5.00-7.50                                 |                    |                                  |

**Interpretive Data:**

The values determined for this specimen are placed on the chart to indicate the approximate risk associated with the particular concentrations. Increased risk is to the right of center; decreased risk, to the left. Relative supersaturation calculated for calcium oxalate, calcium hydrogen phosphate (brushite) and uric acid calculi is displayed. Relative risk increases from the middle to the right side of this chart.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

**Synonyms:**

- Calculi Risk
- Calculus Risk
- choride
- citric aci
- creatinine
- Kidney Stone Profile
- Kidney Stone Risk Assessment
- magnesium
- oxalate
- phosphorus
- potassium
- Stone Risk Profile
- sulfate
- uric acid
- SUPSAT

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks

**Reported:**

1-8 days

**CPT Codes:**

82340; 82436; 82507; 84560; 83735; 83945; 84105; 84133; 84300; 84392; 83986

**LOINC:**

- 35674-1
- 30211-7
- 26888-8
- 2701-1
- 19153-6
- 3086-6
- 26889-6
- 2756-5
- 2162-6
- 42678-3
- 11526-1
- 2829-0
- 34736-9
- 35676-6
- 2079-2
- 35678-2
- 30922-9
- 24447-5
- 35677-4
- 35675-8
- 27222-9
- 2956-1
- 42673-4
- 6687-8
- 48767-8
- 2779-7
- 2128-7
- 6874-2
- 35673-3
- 3087-4

**Notes:**

Compare to StoneRisk Diagnostic Profile

# Sweat Chloride Panel

LAB1726

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mission Bay Chemistry

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Coulometric Titration (Wescor ChloroChek 3400 Chloridometer)

**Reported:**

1-3 days

**Additional Information:**

Outpatient testing is done in the Gateway Medical Building, 6th Floor Pediatric Pulmonary Clinic, Station 6A. Patients should arrive prior to the scheduled time to allow for registration, and should bring a written request from the ordering physician. Requisitions may be faxed to (415) 476-4863 ahead of time. The test lasts about one hour, during which time the patient should remain near the laboratory to check upon the progress of the test.

The laboratory usually schedules one patient per day. Calls to schedule same-day testing are acceptable but depend on the lab staff availability. A scheduled appointment may be delayed if the laboratory has to provide urgent services to ICN or LDR patients prior to the time of the appointment. Such delays will be notified as soon as possible to the outpatient upon arrival or the inpatient's caregiver (physician or nurse). Sweat chlorides can be performed only between 8 a.m. to 1 p.m., Monday through Friday. When scheduling 1 p.m. appointments, please request unit to remind outpatients to be on time.

Sodium measurement on sweat is not offered.

**Synonyms:**

- Cl
- Sodium, sweat
- Cl-
- cystic fibrosis
- CF
- SWCLR
- SWCLL

## COLLECTION

**Patient Preparation:**

Patient is well hydrated the day before and day of testing and dressed warmly at appointment.

**Sample Type:**

Sweat

**Label Abbreviation:**

SWCLL

SWCLR

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

At least 15 µL sweat, collected by Mission Bay lab personnel.

**Remarks:**

By appointment only: call UCSF Mission Bay Chemistry Lab at 415-476-0183 from 0800-1530 hours, Monday-Friday.

## PROCESSING

**Test Code:**

SWCL

**Test Group:**

Chloride

**Performing Lab:**

Mission Bay Chemistry

**Preferred Volume:**

At least 15 µL sweat, collected by Mission Bay lab personnel.

**RESULT INTERPRETATION****Units:**

mmol/L

**Reference Interval:**

For all populations:

CF unlikely: &lt; 30 mmol/L

Intermediate: 30-59 mmol/L

Indicative of CF: ≥ 60 mmol/L

Reference ranges adopted from: Farrell PM et al. Diagnosis of Cystic Fibrosis: Consensus Guidelines from the Cystic Fibrosis Foundation. The Journal of Pediatrics, volume 181, supplement, February 2017, Pages S4-S15. This reference range is a change from previous guidelines in which the reference limit for CF being unlikely was set at < 40 mmol/L for individuals more than 6 months of age.

**Additional Information:**

Outpatient testing is done in the Gateway Medical Building, 6th Floor Pediatric Pulmonary Clinic, Station 6A. Patients should arrive prior to the scheduled time to allow for registration, and should bring a written request from the ordering physician. Requisitions may be faxed to (415) 476-4863 ahead of time. The test lasts about one hour, during which time the patient should remain near the laboratory to check upon the progress of the test.

The laboratory usually schedules one patient per day. Calls to schedule same-day testing are acceptable but depend on the lab staff availability. A scheduled appointment may be delayed if the laboratory has to provide urgent services to ICN or LDR patients prior to the time of the appointment. Such delays will be notified as soon as possible to the outpatient upon arrival or the inpatient's caregiver (physician or nurse). Sweat chlorides can be performed only between 8 a.m. to 1 p.m., Monday through Friday. When scheduling 1 p.m. appointments, please request unit to remind outpatients to be on time.

Sodium measurement on sweat is not offered.

**ADMINISTRATIVE****CPT Codes:**

89230, 82438

**LOINC Codes:**

2077-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SWCL

**Test Group:**

Chloride

**Performing Lab:**

Mission Bay Chemistry

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Coulometric Titration (Wescor ChloroChek 3400 Chloridometer)

**Patient Preparation:**

Patient is well hydrated the day before and day of testing and dressed warmly at appointment.

**Remarks:**

By appointment only: call UCSF Mission Bay Chemistry Lab at 415-476-0183 from 0800-1530 hours, Monday-Friday.

**Amount to Collect:**

See preferred volume

**Sample Type:**

Sweat

**Preferred Volume:**

At least 15 µL sweat, collected by Mission Bay lab personnel.

**Units:**

mmol/L

**Reference Interval:**

For all populations:

CF unlikely: < 30 mmol/L

Intermediate: 30-59 mmol/L

Indicative of CF:  $\geq 60$  mmol/L

Reference ranges adopted from: Farrell PM et al. Diagnosis of Cystic Fibrosis: Consensus Guidelines from the Cystic Fibrosis Foundation. The Journal of Pediatrics, volume 181, supplement, February 2017, Pages S4-S15. This reference range is a change from previous guidelines in which the reference limit for CF being unlikely was set at < 40 mmol/L for individuals more than 6 months of age.

**Synonyms:**

- Cl
- Sodium, sweat
- Cl-
- cystic fibrosis
- CF
- SWCLR
- SWCLL

**Reported:**

1-3 days

**Additional Information:**

Outpatient testing is done in the Gateway Medical Building, 6th Floor Pediatric Pulmonary Clinic, Station 6A. Patients should arrive prior to the scheduled time to allow for registration, and should bring a written request from the ordering physician. Requisitions may be faxed to (415) 476-4863 ahead of time. The test lasts about one hour, during which time the patient should remain near the laboratory to check upon the progress of the test.

The laboratory usually schedules one patient per day. Calls to schedule same-day testing are acceptable but depend on the lab staff availability. A scheduled appointment may be delayed if the laboratory has to provide urgent services to ICN or LDR patients prior to the time of the appointment. Such delays will be notified as soon as possible to the outpatient upon arrival or the inpatient's caregiver (physician or nurse). Sweat chlorides can be performed only between 8 a.m. to 1 p.m., Monday through Friday. When scheduling 1 p.m. appointments, please request unit to remind outpatients to be on time.

Sodium measurement on sweat is not offered.

**CPT Codes:**

89230, 82438

**LOINC Codes:**

2077-6

**SYN Tap Test**  
MOLT

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Amprion

**Synonyms:**  

- MOLT

**Supplemental Test Request Form Required:**  
<https://ampriondx.com/wp-content/uploads/2024/03/FRMCFS-2-Test-Requisition-Form-v7.0.pdf>

**COLLECTION**

**Sample Type:**  
CSF

**Label Abbreviation:**  
MOLT

**Collect:**  
Sterile tube

**Amount to Collect:**  
1 mL

**Preferred Volume:**  
1 mL

**Minimum Volume:**  
0.5 mL

**Storage/Transport Temperature:**  
Frozen

**PROCESSING**

**Test Code:**  
MOLT

**Sendout:**  
Yes

**Performing Lab:**  
Amprion

**Specimen Preparation:**  
Freeze and send to CB. Forms are required: <https://ampriondx.com/wp-content/uploads/2024/03/FRMCFS-2-Test-Requisition-Form-v7.0.pdf>

**Preferred Volume:**  
1 mL

**Minimum Volume:**  
0.5 mL

**Storage/Transport Temperature:**  
Frozen

**COMPLETE VIEW**

**Available Stat:**  
No

**Test Code:**  
MOLT

**Performing Lab:**  
Amprion

**Sendout:**  
Yes

**Collect:**  
Sterile tube

**Amount to Collect:**

1 mL

**Sample Type:**

CSF

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Specimen Preparation:**

Freeze and send to CB. Forms are required: <https://ampriondx.com/wp-content/uploads/2024/03/FRMCFS-2-Test-Requisition-Form-v7.0.pdf>

**Synonyms:**

- MOLT

**Storage/Transport Temperature:**

Frozen

**Supplemental Test Request Form Required:**

<https://ampriondx.com/wp-content/uploads/2024/03/FRMCFS-2-Test-Requisition-Form-v7.0.pdf>

# T&B Cell Crossmatch - Pronase Treatment (for Donor)

HTTBXFRP (Sunquest: ILTBPD)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

## COLLECTION

**Sample Type:**

ACD Whole blood

**Collect:**

ACD (Yellow top) x 6

**Amount to Collect:**

51 mL blood

**Preferred Volume:**

51 mL serum

**Minimum Volume:**

Contact ITL

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

HTTBXFRP (Sunquest: ILTBPD)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

51 mL serum

**Minimum Volume:**

Contact ITL

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).



**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**RESULT INTERPRETATION****Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86833

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTTBXFRP (Sunquest: ILTBPD)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

ACD (Yellow top) x 6

**Amount to Collect:**

51 mL blood

**Sample Type:**

ACD Whole blood

**Preferred Volume:**

51 mL serum

**Minimum Volume:**

Contact ITL

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86833

# T&B Cell Crossmatch - Pronase Treatment (for Recipient)

HTTBXFRP (Sunquest: ILTBPX)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

HTTBXFRP (Sunquest: ILTBPX)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

3 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

## RESULT INTERPRETATION

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86833

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTTBXFRP (Sunquest: ILTBPX)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

3 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86833

# T&B Cell Crossmatch by Flow Cytometry (for Donor)

HTTBXFR (Sunquest: ILTXFD)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

## COLLECTION

**Sample Type:**

ACD Whole blood

**Collect:**

ACD (Yellow top) x 6

**Amount to Collect:**

51 mL blood

**Preferred Volume:**

51 mL serum

**Minimum Volume:**

Contact ITL

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

HTTBXFR (Sunquest: ILTXFD)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

51 mL serum

**Minimum Volume:**

Contact ITL

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**RESULT INTERPRETATION****Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86833

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTTBXFR (Sunquest: ILTXFD)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

ACD (Yellow top) x 6

**Amount to Collect:**

51 mL blood

**Sample Type:**

ACD Whole blood

**Preferred Volume:**

51 mL serum

**Minimum Volume:**

Contact ITL

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86833

# T&B Cell Crossmatch by Flow Cytometry (for Recipient)

HTTBXFR (Sunquest: ILTXFR)

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 11 working days.

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**Reflex Testing:**

Yes

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

HTTBXFR (Sunquest: ILTXFR)

**Test Group:**

HLA Antibody Testing

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

3 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

## RESULT INTERPRETATION

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**ADMINISTRATIVE****CPT Codes:**

86833

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

HTTBXFR (Sunquest: ILTXFR)

**Test Group:**

HLA Antibody Testing

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Luminex-based

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

3 mL serum

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- Class II Single Antigen Testing by Luminex, Single Antigen Specificity Class II

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 11 working days.

**Reflex Testing:**

Yes

**Additional Information:**

This test assigns cPRA (calculated PRA) and determines specific Class II antibodies. It is used in both pre-transplant antibody testing and post-transplant monitoring. This test is NOT for evaluation of transfusion-related fever or refractoriness to platelet transfusions (contact Blood Bank, 415-353-1313).

**CPT Codes:**

86833

# T&B-Cell Crossmatch by Flow Cytometry (For Donor)

ILTXFD

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Methodology:**

Cytotoxicity (AHG)

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 5 working days.

**Synonyms:**

- T&B-Cell Crossmatch by Flow

## COLLECTION

**Sample Type:**

ACD anticoagulated whole blood

**Collect:**

Yellow top (ACD) x6

**Amount to Collect:**

50 mL blood

**Preferred Volume:**

50 mL blood

**Minimum Volume:**

4 mL blood

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 48 hours

**Unacceptable Conditions:**

Specimen &gt; 48 hours

## PROCESSING

**Test Code:**

ILTXFD

**Test Group:**

HLA Crossmatching

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

50 mL blood

**Minimum Volume:**

4 mL blood

**Unacceptable Conditions:**

Specimen &gt; 48 hours

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 48 hours

## ADMINISTRATIVE

**CPT Codes:**

86825 x2



**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

ILTXFD

**Test Group:**

HLA Crossmatching

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Cytotoxicity (AHG)

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Yellow top (ACD) x6

**Amount to Collect:**

50 mL blood

**Sample Type:**

ACD anticoagulated whole blood

**Preferred Volume:**

50 mL blood

**Minimum Volume:**

4 mL blood

**Unacceptable Conditions:**

Specimen &gt; 48 hours

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- T&B-Cell Crossmatch by Flow

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 48 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 5 working days.

**CPT Codes:**

86825 x2

# T&B-Cell Crossmatch by Flow Cytometry (Recipient)

ILTXFR

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Flow Cytometry

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is < 5 working days.

**Synonyms:**

- T&B-Cell Crossmatch by Flow

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

2 mL serum

**Remarks:**

[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Unacceptable Conditions:**

Hemolyzed sample

## PROCESSING

**Test Code:**

ILTXFR

**Test Group:**

HLA Crossmatching

**Sendout:**

Yes

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

2 mL serum

**Unacceptable Conditions:**

Hemolyzed sample

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

## ADMINISTRATIVE

**CPT Codes:**

86825 x2

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

ILTXFR

**Test Group:**

HLA Crossmatching

**Performing Lab:**

Immunogenetics &amp; Transplantation Laboratory (ITL)

**Sendout:**

Yes

**Methodology:**

Flow Cytometry

**Remarks:**[SAMPLE COLLECTION GUIDE FOR ITL TESTS](#)

ITL (415) 476-3387

**Collect:**

Red top

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

4 mL serum

**Minimum Volume:**

2 mL serum

**Unacceptable Conditions:**

Hemolyzed sample

**Specimen Preparation:**

Keep sample at Room Temperature, DO NOT refrigerate or centrifuge.

**Synonyms:**

- T&B-Cell Crossmatch by Flow

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours

**Reported:**

Test run Monday - Friday. Expected TAT for routine test is &lt; 5 working days.

**CPT Codes:**

86825 x2

# T3, Reverse

LAB138

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

3-5 days

**Additional Information:**

Reverse T3 has limited application. The assay may be useful in the diagnosis of nonthyroidal illness (NTI). In hospitalized or sick patients with low triiodothyronine (T3) values, elevated reverse triiodothyronine (rT3) values are consistent with sick euthyroid syndrome (nonthyroidal illness). Measurements of rT3 may be useful in neonates to distinguish euthyroid sick syndrome from central hypothyroidism. The finding on an elevated rT3 level in a critically ill patient may help exclude a diagnosis of hypothyroidism.

This test is performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute. This test should not be used for diagnosis without confirmation by other medically established means.

**Synonyms:**

- Reverse T3
- RT3
- REVERSE TRIIODOTHYRONINE
- TRIIODOTHYRONINE REVERSE

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

T3RV

**Collect:**

Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.25 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 3 weeks, frozen 3 weeks

## PROCESSING

**Test Code:**

T3RV

**Test Group:**

Thyroid tests

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze serum, ship frozen to China Basin

**Preferred Volume:**

0.25 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 3 weeks, frozen 3 weeks

**RESULT INTERPRETATION****Units:**

ng/dL

**Reference Interval:**

Male: 9-28 ng/dL

Female: 7-24 ng/dL

**Additional Information:**

Reverse T3 has limited application. The assay may be useful in the diagnosis of nonthyroidal illness (NTI). In hospitalized or sick patients with low triiodothyronine (T3) values, elevated reverse triiodothyronine (rT3) values are consistent with sick euthyroid syndrome (nonthyroidal illness). Measurements of rT3 may be useful in neonates to distinguish euthyroid sick syndrome from central hypothyroidism. The finding on an elevated rT3 level in a critically ill patient may help exclude a diagnosis of hypothyroidism.

This test is performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute. This test should not be used for diagnosis without confirmation by other medically established means.

**ADMINISTRATIVE****CPT Codes:**

84482-90

**LOINC Codes:**

3052-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

T3RV

**Test Group:**

Thyroid tests

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Collect:**

Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.25 mL serum

**Minimum Volume:**

0.15 mL serum

**Specimen Preparation:**

Freeze serum, ship frozen to China Basin

**Units:**

ng/dL

**Reference Interval:**

Male: 9-28 ng/dL

Female: 7-24 ng/dL

**Synonyms:**

- Reverse T3
- RT3
- REVERSE TRIIODOTHYRONINE
- TRIIODOTHYRONINE REVERSE

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 3 weeks, frozen 3 weeks

**Reported:**

3-5 days

**Additional Information:**

Reverse T3 has limited application. The assay may be useful in the diagnosis of nonthyroidal illness (NTI). In hospitalized or sick patients with low triiodothyronine (T3) values, elevated reverse triiodothyronine (rT3) values are consistent with sick euthyroid syndrome (nonthyroidal illness). Measurements of rT3 may be useful in neonates to distinguish euthyroid sick syndrome from central hypothyroidism. The finding on an elevated rT3 level in a critically ill patient may help exclude a diagnosis of hypothyroidism.

This test is performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute. This test should not be used for diagnosis without confirmation by other medically established means.

**CPT Codes:**

84482-90

**LOINC Codes:**

3052-8

# T3, Total

LAB3028

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday - Saturday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

0 to 2 days

**Additional Information:**

The total T3 level may be elevated in the < 5% of hyperthyroid patients in whom the FT4 level is normal (T3 toxicosis). Measurement of T3 is of no value in the diagnosis of hypothyroidism. Total T3 can be affected by changes in thyroid binding protein levels. Measurements of Free T3 better reflect biologically active hormone levels than measurements of total T3.

**Synonyms:**

- Triiodothyronine

## COLLECTION

**Sample Type:**

Plasma

**Collect:**

Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.25 mL plasma

## PROCESSING

**Test Code:**

T3

**Test Group:**

Thyroid tests

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Refrigerate.

Gold top and red top tubes should not be rejected. Gold top and red top tubes are acceptable tube types as long as the tube has been allowed to sit for at least 30 minutes before centrifugation.

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.25 mL plasma

## RESULT INTERPRETATION

**Units:**

nmol/L

**Reference Interval:**

| Age         | Male           | Female         |
|-------------|----------------|----------------|
| 0-12 months | 0.9-3.1 nmol/L | 1.6-3.5 nmol/L |

| Age         | Male & Female  |
|-------------|----------------|
| 1-5 years   | 1.6-3.1 nmol/L |
| 6-10 years  | 1.6-2.8 nmol/L |
| 11-14 years | 1.0-2.9 nmol/L |
| 15-18 years | 1.1-2.7 nmol/L |
| >18 years   | 0.9-2.4 nmol/L |

Adult reference ranges adopted from manufacturer reference range studies (95% CI) and verified in-house using blood donor samples (N=124) (excluding autologous donors) on no medications and negative for anti-Tg and TPO antibodies.

Pediatric reference ranges adopted from Clinical Biochemistry 42 (2009) 885-891. Canadian Laboratory Initiative on Pediatric Reference Interval Database (CALIPER).

**Additional Information:**

The total T3 level may be elevated in the < 5% of hyperthyroid patients in whom the FT4 level is normal (T3 toxicosis). Measurement of T3 is of no value in the diagnosis of hypothyroidism. Total T3 can be affected by changes in thyroid binding protein levels. Measurements of Free T3 better reflect biologically active hormone levels than measurements of total T3.

**ADMINISTRATIVE****CPT Codes:**

84480

**LOINC Codes:**

3053-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

T3

**Test Group:**

Thyroid tests

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday - Saturday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Collect:**

Light Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.25 mL plasma

**Specimen Preparation:**

Refrigerate.

Gold top and red top tubes should not be rejected. Gold top and red top tubes are acceptable tube types as long as the tube has been allowed to sit for at least 30 minutes before centrifugation.

**Units:**

nmol/L



**Reference Interval:**

| Age         | Male           | Female         |
|-------------|----------------|----------------|
| 0-12 months | 0.9-3.1 nmol/L | 1.6-3.5 nmol/L |

| Age         | Male & Female  |
|-------------|----------------|
| 1-5 years   | 1.6-3.1 nmol/L |
| 6-10 years  | 1.6-2.8 nmol/L |
| 11-14 years | 1.0-2.9 nmol/L |
| 15-18 years | 1.1-2.7 nmol/L |
| >18 years   | 0.9-2.4 nmol/L |

Adult reference ranges adopted from manufacturer reference range studies (95% CI) and verified in-house using blood donor samples (N=124) (excluding autologous donors) on no medications and negative for anti-Tg and TPO antibodies.

Pediatric reference ranges adopted from Clinical Biochemistry 42 (2009) 885-891. Canadian Laboratory Initiative on Pediatric Reference Interval Database (CALIPER).

**Synonyms:**

- Triiodothyronine

**Reported:**

0 to 2 days

**Additional Information:**

The total T3 level may be elevated in the < 5% of hyperthyroid patients in whom the FT4 level is normal (T3 toxicosis). Measurement of T3 is of no value in the diagnosis of hypothyroidism. Total T3 can be affected by changes in thyroid binding protein levels. Measurements of Free T3 better reflect biologically active hormone levels than measurements of total T3.

**CPT Codes:**

84480

**LOINC Codes:**

3053-6

# T4 Free, Direct Dialysis

LAB3432

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Equilibrium dialysis, Mass Spectrometry

**Reported:**

Test performed Monday-Saturday. Turnaround time: 2-4 days.

**Additional Information:**

Testing is only indicated if there is a discrepancy between the results for TSH and Free T4.

**Synonyms:**

- tetraiodothyronine
- thyroxine

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

FT4D

**Collect:**

Red top preferred, Gold top acceptable

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week, frozen at -20C 4 weeks

## PROCESSING

**Test Code:**

FT4D

**Test Group:**

Thyroid tests

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest # 35167

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week, frozen at -20C 4 weeks

## RESULT INTERPRETATION

**Units:**

ng/dL

**Reference Interval:**

|                                             |               |
|---------------------------------------------|---------------|
| Prematures, 25-30 weeks, first week of life | 0.5-3.3 ng/dL |
| Prematures, 31-36 weeks, first week of life | 1.3-4.7 ng/dL |
| Cord blood, > 37 weeks                      | 1.2-2.2 ng/dL |
| Birth-4 days                                | 2.2-5.3 ng/dL |
| 2 weeks-2 years                             | 0.8-2.0 ng/dL |
| 3-20 years                                  | 1.0-2.4 ng/dL |
| 21-87 yr                                    | 0.8-2.7 ng/dL |

**Pregnancy:**

|                  |               |
|------------------|---------------|
| First trimester  | 0.9-2.0 ng/dL |
| Second trimester | 0.8-1.5 ng/dL |
| Third trimester  | 0.8-1.7 ng/dL |

**Additional Information:**

Testing is only indicated if there is a discrepancy between the results for TSH and Free T4.

**ADMINISTRATIVE****CPT Codes:**

84439-90

**LOINC Codes:**

6892-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FT4D

**Test Group:**

Thyroid tests

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Equilibrium dialysis, Mass Spectrometry

**Collect:**

Red top preferred, Gold top acceptable

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Refrigerate. Order Quest # 35167

**Units:**

ng/dL

**Reference Interval:**

|                                             |               |
|---------------------------------------------|---------------|
| Prematures, 25-30 weeks, first week of life | 0.5-3.3 ng/dL |
| Prematures, 31-36 weeks, first week of life | 1.3-4.7 ng/dL |
| Cord blood, > 37 weeks                      | 1.2-2.2 ng/dL |
| Birth-4 days                                | 2.2-5.3 ng/dL |
| 2 weeks-2 years                             | 0.8-2.0 ng/dL |
| 3-20 years                                  | 1.0-2.4 ng/dL |
| 21-87 yr                                    | 0.8-2.7 ng/dL |

**Pregnancy:**

|                  |               |
|------------------|---------------|
| First trimester  | 0.9-2.0 ng/dL |
| Second trimester | 0.8-1.5 ng/dL |
| Third trimester  | 0.8-1.7 ng/dL |

**Synonyms:**

- tetraiodothyronine
- thyroxine

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week, frozen at -20C 4 weeks

**Reported:**

Test performed Monday-Saturday. Turnaround time: 2-4 days.

**Additional Information:**

Testing is only indicated if there is a discrepancy between the results for TSH and Free T4.

**CPT Codes:**

84439-90

**LOINC Codes:**

6892-4

# T4, Total

LAB3392

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Mon-Sat

**Methodology:**

Immunoassay

**Reported:**

1-2 days.

**Additional Information:**

Conversion: 1 µg/dL = 12.9 nmol/L

Clinical significance: Thyroxine (T4) is the major secretory hormone of the thyroid. Only 0.03% of T4 is unbound and free for exchange with tissues. Thyroid function may be assessed with thyroid stimulating hormone (TSH) and free T4 measured.

Although free T4 is generally preferred over total T4 when monitoring thyroid function, the total T4 measurement may be preferred for monitoring of pregnant patients where total T4 reference ranges are available. The total T4 concentrations tend to be stable throughout pregnancy at 150% of the values in non- pregnant subjects and can be useful when the levels are evaluated according to pregnancy specific total T4 reference ranges which are approx. 1.5 times greater than non-pregnant ranges.

Reference: Mandel SJ, Spencer CA, Hollowell JG., Are detection and treatment of thyroid insufficiency in pregnancy feasible?Thyroid. 2005 Jan;15(1):44-53.

**Synonyms:**

- thyroxine
- tetraiodothyronine

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

TT4

**Collect:**

Gold or red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Indicate testing is for pregnant patient on requisition.

**Stability (from collection to initiation):**

Room temperature and Refrigerated: 7 days

Frozen: 28 days

**Storage/Transport Temperature:**

Frozen

## PROCESSING

**Test Code:**

TT4

**Test Group:**

Thyroid tests

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Store at room temperature. Order Quest # 17733

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature and Refrigerated: 7 days

Frozen: 28 days

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

µg/dL (mcg/dL)

**Reference Interval:**

| Age         | Gender | Ref Interval (mcg/dL) |
|-------------|--------|-----------------------|
| < 1 month   |        | 4.5-17.2              |
| 1-23 months |        | 5.9-13.9              |
| 2-12 years  |        | 5.7-11.6              |
| 13-20 years | Male   | 5.1-10.3              |
| 13-20 years | Female | 5.3-11.7              |
| >20 years   | Male   | 4.9-10.5              |
| >20 years   | Female | 5.1-11.9              |

**Additional Information:**

Conversion: 1 µg/dL = 12.9 nmol/L

Clinical significance: Thyroxine (T4) is the major secretory hormone of the thyroid. Only 0.03% of T4 is unbound and free for exchange with tissues. Thyroid function may be assessed with thyroid stimulating hormone (TSH) and free T4 measured.

Although free T4 is generally preferred over total T4 when monitoring thyroid function, the total T4 measurement may be preferred for monitoring of pregnant patients where total T4 reference ranges are available. The total T4 concentrations tend to be stable throughout pregnancy at 150% of the values in non- pregnant subjects and can be useful when the levels are evaluated according to pregnancy specific total T4 reference ranges which are approx. 1.5 times greater than non-pregnant ranges.

Reference: Mandel SJ, Spencer CA, Hollowell JG., Are detection and treatment of thyroid insufficiency in pregnancy feasible? Thyroid. 2005 Jan;15(1):44-53.

**Interpretive Data:**

For the diagnosis of hypothyroidism and hyperthyroidism.

**ADMINISTRATIVE****CPT Codes:**

84436

**LOINC Codes:**

3026-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TT4

**Test Group:**

Thyroid tests

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Mon-Sat

**Methodology:**

Immunoassay

**Remarks:**

Indicate testing is for pregnant patient on requisition.

**Collect:**

Gold or red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Store at room temperature. Order Quest # 17733

**Units:**

µg/dL (mcg/dL)

**Reference Interval:**

| Age         | Gender | Ref Interval (mcg/dL) |
|-------------|--------|-----------------------|
| < 1 month   |        | 4.5-17.2              |
| 1-23 months |        | 5.9-13.9              |
| 2-12 years  |        | 5.7-11.6              |
| 13-20 years | Male   | 5.1-10.3              |
| 13-20 years | Female | 5.3-11.7              |
| >20 years   | Male   | 4.9-10.5              |
| >20 years   | Female | 5.1-11.9              |

**Interpretive Data:**

For the diagnosis of hypothyroidism and hyperthyroidism.

**Synonyms:**

- thyroxine
- tetraiodothyronine

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature and Refrigerated: 7 days

Frozen: 28 days

**Reported:**

1-2 days.

**Additional Information:**

Conversion: 1 µg/dL = 12.9 nmol/L

Clinical significance: Thyroxine (T4) is the major secretory hormone of the thyroid. Only 0.03% of T4 is unbound and free for exchange with tissues. Thyroid function may be assessed with thyroid stimulating hormone (TSH) and free T4 measured.

Although free T4 is generally preferred over total T4 when monitoring thyroid function, the total T4 measurement may be preferred for monitoring of pregnant patients where total T4 reference ranges are available. The total T4 concentrations tend to be stable throughout pregnancy at 150% of the values in non-pregnant subjects and can be useful when the levels are evaluated according to pregnancy specific total T4 reference ranges which are approx. 1.5 times greater than non-pregnant ranges.

Reference: Mandel SJ, Spencer CA, Hollowell JG., Are detection and treatment of thyroid insufficiency in pregnancy feasible? Thyroid. 2005 Jan;15(1):44-53.

**CPT Codes:**  
84436

**LOINC Codes:**  
3026-2



# Tacrolimus Level

LAB3004

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Daily (day shift)

**Methodology:**

Chemiluminescent Immunoassay - Abbott Architect

**Reported:**

For samples received by 1200 (Monday-Friday) and 1000 (weekends and holidays) the results will be available by 1600. Results for samples that miss the cut-off times will be available the following day.

Note: Samples from Berkeley Outpatient Clinic (BOPC), Peninsula Outpatient Clinic (POPC), Saint Francis, and Saint Marys may be reported next day.

**Additional Information:**

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- Prograf
- FK 506
- FK506
- Hecoria

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

0.3 mL blood

This volume does not allow for repeat testing if needed.

**Remarks:**

Time to steady state: 3 doses

Collect trough samples no more than 30-60 minutes before AM dose. Samples should not be drawn from any line through which the drug has been infused but only from a peripheral site.

Specimens must be received in the laboratory by 1200 (Monday-F) or 1000 (Weekends and holidays) for same day results.

**Stability (from collection to initiation):**

Refrigerated 1 week.

**Unacceptable Conditions:**

Samples collected outside of stated time frames

## PROCESSING

**Test Code:**

TAC

**Performing Lab:**

China Basin Chemistry

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

0.3 mL blood

This volume does not allow for repeat testing if needed.

**Unacceptable Conditions:**

Samples collected outside of stated time frames

**Stability (from collection to initiation):**

Refrigerated 1 week.

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

Therapeutic trough: 5 -15 ng/mL

**Additional Information:**

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

80197

**LOINC Codes:**

11253-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TAC

**Performing Lab:**

China Basin Chemistry

**Performed:**

Daily (day shift)

**Methodology:**

Chemiluminescent Immunoassay - Abbott Architect

**Remarks:**

Time to steady state: 3 doses

Collect trough samples no more than 30-60 minutes before AM dose. Samples should not be drawn from any line through which the drug has been infused but only from a peripheral site.

Specimens must be received in the laboratory by 1200 (Monday-F) or 1000 (Weekends and holidays) for same day results.

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

0.3 mL blood

This volume does not allow for repeat testing if needed.

**Unacceptable Conditions:**

Samples collected outside of stated time frames

**Units:**

ng/mL

**Reference Interval:**

Therapeutic trough: 5 -15 ng/mL

**Synonyms:**

- Prograf
- FK 506
- FK506
- Hecoria

**Stability (from collection to initiation):**

Refrigerated 1 week.

**Reported:**

For samples received by 1200 (Monday-Friday) and 1000 (weekends and holidays) the results will be available by 1600. Results for samples that miss the cut-off times will be available the following day.

Note: Samples from Berkeley Outpatient Clinic (BOPC), Peninsula Outpatient Clinic (POPC), Saint Francis, and Saint Marys may be reported next day.

**Additional Information:**

See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

80197

**LOINC Codes:**

11253-2

# Tapeworm Segments

P404

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Methodology:**

Microscopy

**Reported:**

1-3 days

**Additional Information:**

Examination of proglottid segments can reliably identify the infecting species, whereas the eggs of the beef and pork tapeworms are indistinguishable.

See also Taenia solium Antibody.

## COLLECTION

**Sample Type:**

Stool

**Collect:**

Urine cup or clean container with moistened gauze

**Remarks:**

Collect 3 samples over 10 days (no more than one per 48 hours) to improve the chance of a positive result. Includes genus, species and stage of intestinal parasite on requisition.

Containers and instructions are available from Specimen Receiving, outpatient phlebotomy, or Microbiology.

Specimens may be collected by colonic aspiration or proctoscopy. Only SAF-preserved specimens should be submitted.

**Stability (from collection to initiation):**

Refrigerated 24 hours

## PROCESSING

**Test Code:**

P404

**Performing Lab:**

Microbiology

**Stability (from collection to initiation):**

Refrigerated 24 hours

## RESULT INTERPRETATION

**Additional Information:**

Examination of proglottid segments can reliably identify the infecting species, whereas the eggs of the beef and pork tapeworms are indistinguishable.

See also Taenia solium Antibody.

## ADMINISTRATIVE

**CPT Codes:**

87169

**LOINC Codes:**

673-4

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P404

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Methodology:**

Microscopy

**Remarks:**

Collect 3 samples over 10 days (no more than one per 48 hours) to improve the chance of a positive result. Includes genus, species and stage of intestinal parasite on requisition.

Containers and instructions are available from Specimen Receiving, outpatient phlebotomy, or Microbiology.

Specimens may be collected by colonic aspiration or proctoscopy. Only SAF-preserved specimens should be submitted.

**Collect:**

Urine cup or clean container with moistened gauze

**Sample Type:**

Stool

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Reported:**

1-3 days

**Additional Information:**

Examination of proglottid segments can reliably identify the infecting species, whereas the eggs of the beef and pork tapeworms are indistinguishable.

See also Taenia solium Antibody.

**CPT Codes:**

87169

**LOINC Codes:**

673-4

# T-Cell Receptor Beta Gene Rearrangement

LAB5567

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

PCR

**Reported:**

5 - 7 days

**Additional Information:**

This assay which interrogates the T-cell receptor beta locus (TCRB) by a PCR method based on the BIOMED-2 consensus, is useful for establishing clonality of T-cell lymphoid neoplasms and identification of minimal residual disease or early recurrence in patients with a previous diagnosis of a T-cell neoplasm. It can be used in association with T-cell receptor (TCR) gamma PCR assay (Test code 90509), since false-negative results can occur in up to 5-10% of T-cell malignancies with TCRB PCR alone.

**Synonyms:**

- TCR Beta
- T-cell clonality

## COLLECTION

**Sample Type:**

Whole blood, bone marrow

**Label Abbreviation:**

TCRB

**Collect:**

Lavender top

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Whole blood: 5 mL

Marrow: 1 mL

**Stability (from collection to initiation):**

Room temperature 1 week, Refrigerated 1 week.

## PROCESSING

**Test Code:**

TCRB

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Do not aliquot or freeze. Store ambient and transport to CB. Order Quest test code 91446.

**Preferred Volume:**

Whole blood: 5 mL

Marrow: 1 mL

**Stability (from collection to initiation):**

Room temperature 1 week, Refrigerated 1 week.

## RESULT INTERPRETATION

**Additional Information:**

This assay which interrogates the T-cell receptor beta locus (TCRB) by a PCR method based on the BIOMED-2 consensus, is useful for establishing clonality of T-cell lymphoid neoplasms and identification of minimal residual disease or early recurrence in patients with a previous diagnosis of a T-cell neoplasm. It can be used in association with T-cell receptor (TCR) gamma PCR assay (Test code 90509), since false-negative results can occur in up to 5-10% of T-cell malignancies with TCRB PCR alone.

**ADMINISTRATIVE****CPT Codes:**

81340-90, 84999-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TCRB

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

PCR

**Collect:**

Lavender top

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Whole blood, bone marrow

**Preferred Volume:**

Whole blood: 5 mL

Marrow: 1 mL

**Specimen Preparation:**

Do not aliquot or freeze. Store ambient and transport to CB. Order Quest test code 91446.

**Synonyms:**

- TCR Beta
- T-cell clonality

**Stability (from collection to initiation):**

Room temperature 1 week, Refrigerated 1 week.

**Reported:**

5 - 7 days

**Additional Information:**

This assay which interrogates the T-cell receptor beta locus (TCRB) by a PCR method based on the BIOMED-2 consensus, is useful for establishing clonality of T-cell lymphoid neoplasms and identification of minimal residual disease or early recurrence in patients with a previous diagnosis of a T-cell neoplasm. It can be used in association with T-cell receptor (TCR) gamma PCR assay (Test code 90509), since false-negative results can occur in up to 5-10% of T-cell malignancies with TCRB PCR alone.

**CPT Codes:**

81340-90, 84999-90

# T-Cell Receptor Gamma Gene Rearrangement

LAB5566

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

PCR

**Reported:**

5 - 7 days

**Additional Information:**

This assay which interrogates the T-cell receptor gamma locus (TCRG) by a PCR method based on the BIOMED-2 consensus, is useful for establishing clonality of T-cell lymphoid neoplasms and identification of minimal residual disease or early recurrence in patients with a previous diagnosis of a T-cell neoplasm. It can be used in association with the T-cell receptor beta (TCRB) PCR assay (Test code 91446) since false-negative results can occur in up to 5-10% of T-cell malignancies when testing for TCRG PCR only.

**Synonyms:**

- TCR Gamma
- T-cell clonality

## COLLECTION

**Sample Type:**

Whole blood, bone marrow

**Label Abbreviation:**

TCRG

**Collect:**

Lavender top

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Whole blood: 5 mL

Marrow: 1 mL

**Minimum Volume:**

Whole blood: 3 mL

Marrow: 0.5 mL

**Stability (from collection to initiation):**

Room temperature 1 week, Refrigerated 1 week.

## PROCESSING

**Test Code:**

TCRG

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Do not aliquot or freeze. Store ambient and transport to CB. Order Quest test code 90509.

**Preferred Volume:**

Whole blood: 5 mL

Marrow: 1 mL

**Minimum Volume:**

Whole blood: 3 mL

Marrow: 0.5 mL

**Stability (from collection to initiation):**

Room temperature 1 week, Refrigerated 1 week.

## RESULT INTERPRETATION



**Additional Information:**

This assay which interrogates the T-cell receptor gamma locus (TCRG) by a PCR method based on the BIOMED-2 consensus, is useful for establishing clonality of T-cell lymphoid neoplasms and identification of minimal residual disease or early recurrence in patients with a previous diagnosis of a T-cell neoplasm. It can be used in association with the T-cell receptor beta (TCRB) PCR assay (Test code 91446) since false-negative results can occur in up to 5-10% of T-cell malignancies when testing for TCRG PCR only.

**ADMINISTRATIVE****CPT Codes:**

81342-90, 84999-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TCRG

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

PCR

**Collect:**

Lavender top

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Whole blood, bone marrow

**Preferred Volume:**

Whole blood: 5 mL

Marrow: 1 mL

**Minimum Volume:**

Whole blood: 3 mL

Marrow: 0.5 mL

**Specimen Preparation:**

Do not aliquot or freeze. Store ambient and transport to CB. Order Quest test code 90509.

**Synonyms:**

- TCR Gamma
- T-cell clonality

**Stability (from collection to initiation):**

Room temperature 1 week, Refrigerated 1 week.

**Reported:**

5 - 7 days

**Additional Information:**

This assay which interrogates the T-cell receptor gamma locus (TCRG) by a PCR method based on the BIOMED-2 consensus, is useful for establishing clonality of T-cell lymphoid neoplasms and identification of minimal residual disease or early recurrence in patients with a previous diagnosis of a T-cell neoplasm. It can be used in association with the T-cell receptor beta (TCRB) PCR assay (Test code 91446) since false-negative results can occur in up to 5-10% of T-cell malignancies when testing for TCRG PCR only.

**CPT Codes:**

81342-90, 84999-90

# T-cell subsets, CD3/CD4/CD8 quantitation for Peripheral Blood by Flow Cytometry

LAB1000040

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Saturday(day shift)

**Methodology:**

Flow Cytometry

**Reported:**

2-3 days

**Additional Information:**

Absolute counts are enumerated from an internal bead standard. CBC data is not required. CD4 results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**Synonyms:**

- CD3
- CD4
- CD8
- Inducer
- Cytotoxic
- T cells
- CD4/CD8
- Flow
- FC
- THS

## COLLECTION

**Sample Type:**

EDTA whole blood

**Label Abbreviation:**

THS

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Storage/Transport Temperature:**

Room Temperature

**Unacceptable Conditions:**

Refrigerated sample received. Sample > 48 hours old when received. Reject hemolyzed samples.

## PROCESSING

**Test Code:**

THS

**Test Group:**

CD

**Performing Lab:**

Immunology

**Specimen Preparation:**

DO NOT refrigerate, store at room temperature and ship to China Basin.

**Preferred Volume:**

3 mL blood

**Unacceptable Conditions:**

Refrigerated sample received. Sample > 48 hours old when received. Reject hemolyzed samples.

**Storage/Transport Temperature:**  
Room Temperature

## RESULT INTERPRETATION

**Units:**

% and  $\times 10^6$  cells/L

**Reference Interval:**

| Subset                             | Percentage | Absolute                       |
|------------------------------------|------------|--------------------------------|
| CD3 (T) Cells                      | 57-83%     | 827-2547 $\times 10^6$ cells/L |
| CD4 (helper-inducer) T Cells       | 32-63%     | 488-1711 $\times 10^6$ cells/L |
| CD8 (cytotoxic-suppressor) T Cells | 9-39%      | 154-1097 $\times 10^6$ cells/L |

CD4 / CD8 (Helper/Suppressor) ratio: 0.7-3.9

Note: Reference values are for  $\geq 18$  year olds. For pediatric ranges please see:

Kotlyo, PA, et al. 1993. Reference ranges for Lymphocyte Subsets in Pediatric Patients. Am. J. Clin. Pathol 100:111-115

Lin, S-C., et al. 1998. Age-Related Changes in Blood Lymphocytes of Chinese Children. Ped. Allergy Immunol. 9:215-220

Melaranci, C., et al. 1992. T. Cell Subpopulations in Pediatric Healthy Children: age-normal values. J. Clin. Lab. Immunol. 30:143-149

Tosato, F., et al. 2015. Lymphocytes Subset Reference Values in Childhood. Cytometry Part A. 87A:81-85.

**Additional Information:**

Absolute counts are enumerated from an internal bead standard. CBC data is not required. CD4 results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

## ADMINISTRATIVE

**LOINC Codes:**

65759-3

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

THS

**Test Group:**

CD

**Performing Lab:**

Immunology

**Performed:**

Monday-Saturday(day shift)

**Methodology:**

Flow Cytometry

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Unacceptable Conditions:**

Refrigerated sample received. Sample  $> 48$  hours old when received. Reject hemolyzed samples.

**Specimen Preparation:**

DO NOT refrigerate, store at room temperature and ship to China Basin.

**Units:**

% and  $\times 10^6$  cells/L

**Reference Interval:**

| Subset                             | Percentage | Absolute               |
|------------------------------------|------------|------------------------|
| CD3 (T) Cells                      | 57-83%     | 827-2547 x10e6 cells/L |
| CD4 (helper-inducer) T Cells       | 32-63%     | 488-1711 x10e6 cells/L |
| CD8 (cytotoxic-suppressor) T Cells | 9-39%      | 154-1097 x10e6 cells/L |

CD4 / CD8 (Helper/Supressor) ratio: 0.7-3.9

Note: Reference values are for >= 18 year olds. For pediatric ranges please see:

Kotylo, PA, et al. 1993. Reference ranges for Lymphocyte Subsets in Pediatric Patients. Am. J. Clin. Pathol 100:111-115

Lin, S-C., et al. 1998. Age-Related Changes in Blood Lymphocytes of Chinese Children. Ped. Allergy Immunol. 9:215-220

Melaranci, C., et al. 1992. T. Cell Subpopulations in Pediatric Healthy Children: age-normal values. J. Clin. Lab. Immunol. 30:143-149

Tosato, F., et al. 2015. Lymphocytes Subset Reference Values in Childhood. Cytometry Part A. 87A:81-85.

**Synonyms:**

- CD3
- CD4
- CD8
- Inducer
- Cytotoxic
- T cells
- CD4/CD8
- Flow
- FC
- THS

**Storage/Transport Temperature:**

Room Temperature

**Reported:**

2-3 days

**Additional Information:**

Absolute counts are enumerated from an internal bead standard. CBC data is not required. CD4 results are automatically forwarded to California public health per regulations. However, this does not absolve the ordering provider from any additional reporting if such is required.

**LOINC Codes:**

65759-3

# T-Cell Subsets, Regulatory

LAB5573

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

Flow cytometry

**Additional Information:**

Used in evaluating patients with clinical features of IPEX (immune dysregulation, polyendocrinopathy, enteropathy, X-linked inheritance) and other primary immunodeficiencies, autoimmune diseases, allergy and asthma, and graft-vs-host disease post-hematopoietic stem cell transplantation

**Synonyms:**

- Tregs
- T-reggs
- GVHD
- FOXP3 MUTATION
- ALLOGRAFT REJECTION

## COLLECTION

**Sample Type:**

EDTA Whole blood

**Label Abbreviation:**

TREGS

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Remarks:**

Collect samples Monday - Thursday only, Do not collect, Friday, weekends or holidays.

Requires a separate lavender top be collected.

**Unacceptable Conditions:**

Gross hemolysis or lipemia

**Rejection Criteria:**

Gross hemolysis or lipemia

## PROCESSING

**Test Code:**

TREGS

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Send specimen in original tube. Do not aliquot.

Send specimen Monday through Thursday only. Specimen must arrive at Mayo within 24 hours of draw and by 10 a.m. on Friday.

Draw and package specimen as close to shipping time as possible. Ship specimen overnight. Order MML test code TREGS.

Mayo order TREGS

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Unacceptable Conditions:**

Gross hemolysis or lipemia

**Rejection Criteria:**

Gross hemolysis or lipemia

**RESULT INTERPRETATION****Additional Information:**

Used in evaluating patients with clinical features of IPEX (immune dysregulation, polyendocrinopathy, enteropathy, X-linked inheritance) and other primary immunodeficiencies, autoimmune diseases, allergy and asthma, and graft-vs-host disease post-hematopoietic stem cell transplantation

**ADMINISTRATIVE****CPT Codes:**

86359-90, 86361-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TREGS

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

Flow cytometry

**Remarks:**

Collect samples Monday - Thursday only, Do not collect, Friday, weekends or holidays.

Requires a separate lavender top be collected.

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA Whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood

**Rejection Criteria:**

Gross hemolysis or lipemia

**Unacceptable Conditions:**

Gross hemolysis or lipemia

**Specimen Preparation:**

Send specimen in original tube. Do not aliquot.

Send specimen Monday through Thursday only. Specimen must arrive at Mayo within 24 hours of draw and by 10 a.m. on Friday.

Draw and package specimen as close to shipping time as possible. Ship specimen overnight. Order MML test code TREGS.

Mayo order TREGS

**Synonyms:**

- Tregs
- T-regs
- GVHD
- FOXP3 MUTATION
- ALLOGRAFT REJECTION

**Additional Information:**

Used in evaluating patients with clinical features of IPEX (immune dysregulation, polyendocrinopathy, enteropathy, X-linked inheritance) and other primary immunodeficiencies, autoimmune diseases, allergy and asthma, and graft-vs-host disease post-hematopoietic stem cell transplantation

**CPT Codes:**

86359-90, 86361-90

# TCR Alpha Beta/CD19 Depletion by Clinimacs

TCRDEP

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Pediatric Cellular Therapy Laboratory (PTCL)

**Performed:**

PROCESSING PERFORMED MONDAY - FRIDAY. NO HOLIDAYS &amp; WEEKENDS. MUST MAKE PRIOR ARRANGEMENT WITH THE LABORATORY.

**Methodology:**

CLINIMACS PLUS OR CLINIMACS PRODIGY

## COLLECTION

**Sample Type:**

HPC, APHERESIS, HPC, MARROW

**Collect:**

APHERESIS COLLECTION BAG, MARROW COLLECTION BAG

**Remarks:**

CONTACT PEDIATRIC APHERESIS DEPARTMENT OR PEDIATRIC INFUSION CENTER OR PARNASSUS INFUSION CENTER

**Stability (from collection to initiation):**

CELLS MUST BE PROCESSED WITHIN 24 HOURS AFTER COLLECTION

**Storage/Transport Temperature:**

HPC, APHERESIS MUST BE STORED AT TEMPERATURE BETWEEN 2 TO 8 DEG C &amp; HPC, MARROW MUST BE STORED AT ROOM TEMPERATURE

**Unacceptable Conditions:**

PLEASE CALL PCTL AT 6-4860

## PROCESSING

**Test Code:**

TCRDEP

**Performing Lab:**

Pediatric Cellular Therapy Laboratory (PTCL)

**Unacceptable Conditions:**

PLEASE CALL PCTL AT 6-4860

**Stability (from collection to initiation):**

CELLS MUST BE PROCESSED WITHIN 24 HOURS AFTER COLLECTION

**Storage/Transport Temperature:**

HPC, APHERESIS MUST BE STORED AT TEMPERATURE BETWEEN 2 TO 8 DEG C &amp; HPC, MARROW MUST BE STORED AT ROOM TEMPERATURE

## RESULT INTERPRETATION

**Units:**

%, x 10 e6 / kg, x 10 e4 / kg

**Interpretive Data:**

THIS IS A HIGH COMPLEXITY TESTING AND PROCFESSING THAT NEEDS PRIOR ARRANGEMENT WITH PCTL. CONTACT ATTENDING MD FOR DOSING GUIDELINES.

## ADMINISTRATIVE

**CPT Codes:**

38210

## COMPLETE VIEW

**Available Stat:**

No



**Test Code:**

TCRDEP

**Performing Lab:**

Pediatric Cellular Therapy Laboratory (PTCL)

**Performed:**

PROCESSING PERFORMED MONDAY - FRIDAY. NO HOLIDAYS & WEEKENDS. MUST MAKE PRIOR ARRANGEMENT WITH THE LABORATORY.

**Methodology:**

CLINIMACS PLUS OR CLINIMACS PRODIGY

**Remarks:**

CONTACT PEDIATRIC APHERESIS DEPARTMENT OR PEDIATRIC INFUSION CENTER OR PARNASSUS INFUSION CENTER

**Collect:**

APHERESIS COLLECTION BAG, MARROW COLLECTION BAG

**Sample Type:**

HPC, APHERESIS, HPC, MARROW

**Unacceptable Conditions:**

PLEASE CALL PCTL AT 6-4860

**Units:**

%,  $\times 10^6$  / kg,  $\times 10^4$  / kg

**Interpretive Data:**

THIS IS A HIGH COMPLEXITY TESTING AND PROCCESSING THAT NEEDS PRIOR ARRANGEMENT WITH PCTL. CONTACT ATTENDING MD FOR DOSING GUIDELINES.

**Storage/Transport Temperature:**

HPC, APHERESIS MUST BE STORED AT TEMPERATURE BETWEEN 2 TO 8 DEG C & HPC, MARROW MUST BE STORED AT ROOM TEMPERATURE

**Stability (from collection to initiation):**

CELLS MUST BE PROCESSED WITHIN 24 HOURS AFTER COLLECTION

**CPT Codes:**

38210

# TCRA Break-apart Rearrangement FISH

TCRA, BTCRA

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9AM to 5PM

**Methodology:**

FISH

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- TCRA
- 14q11.2 BA FISH
- BTCRA

## COLLECTION

**Sample Type:**

Bone marrow aspirate, Bone marrow core, Blood

**Collect:**

Bone marrow: Dark Green Top Sodium Heparin tube

Bone Core: Sterile container with medium

Blood: Dark Green Top Sodium Heparin tube

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood : 2 mL

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1 mL

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

## PROCESSING

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood : 2 mL

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1 mL

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**ADMINISTRATIVE****CPT Codes:**

88271x2, 88275x1

**COMPLETE VIEW****Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9AM to 5PM

**Methodology:**

FISH

**Collect:**

Bone marrow: Dark Green Top Sodium Heparin tube

Bone Core: Sterile container with medium

Blood: Dark Green Top Sodium Heparin tube

**Sample Type:**

Bone marrow aspirate, Bone marrow core, Blood

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood : 2 mL

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1 mL

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Synonyms:**

- TCRA
- 14q11.2 BA FISH
- BTCRA

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

2 days

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**CPT Codes:**

88271x2, 88275x1

**TdT**  
TDT**ORDERING****Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-sat (day shift)

**Reported:**

1-2 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- Terminal deoxynucleotidyl Transferase

**COLLECTION****Sample Type:**

EDTA whole blood, Bone marrow, Unfixed tissue

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

Specimen amount varies-contact Immunology at x3-1712.

**PROCESSING****Test Code:**

TDT

**Performing Lab:**

Immunology

**Specimen Preparation:**

Hold bone marrow and blood specimens at room temperature. Do NOT centrifuge.

Refrigerate fine needle aspirates in special holding medium.

Each specimen should be assigned its own accession number.

If specimens are delivered to Specimen Receiving, contact Immunology immediately. If a specimen arrives after 1700 hours Monday-Friday, hold it at room temperature for delivery to Immunology after 0800 hours the following morning. After 1700 hours on Saturday, on Sunday or on a holiday contact the resident on call.

If a glass slide is received with an FNA sample, label it with an accession number label and send it with the sample to CB for testing.

**Preferred Volume:**

Specimen amount varies-contact Immunology at x3-1712.

**RESULT INTERPRETATION****Reference Interval:**

Negative

**ADMINISTRATIVE****CPT Codes:**

88346

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

30117-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TDT

**Performing Lab:**

Immunology

**Performed:**

Monday-sat (day shift)

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood, Bone marrow, Unfixed tissue

**Preferred Volume:**

Specimen amount varies-contact Immunology at x3-1712.

**Specimen Preparation:**

Hold bone marrow and blood specimens at room temperature. Do NOT centrifuge.

Refrigerate fine needle aspirates in special holding medium.

Each specimen should be assigned its own accession number.

If specimens are delivered to Specimen Receiving, contact Immunology immediately. If a specimen arrives after 1700 hours Monday-Friday, hold it at room temperature for delivery to Immunology after 0800 hours the following morning. After 1700 hours on Saturday, on Sunday or on a holiday contact the resident on call.

If a glass slide is received with an FNA sample, label it with an accession number label and send it with the sample to CB for testing.

**Reference Interval:**

Negative

**Synonyms:**

- Terminal deoxynucleotidyl Transferase

**Reported:**

1-2 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**CPT Codes:**

88346

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

30117-6

**TEG**

LAB3090

**ORDERING****Approval Required:**

By appointment only, contact Mission Bay Hematology at x-60194.

**Available Stat:**

No

**Performing Lab:**

Mission Bay Hematology

**Performed:**

By appointment only, 0800-1530 daily

**Reported:**

2 hours

**Additional Information:**

If patient is on a Heparinized line at the time of draw, please order a HEPTEG.

**Synonyms:**

- Thromboelastograph (TEG5000)

**COLLECTION****Sample Type:**

Citrated Whole Blood

**Collect:**

Citrated Blue Top

**Amount to Collect:**

2.7 mL

**Preferred Volume:**

2.7 mL

**Minimum Volume:**

2.7 mL

**Remarks:**

By appointment only, contact Mission Bay Hematology at x-60194.

1. Use a 21G needle to perform the venipuncture.
2. Draw and discard the first 3 mL of blood or fill another tube. Blue top cannot be the first tube drawn .
3. After collection, mix each tube by gently inverting 3 to 4 times.
4. Discard the sample if there is a venous collapse or stoppage of blood flow during collection. Likewise, avoid prolonged placement of the tourniquet or a traumatic phlebotomy.
5. Sample should be hand delivered immediately to the Hematology laboratory.

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection.

**Unacceptable Conditions:**

Unapproved orders, sample past stability time, tubed samples, samples from a traumatic phlebotomy, over or under filled tubes.

**PROCESSING****Test Code:**

TEG

**Performing Lab:**

Mission Bay Hematology

**Preferred Volume:**

2.7 mL

**Minimum Volume:**

2.7 mL

**Unacceptable Conditions:**

Unapproved orders, sample past stability time, tubed samples, samples from a traumatic phlebotomy, over or under filled tubes.

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection.

**RESULT INTERPRETATION****Units:**

R (min) K (min) Angle (deg) MA (mm)

**Reference Interval:**

ADULT NORMAL VALUES: TEG

| R (min)  | K (min) | Angle (deg) | MA (mm)   |
|----------|---------|-------------|-----------|
| 5.0-10.4 | 0.8-2.8 | 55.2-78.4   | 50.6-69.4 |

The thrombelastograph has been cleared by the U.S. FDA as a medical device indicated for use with adult patients where an evaluation of their blood coagulation properties is desired. The use of TEG in pediatric patients has not been cleared by the FDA. The performance characteristics of the test were assessed by the UCSF Clinical Laboratories.

**Additional Information:**

If patient is on a Heparinized line at the time of draw, please order a HEPTEG.

**ADMINISTRATIVE****CPT Codes:**

85347, 85384, 85576, 85390

**LOINC Codes:**

67790-6

**COMPLETE VIEW****Approval Required:**

By appointment only, contact Mission Bay Hematology at x-60194.

**Available Stat:**

No

**Test Code:**

TEG

**Performing Lab:**

Mission Bay Hematology

**Performed:**

By appointment only, 0800-1530 daily

**Remarks:**

By appointment only, contact Mission Bay Hematology at x-60194.

1. Use a 21G needle to perform the venipuncture.
2. Draw and discard the first 3 mL of blood or fill another tube. Blue top cannot be the first tube drawn .
3. After collection, mix each tube by gently inverting 3 to 4 times.
4. Discard the sample if there is a venous collapse or stoppage of blood flow during collection. Likewise, avoid prolonged placement of the tourniquet or a traumatic phlebotomy.
5. Sample should be hand delivered immediately to the Hematology laboratory.

**Collect:**

Citrated Blue Top

**Amount to Collect:**

2.7 mL

**Sample Type:**

Citrated Whole Blood

**Preferred Volume:**

2.7 mL

**Minimum Volume:**

2.7 mL

**Unacceptable Conditions:**

Unapproved orders, sample past stability time, tubed samples, samples from a traumatic phlebotomy, over or under filled tubes.

**Units:**

R (min) K (min) Angle (deg) MA (mm)

**Reference Interval:**

ADULT NORMAL VALUES: TEG

| R (min)  | K (min) | Angle (deg) | MA (mm)   |
|----------|---------|-------------|-----------|
| 5.0-10.4 | 0.8-2.8 | 55.2-78.4   | 50.6-69.4 |

The thrombelastograph has been cleared by the U.S. FDA as a medical device indicated for use with adult patients where an evaluation of their blood coagulation properties is desired. The use of TEG in pediatric patients has not been cleared by the FDA. The performance characteristics of the test were assessed by the UCSF Clinical Laboratories.

**Synonyms:**

- Thromboelastograph (TEG5000)

**Stability (from collection to initiation):**

Room Temperature, hand deliver immediately to Hematology Laboratory within 30 minutes of collection.

**Reported:**

2 hours

**Additional Information:**

If patient is on a Heparinized line at the time of draw, please order a HEPTEG.

**CPT Codes:**

85347, 85384, 85576, 85390

**LOINC Codes:**

67790-6



# Telomere Length Analysis

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

RepeatDx

**Methodology:**

Flow-FISH

**Reported:**

1-2 weeks

**Additional Information:**

DO NOT COLLECT UNLESS REPEATDX TEST REQUEST FORMS HAVE BEEN COMPLETED AND SUPPLIED TO THE PATIENT.

<https://repeatdx.com/wp-content/uploads/2015/11/RDx-req-form-USA-2017-fillable-1.pdf>

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Blood

**Collect:**

EDTA Lavender top

**Amount to Collect:**

5-10 mL

**Preferred Volume:**

5-10 mL

**Minimum Volume:**

5 mL

**Remarks:**

CAN ONLY BE COLLECTED MONDAY (BEFORE NOON)-WEDNESDAY (BEFORE NOON), barring holidays.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Ambient

**Unacceptable Conditions:**

&gt;2 days old

## PROCESSING

**Test Code:**

MOLT

**Sendout:**

Yes

**Performing Lab:**

RepeatDx

**Preferred Volume:**

5-10 mL

**Minimum Volume:**

5 mL

**Unacceptable Conditions:**

&gt;2 days old

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Ambient

## RESULT INTERPRETATION

**Additional Information:**

DO NOT COLLECT UNLESS REPEATDX TEST REQUEST FORMS HAVE BEEN COMPLETED AND SUPPLIED TO THE PATIENT.

<https://repeatdx.com/wp-content/uploads/2015/11/RDx-req-form-USA-2017-fillable-1.pdf>

**Interpretive Data:**

The Flow FISH telomere length measurements used by RepeatDx® have been shown to be valuable as a screening test for inherited telomere biology disorders resulting from mutations in specific genes. Flow FISH analysis has the unique advantage over other telomere length protocols by providing information on a variety of cell types from one blood sample. Fluorescent signals from telomeres are assessed on a single cell basis by flow cytometry, with patient results reported for lymphocytes, granulocytes, B-cells, naive and memory T-cells, and NK cells.

All patient telomere length profiles are reported in relationship to age-matched controls and are available for all age ranges from pediatric to geriatric. This telomere reference curve was established by the study of over 800 healthy individuals between birth and 100 years of age. This informative technique allows analysis and comparisons of the telomere length between different cell types and within one cell type, e.g. in differentiating between constitutional deficiencies and specific cell type deficiencies.

Studies have shown that the telomere length declines with age, and follows distinct patterns in T-cells, B-cells and hematopoietic precursor cells. Longitudinal studies of hematopoietic stem cell transplantation have shown a rapid telomere length decline in the first year after transplant followed by stabilization.

**ADMINISTRATIVE****CPT Codes:**

88184, 88185X3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT

**Performing Lab:**

RepeatDx

**Sendout:**

Yes

**Methodology:**

Flow-FISH

**Remarks:**

CAN ONLY BE COLLECTED MONDAY (BEFORE NOON)-WEDNESDAY (BEFORE NOON), barring holidays.

**Collect:**

EDTA Lavender top

**Amount to Collect:**

5-10 mL

**Sample Type:**

Blood

**Preferred Volume:**

5-10 mL

**Minimum Volume:**

5 mL

**Unacceptable Conditions:**

>2 days old

**Interpretive Data:**

The Flow FISH telomere length measurements used by RepeatDx® have been shown to be valuable as a screening test for inherited telomere biology disorders resulting from mutations in specific genes. Flow FISH analysis has the unique advantage over other telomere length protocols by providing information on a variety of cell types from one blood sample. Fluorescent signals from telomeres are assessed on a single cell basis by flow cytometry, with patient results reported for lymphocytes, granulocytes, B-cells, naive and memory T-cells, and NK cells.

All patient telomere length profiles are reported in relationship to age-matched controls and are available for all age ranges from pediatric to geriatric. This telomere reference curve was established by the study of over 800 healthy individuals between birth and 100 years of age. This informative technique allows analysis and comparisons of the telomere length between different cell types and within one cell type, e.g. in differentiating between constitutional deficiencies and specific cell type deficiencies.

Studies have shown that the telomere length declines with age, and follows distinct patterns in T-cells, B-cells and hematopoietic precursor cells. Longitudinal studies of hematopoietic stem cell transplantation have shown a rapid telomere length decline in the first year after transplant followed by stabilization.

**Storage/Transport Temperature:**

Ambient

**Stability (from collection to initiation):**

2 days

**Reported:**

1-2 weeks

**Additional Information:**

DO NOT COLLECT UNLESS REPEATDX TEST REQUEST FORMS HAVE BEEN COMPLETED AND SUPPLIED TO THE PATIENT.

<https://repeatdx.com/wp-content/uploads/2015/11/RDx-req-form-USA-2017-fillable-1.pdf>

**CPT Codes:**

88184, 88185X3

**Supplemental Test Request Form Required:**

Yes

# Testosterone Total, Immunoassay

LAB3019

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Sunday and Wednesday (day shift)

**Methodology:**

Two Step Chemiluminescent Microparticle Immunoassay on Abbott Architect i2000

**Reported:**

1-4 days

**Additional Information:**

This assay is performed in-house and is suitable for use in adult patients to assess general endocrine function.

To convert ng/dL to nmol/L (SI units) multiply by 0.0347.

For pediatric patients, see entry for Testosterone, Total, Ultrasensitive.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- TTES

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated serum on cells: 3 days

Refrigerated serum: 2 weeks

Frozen serum: 3 years

## PROCESSING

**Test Code:**

TTES

**Test Group:**

Testosterone

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Refrigerate

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated serum on cells: 3 days

Refrigerated serum: 2 weeks

Frozen serum: 3 years

**RESULT INTERPRETATION****Units:**

ng/dL

**Reference Interval:**

Males:

| Age (years) | ng/dL    |
|-------------|----------|
| 18-39       | 307-1068 |
| 40-49       | 270-1068 |
| 50-59       | 252-1068 |
| 60-69       | 251-1068 |
| 70-79       | 251-1065 |
| 80-99       | 181-1050 |

Females &gt;= 18 years: 9-55 ng/dL

Reference ranges for females adapted from ARUP Laboratories & vendor performed studies and verified by in-house testing of 20 normal female volunteers in the UCSF laboratory.

Reference ranges for males adapted from Travison et al, J Clin Endocrinol Metab, 2017, 102(4): 1161-1173 based on data from non-obese men (n=6933) and verified by a method comparison study between UCSF and LabCorp.

**Additional Information:**

This assay is performed in-house and is suitable for use in adult patients to assess general endocrine function.

To convert ng/dL to nmol/L (SI units) multiply by 0.0347.

For pediatric patients, see entry for Testosterone, Total, Ultrasensitive.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

84403

**LOINC Codes:**

49041-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TTES

**Test Group:**

Testosterone

**Performing Lab:**

China Basin Chemistry

**Performed:**

Sunday and Wednesday (day shift)

**Methodology:**

Two Step Chemiluminescent Microparticle Immunoassay on Abbott Architect i2000

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Refrigerate

**Units:**

ng/dL

**Reference Interval:**

Males:

| Age (years) | ng/dL    |
|-------------|----------|
| 18-39       | 307-1068 |
| 40-49       | 270-1068 |
| 50-59       | 252-1068 |
| 60-69       | 251-1068 |
| 70-79       | 251-1065 |
| 80-99       | 181-1050 |

Females &gt;= 18 years: 9-55 ng/dL

Reference ranges for females adapted from ARUP Laboratories & vendor performed studies and verified by in-house testing of 20 normal female volunteers in the UCSF laboratory.

Reference ranges for males adapted from Travison et al, J Clin Endocrinol Metab, 2017, 102(4): 1161-1173 based on data from non-obese men (n=6933) and verified by a method comparison study between UCSF and LabCorp.

**Synonyms:**

- TTES

**Stability (from collection to initiation):**

Refrigerated serum on cells: 3 days

Refrigerated serum: 2 weeks

Frozen serum: 3 years

**Reported:**

1-4 days

**Additional Information:**

This assay is performed in-house and is suitable for use in adult patients to assess general endocrine function.

To convert ng/dL to nmol/L (SI units) multiply by 0.0347.

For pediatric patients, see entry for Testosterone, Total, Ultrasensitive.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

84403

**LOINC Codes:**

49041-7

# Testosterone, Free & Total, Immunoassay

LAB6062

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Sunday and Wednesday (day shift)

**Methodology:**

Total Testosterone (Chemiluminescent Microparticle Immunoassay - Abbott Architect i2000)

Free Testosterone calculation

**Reported:**

Test run on Sunday and Wednesday.

Turnaround time 1-5 days

**Additional Information:**

Reference ranges adopted from Quest Diagnostics based on correlation studies comparing our method with the Quest method and by in-house testing of 24 normal male and 31 normal female volunteers in the UCSF Laboratory.

Includes determination of total testosterone.

Free: To convert pg/mL to pmol/L (SI units) multiply by 3.467.

Total: To convert ng/dL to nmol/L (SI units) multiply by 0.0347.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- Free testosterone
- FTCA

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

2 mL (blood)

**Preferred Volume:**

1 mL (serum)

**Minimum Volume:**

0.75 mL (serum)

**Stability (from collection to initiation):**

Refrigerated serum: 8 days

Frozen serum: 3 months

## PROCESSING

**Test Code:**

FTCA

**Test Group:**

Testosterone

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Refrigerate serum.

**Preferred Volume:**

1 mL (serum)

**Minimum Volume:**

0.75 mL (serum)

**Stability (from collection to initiation):**

Refrigerated serum: 8 days

Frozen serum: 3 months

**RESULT INTERPRETATION****Units:**

pg/mL (free) and ng/dL (total)

**Reference Interval:**

Testosterone, Total:

Males:

| Age (years) | ng/dL    |
|-------------|----------|
| 18-39       | 307-1068 |
| 40-49       | 270-1068 |
| 50-59       | 252-1068 |
| 60-69       | 251-1068 |
| 70-79       | 251-1065 |
| 80-99       | 181-1050 |

Females &gt;= 18 years: 9-55 ng/dL

Testosterone, Free:

| Age         | Males        | Females       |
|-------------|--------------|---------------|
| 18-69 years | 35-155 pg/mL | 0.1-6.4 pg/mL |
| 70-89 years | 30-135 pg/mL | 0.2-3.7 pg/mL |

**Additional Information:**

Reference ranges adopted from Quest Diagnostics based on correlation studies comparing our method with the Quest method and by in-house testing of 24 normal male and 31 normal female volunteers in the UCSF Laboratory.

Includes determination of total testosterone.

Free: To convert pg/mL to pmol/L (SI units) multiply by 3.467.

Total: To convert ng/dL to nmol/L (SI units) multiply by 0.0347.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

84402 and 84403

**LOINC Codes:**

2991-8 and 2986-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FTCA

**Test Group:**

Testosterone



**Performing Lab:**

China Basin Chemistry

**Performed:**

Sunday and Wednesday (day shift)

**Methodology:**

Total Testosterone (Chemiluminescent Microparticle Immunoassay - Abbott Architect i2000)

Free Testosterone calculation

**Collect:**

Red top

**Amount to Collect:**

2 mL (blood)

**Sample Type:**

Serum

**Preferred Volume:**

1 mL (serum)

**Minimum Volume:**

0.75 mL (serum)

**Specimen Preparation:**

Refrigerate serum.

**Units:**

pg/mL (free) and ng/dL (total)

**Reference Interval:**

Testosterone, Total:

Males:

| Age (years) | ng/dL    |
|-------------|----------|
| 18-39       | 307-1068 |
| 40-49       | 270-1068 |
| 50-59       | 252-1068 |
| 60-69       | 251-1068 |
| 70-79       | 251-1065 |
| 80-99       | 181-1050 |

Females &gt;= 18 years: 9-55 ng/dL

Testosterone, Free:

| Age         | Males        | Females       |
|-------------|--------------|---------------|
| 18-69 years | 35-155 pg/mL | 0.1-6.4 pg/mL |
| 70-89 years | 30-135 pg/mL | 0.2-3.7 pg/mL |

**Synonyms:**

- Free testosterone
- FTCA

**Stability (from collection to initiation):**

Refrigerated serum: 8 days

Frozen serum: 3 months

**Reported:**

Test run on Sunday and Wednesday.

Turnaround time 1-5 days

**Additional Information:**

Reference ranges adopted from Quest Diagnostics based on correlation studies comparing our method with the Quest method and by in-house testing of 24 normal male and 31 normal female volunteers in the UCSF Laboratory.

Includes determination of total testosterone.

Free: To convert pg/mL to pmol/L (SI units) multiply by 3.467.

Total: To convert ng/dL to nmol/L (SI units) multiply by 0.0347.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

84402 and 84403

**LOINC Codes:**

2991-8 and 2986-8

# Testosterone, Free & Total, Ultrasensitive

LAB6061

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Tuesday and Wednesday, reports next day

**Methodology:**

Total testosterone by LC-MS/MS

Free testosterone by calculation

**Reported:**

Test run twice per week. Turnaround time 2-8 days

**Additional Information:**

Reference ranges adopted from Quest Diagnostics based on correlation studies comparing our method with the Quest method and by in-house testing of 24 normal male and 31 normal female volunteers in the UCSF Laboratory.

Includes determination of total testosterone.

Free: To convert pg/mL to pmol/L (SI units) multiply by 3.467.

Total: To convert ng/dL to nmol/L (SI units) multiply by 0.0347.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- Free testosterone
- FTCP

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

2 mL (blood)

**Preferred Volume:**

1 mL (serum)

**Minimum Volume:**

0.75 mL (serum)

**Stability (from collection to initiation):**

Refrigerated serum: 8 days

Frozen serum: 3 months

## PROCESSING

**Test Code:**

FTCP

**Test Group:**

Testosterone

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Refrigerate serum.

**Preferred Volume:**

1 mL (serum)

**Minimum Volume:**

0.75 mL (serum)

**Stability (from collection to initiation):**

Refrigerated serum: 8 days

Frozen serum: 3 months

**RESULT INTERPRETATION****Units:**

pg/mL (free) and ng/dL (total)

**Reference Interval:**

Testosterone, Total:

| Age                     | Males          | Females     |
|-------------------------|----------------|-------------|
| Premature (26-28 weeks) | 59-125 ng/dL   | 5-16 ng/dL  |
| Premature (31-35 weeks) | 37-198 ng/dL   | 5-22 ng/dL  |
| Newborn                 | 75-400 ng/dL   | 20-64 ng/dL |
| 1-5 months              | 14-363 ng/dL   | < 20 ng/dL  |
| 6-24 months             | < 37 ng/dL     | < 9 ng/dL   |
| 2-3 years               | < 15 ng/dL     | < 20 ng/dL  |
| 4-5 years               | < 19 ng/dL     | < 30 ng/dL  |
| 6-7 years               | < 13 ng/dL     | < 7 ng/dL   |
| 8-9 years               | 2-8 ng/dL      | 1-11 ng/dL  |
| 10-11 years             | 2-165 ng/dL    | 3-32 ng/dL  |
| 12-13 years             | 3-619 ng/dL    | 6-50 ng/dL  |
| 14-15 years             | 31-733 ng/dL   | 6-52 ng/dL  |
| 16-17 years             | 158-826 ng/dL  | 9-58 ng/dL  |
| 18-39 years             | 300-1080 ng/dL | 9-55 ng/dL  |
| 40-59 years             | 300-890 ng/dL  | 9-55 ng/dL  |
| 60 years and older      | 300-720 ng/dL  | 5-32 ng/dL  |

Total testosterone reference ranges by pubertal stage :

| Tanner Stage      | Males         | Females     |
|-------------------|---------------|-------------|
| Tanner Stage I    | 2-15 ng/dL    | 2-17 ng/dL  |
| Tanner Stage II   | 3-303 ng/dL   | 5-40 ng/dL  |
| Tanner Stage III  | 10-851 ng/dL  | 10-63 ng/dL |
| Tanner Stage IV-V | 162-847 ng/dL | 11-62 ng/dL |

Testosterone, Free:

| Age           | Males          | Females       |
|---------------|----------------|---------------|
| 5 -9.9 years  | <= 5.3 pg/mL   | 0.2-5.0 pg/mL |
| 10-13.9 years | 0.7-52.0 pg/mL | 0.1-7.4 pg/mL |
| 14-17.9 years | 18-111 pg/mL   | 0.5-3.9 pg/mL |
| 18-69 years   | 35-155 pg/mL   | 0.1-6.4 pg/mL |

**Additional Information:**

Reference ranges adopted from Quest Diagnostics based on correlation studies comparing our method with the Quest method and by in-house testing of 24 normal male and 31 normal female volunteers in the UCSF Laboratory.

Includes determination of total testosterone.

Free: To convert pg/mL to pmol/L (SI units) multiply by 3.467.

Total: To convert ng/dL to nmol/L (SI units) multiply by 0.0347.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

84402 and 84403

**LOINC Codes:**

2991-8 and 2986-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

FTCP

**Test Group:**

Testosterone

**Performing Lab:**

China Basin Chemistry

**Performed:**

Tuesday and Wednesday, reports next day

**Methodology:**

Total testosterone by LC-MS/MS

Free testosterone by calculation

**Collect:**

Red top

**Amount to Collect:**

2 mL (blood)

**Sample Type:**

Serum

**Preferred Volume:**

1 mL (serum)

**Minimum Volume:**

0.75 mL (serum)

**Specimen Preparation:**

Refrigerate serum.

**Units:**

pg/mL (free) and ng/dL (total)

**Reference Interval:**

Testosterone, Total:

| Age                     | Males          | Females     |
|-------------------------|----------------|-------------|
| Premature (26-28 weeks) | 59-125 ng/dL   | 5-16 ng/dL  |
| Premature (31-35 weeks) | 37-198 ng/dL   | 5-22 ng/dL  |
| Newborn                 | 75-400 ng/dL   | 20-64 ng/dL |
| 1-5 months              | 14-363 ng/dL   | < 20 ng/dL  |
| 6-24 months             | < 37 ng/dL     | < 9 ng/dL   |
| 2-3 years               | < 15 ng/dL     | < 20 ng/dL  |
| 4-5 years               | < 19 ng/dL     | < 30 ng/dL  |
| 6-7 years               | < 13 ng/dL     | < 7 ng/dL   |
| 8-9 years               | 2-8 ng/dL      | 1-11 ng/dL  |
| 10-11 years             | 2-165 ng/dL    | 3-32 ng/dL  |
| 12-13 years             | 3-619 ng/dL    | 6-50 ng/dL  |
| 14-15 years             | 31-733 ng/dL   | 6-52 ng/dL  |
| 16-17 years             | 158-826 ng/dL  | 9-58 ng/dL  |
| 18-39 years             | 300-1080 ng/dL | 9-55 ng/dL  |
| 40-59 years             | 300-890 ng/dL  | 9-55 ng/dL  |
| 60 years and older      | 300-720 ng/dL  | 5-32 ng/dL  |

Total testosterone reference ranges by pubertal stage :

| Tanner Stage      | Males         | Females     |
|-------------------|---------------|-------------|
| Tanner Stage I    | 2-15 ng/dL    | 2-17 ng/dL  |
| Tanner Stage II   | 3-303 ng/dL   | 5-40 ng/dL  |
| Tanner Stage III  | 10-851 ng/dL  | 10-63 ng/dL |
| Tanner Stage IV-V | 162-847 ng/dL | 11-62 ng/dL |

Testosterone, Free:

| Age           | Males          | Females       |
|---------------|----------------|---------------|
| 5 -9.9 years  | <= 5.3 pg/mL   | 0.2-5.0 pg/mL |
| 10-13.9 years | 0.7-52.0 pg/mL | 0.1-7.4 pg/mL |
| 14-17.9 years | 18-111 pg/mL   | 0.5-3.9 pg/mL |
| 18-69 years   | 35-155 pg/mL   | 0.1-6.4 pg/mL |

**Synonyms:**

- Free testosterone
- FTCP

**Stability (from collection to initiation):**

Refrigerated serum: 8 days

Frozen serum: 3 months

**Reported:**

Test run twice per week. Turnaround time 2-8 days

**Additional Information:**

Reference ranges adopted from Quest Diagnostics based on correlation studies comparing our method with the Quest method and by in-house testing of 24 normal male and 31 normal female volunteers in the UCSF Laboratory.

Includes determination of total testosterone.

Free: To convert pg/mL to pmol/L (SI units) multiply by 3.467.

Total: To convert ng/dL to nmol/L (SI units) multiply by 0.0347.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

84402 and 84403

**LOINC Codes:**

2991-8 and 2986-8

# Testosterone, Total, Ultrasensitive

LAB5228

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Tuesday and Wednesday, reports next day

**Methodology:**

LC/MS/MS

**Reported:**

Test run twice per week. Turnaround time 2-8 days.

**Additional Information:**

This assay is primarily intended for testing in pediatric patients with suspected or complex endocrine abnormalities or in settings where very low levels of testosterone are expected. For routine testing in adult patients, order "Testosterone, Total, Immunoassay" (test code TTES).

Testing may be helpful in assessing testicular function in males and managing hirsutism, virilization in females. Measurement of testosterone by LC/MS/MS overcomes interferences and the known limitations of direct immunoassays in measurement of testosterone values in the lower range. These advantages are particularly relevant for assessment of testosterone in women, children/infants, and men on testosterone reduction therapy for prostate cancer.

Reference ranges adapted from ARUP Laboratories (Clin Chem 2010; 56(7):1138-1147) based on patient correlation studies comparing this LC/MSMS method with the ARUP method and by in-house testing of 20 normal male and 20 normal female volunteers in the UCSF Chemistry laboratory at China Basin.

**Synonyms:**

- Testosterone ultrasensitive

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated serum on cells: 3 days

Refrigerated serum: 2 weeks

Frozen serum: 3 years

## PROCESSING

**Test Code:**

PTES

**Test Group:**

Testosterone

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Centrifuge samples aliquot serum and refrigerate

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum



**Stability (from collection to initiation):**

Refrigerated serum on cells: 3 days

Refrigerated serum: 2 weeks

Frozen serum: 3 years

**RESULT INTERPRETATION****Units:**

ng/dL

**Reference Interval:**

| Age                     | Males          | Females     |
|-------------------------|----------------|-------------|
| Premature (26-28 weeks) | 59-125 ng/dL   | 5-16 ng/dL  |
| Premature (31-35 weeks) | 37-198 ng/dL   | 5-22 ng/dL  |
| Newborn                 | 75-400 ng/dL   | 20-64 ng/dL |
| 1-5 months              | 14-363 ng/dL   | < 20 ng/dL  |
| 6-24 months             | < 37 ng/dL     | < 9 ng/dL   |
| 2-3 years               | < 15 ng/dL     | < 20 ng/dL  |
| 4-5 years               | < 19 ng/dL     | < 30 ng/dL  |
| 6-7 years               | < 13 ng/dL     | < 7 ng/dL   |
| 8-9 years               | 2-8 ng/dL      | 1-11 ng/dL  |
| 10-11 years             | 2-165 ng/dL    | 3-32 ng/dL  |
| 12-13 years             | 3-619 ng/dL    | 6-50 ng/dL  |
| 14-15 years             | 31-733 ng/dL   | 6-52 ng/dL  |
| 16-17 years             | 158-826 ng/dL  | 9-58 ng/dL  |
| 18-39 years             | 300-1080 ng/dL | 9-55 ng/dL  |
| 40-59 years             | 300-890 ng/dL  | 9-55 ng/dL  |
| 60 years and older      | 300-720 ng/dL  | 5-32 ng/dL  |
| Tanner Stage            | Males          | Females     |
| Tanner Stage I          | 2-15 ng/dL     | 2-17 ng/dL  |
| Tanner Stage II         | 3-303 ng/dL    | 5-40 ng/dL  |
| Tanner Stage III        | 10-851 ng/dL   | 10-63 ng/dL |
| Tanner Stage IV-V       | 162-847 ng/dL  | 11-62 ng/dL |

**Additional Information:**

This assay is primarily intended for testing in pediatric patients with suspected or complex endocrine abnormalities or in settings where very low levels of testosterone are expected. For routine testing in adult patients, order "Testosterone, Total, Immunoassay" (test code TTES).

Testing may be helpful in assessing testicular function in males and managing hirsutism, virilization in females. Measurement of testosterone by LC/MS/MS overcomes interferences and the known limitations of direct immunoassays in measurement of testosterone values in the lower range. These advantages are particularly relevant for assessment of testosterone in women, children/infants, and men on testosterone reduction therapy for prostate cancer.

Reference ranges adapted from ARUP Laboratories (Clin Chem 2010; 56(7):1138-1147) based on patient correlation studies comparing this LC/MSMS method with the ARUP method and by in-house testing of 20 normal male and 20 normal female volunteers in the UCSF Chemistry laboratory at China Basin.

**ADMINISTRATIVE****CPT Codes:**

84403

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

51005-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PTES

**Test Group:**

Testosterone

**Performing Lab:**

China Basin Chemistry

**Performed:**

Tuesday and Wednesday, reports next day

**Methodology:**

LC/MS/MS

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Centrifuge samples aliquot serum and refrigerate

**Units:**

ng/dL

**Reference Interval:**

| Age                     | Males          | Females     |
|-------------------------|----------------|-------------|
| Premature (26-28 weeks) | 59-125 ng/dL   | 5-16 ng/dL  |
| Premature (31-35 weeks) | 37-198 ng/dL   | 5-22 ng/dL  |
| Newborn                 | 75-400 ng/dL   | 20-64 ng/dL |
| 1-5 months              | 14-363 ng/dL   | < 20 ng/dL  |
| 6-24 months             | < 37 ng/dL     | < 9 ng/dL   |
| 2-3 years               | < 15 ng/dL     | < 20 ng/dL  |
| 4-5 years               | < 19 ng/dL     | < 30 ng/dL  |
| 6-7 years               | < 13 ng/dL     | < 7 ng/dL   |
| 8-9 years               | 2-8 ng/dL      | 1-11 ng/dL  |
| 10-11 years             | 2-165 ng/dL    | 3-32 ng/dL  |
| 12-13 years             | 3-619 ng/dL    | 6-50 ng/dL  |
| 14-15 years             | 31-733 ng/dL   | 6-52 ng/dL  |
| 16-17 years             | 158-826 ng/dL  | 9-58 ng/dL  |
| 18-39 years             | 300-1080 ng/dL | 9-55 ng/dL  |
| 40-59 years             | 300-890 ng/dL  | 9-55 ng/dL  |
| 60 years and older      | 300-720 ng/dL  | 5-32 ng/dL  |
| Tanner Stage            | Males          | Females     |
| Tanner Stage I          | 2-15 ng/dL     | 2-17 ng/dL  |
| Tanner Stage II         | 3-303 ng/dL    | 5-40 ng/dL  |
| Tanner Stage III        | 10-851 ng/dL   | 10-63 ng/dL |
| Tanner Stage IV-V       | 162-847 ng/dL  | 11-62 ng/dL |

**Synonyms:**

- Testosterone ultrasensitive

**Stability (from collection to initiation):**

Refrigerated serum on cells: 3 days

Refrigerated serum: 2 weeks

Frozen serum: 3 years

**Reported:**

Test run twice per week. Turnaround time 2-8 days.

**Additional Information:**

This assay is primarily intended for testing in pediatric patients with suspected or complex endocrine abnormalities or in settings where very low levels of testosterone are expected. For routine testing in adult patients, order "Testosterone, Total, Immunoassay" (test code TTES).

Testing may be helpful in assessing testicular function in males and managing hirsutism, virilization in females. Measurement of testosterone by LC/MS/MS overcomes interferences and the known limitations of direct immunoassays in measurement of testosterone values in the lower range. These advantages are particularly relevant for assessment of testosterone in women, children/infants, and men on testosterone reduction therapy for prostate cancer.

Reference ranges adapted from ARUP Laboratories (Clin Chem 2010; 56(7):1138-1147) based on patient correlation studies comparing this LC/MSMS method with the ARUP method and by in-house testing of 20 normal male and 20 normal female volunteers in the UCSF Chemistry laboratory at China Basin.

**CPT Codes:**

84403

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

51005-7

# Tetanus Antitoxin

LAB3366

## ORDERING

**Available Stat:**  
No

**Performing Lab:**  
Quest

**Methodology:**  
Enzyme Immunoassay

**Reported:**  
Test run Monday & Thursday. Turnaround time: 1-5 days.

**Additional Information:**  
Following immunization, levels usually increase approx. 4-fold.

**Synonyms:**

- Tetanus antitoxoid

## COLLECTION

**Sample Type:**  
Serum

**Label Abbreviation:**

TETA

**Collect:**  
Preferred tube type: Red top tube  
Acceptable tube type: Gold top tube

**Amount to Collect:**  
2 mL blood

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.3 mL serum

## PROCESSING

**Test Code:**  
TETA

**Sendout:**  
Yes

**Performing Lab:**  
Quest

**Specimen Preparation:**  
Freeze at -20C. Order Quest # 50922P

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.3 mL serum

## RESULT INTERPRETATION

**Units:**  
IU/mL

**Reference Interval:**  
Detectable: > 0.1 IU/mL  
Protective: > 0.15 IU/mL

**Additional Information:**  
Following immunization, levels usually increase approx. 4-fold.

## ADMINISTRATIVE

**CPT Codes:**  
86774-90

**LOINC Codes:**  
41483-9

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
TETA

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Enzyme Immunoassay

**Collect:**  
Preferred tube type: Red top tube  
Acceptable tube type: Gold top tube

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.3 mL serum

**Specimen Preparation:**  
Freeze at -20C. Order Quest # 50922P

**Units:**  
IU/mL

**Reference Interval:**  
Detectable: > 0.1 IU/mL  
Protective: > 0.15 IU/mL

**Synonyms:**  

- Tetanus antitoxoid

**Reported:**  
Test run Monday & Thursday. Turnaround time: 1-5 days.

**Additional Information:**  
Following immunization, levels usually increase approx. 4-fold.

**CPT Codes:**  
86774-90

**LOINC Codes:**  
41483-9

# Tetrahydrocannabinol Screen, Urine

LAB447

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Homogeneous competitive enzyme immunoassay

**Reported:**

Stat 2 hours, Routine 4 hours

**Additional Information:**

This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

A concentration of < 50 µg/L is considered negative by this test. A positive result is ≥ 50 µg/L and indicates the presence of this class of drugs.

Cannabis metabolites can be detected in urine up to 95 days after use. ( From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205)

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. False negative results are also possible, for example, with use of newer JWH compounds and other synthetic cannabinoids.

[Click here for List of Cross Reactive Substances](#)

Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing. Confirmation test code THCQNT.

**Synonyms:**

- THC
- marijuana
- Tetrahydrocannabinol
- cannabis
- pot
- Cannabinoids

## COLLECTION

**Sample Type:**

Random Urine

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Parnassus: Refrigerated 5 days, frozen at -20C 2 weeks

Mission Bay: Refrigerated 7 days, frozen at -20C 2 weeks

## PROCESSING

**Test Code:**

THC

**Test Group:**

Cannabinoid

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Stability (from collection to initiation):**

Parnassus: Refrigerated 5 days, frozen at -20C 2 weeks

Mission Bay: Refrigerated 7 days, frozen at -20C 2 weeks

**RESULT INTERPRETATION****Reference Interval:**

Negative

Note: a negative result indicates that this class of drugs is not present, or they are present at a concentration below the cut-off concentration of 50 µg/L

**Additional Information:**

This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

A concentration of < 50 µg/L is considered negative by this test. A positive result is ≥ 50 µg/L and indicates the presence of this class of drugs.

Cannabis metabolites can be detected in urine up to 95 days after use. ( From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205)

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. False negative results are also possible, for example, with use of newer JWH compounds and other synthetic cannabinoids.

[Click here for List of Cross Reactive Substances](#)

Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing. Confirmation test code THCQNT.

**ADMINISTRATIVE****CPT Codes:**

80307

**LOINC Codes:**

18282-4

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

THC

**Test Group:**

Cannabinoid

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Homogeneous competitive enzyme immunoassay

**Collect:**

Urine cup

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random Urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.5 mL urine

**Reference Interval:**

Negative

Note: a negative result indicates that this class of drugs is not present, or they are present at a concentration below the cut-off concentration of 50 µg/L

**Synonyms:**

- THC
- marijuana
- Tetrahydrocannabinol
- cannabis
- pot
- Cannabinoids

**Stability (from collection to initiation):**

Parnassus: Refrigerated 5 days, frozen at -20C 2 weeks

Mission Bay: Refrigerated 7 days, frozen at -20C 2 weeks

**Reported:**

Stat 2 hours, Routine 4 hours

**Additional Information:**

This immunoassay is only a screening test and is not definitive. Results cannot be used for medico-legal purposes.

A concentration of < 50 µg/L is considered negative by this test. A positive result is ≥ 50 µg/L and indicates the presence of this class of drugs.

Cannabis metabolites can be detected in urine up to 95 days after use. ( From: Verstraete AG. Detection Times of Drugs of Abuse in Blood, Urine and Oral Fluid. Ther Drug Monit, 26(2) April 2004, 200-205)

False positive results may occur due to other cross reacting substances, however, positive results are NOT routinely confirmed by a second method. If confirmation of the test result is required, it is the responsibility of the physician to separately order a specific confirmatory test for the drug identified. False negative results are also possible, for example, with use of newer JWH compounds and other synthetic cannabinoids.

[Click here for List of Cross Reactive Substances](#)

Samples are held for 7 days. Contact laboratory at x 31667 to request confirmatory testing. Confirmation test code THCQNT.

**CPT Codes:**

80307

**LOINC Codes:**

18282-4



# TH/TO Autoantibody

THTO

## ORDERING

**Available Stat:**

No

**Performing Lab:**

LabCorp (via ARUP)

**Methodology:**

RIPA gel radiography

**Reported:**

14-21 days

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold or Red-top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 60 days

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Grossly hemolyzed; bacterial contamination; lipemic specimen; icteric specimen; non-serum specimen types

## PROCESSING

**Test Code:**

THTO

**Sendout:**

Yes

**Performing Lab:**

LabCorp (via ARUP)

**Specimen Preparation:**

Aliquot and freeze serum. Send to China Basin frozen. Send to ARUP using miscellaneous order procedure, with LabCorp test code 520016

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed; bacterial contamination; lipemic specimen; icteric specimen; non-serum specimen types

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 60 days

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Interpretive Data:**

The Th/To antibodies are present in 10-19% of patients with limited SSc, in 11% of patients with diffuse cutaneous SSc, and in 3% of patients with primary Raynaud's disease. Anti-Th/To antibody has been shown to be highly specific for patients with SSc.

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

THTO

**Performing Lab:**

LabCorp (via ARUP)

**Sendout:**

Yes

**Methodology:**

RIPA gel radiography

**Collect:**

Gold or Red-top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed; bacterial contamination; lipemic specimen; icteric specimen; non-serum specimen types

**Specimen Preparation:**

Aliquot and freeze serum. Send to China Basin frozen. Send to ARUP using miscellaneous order procedure, with LabCorp test code 520016

**Reference Interval:**

Negative

**Interpretive Data:**

The Th/To antibodies are present in 10-19% of patients with limited SSc, in 11% of patients with diffuse cutaneous SSc, and in 3% of patients with primary Raynaud's disease. Anti-Th/To antibody has been shown to be highly specific for patients with SSc.

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 60 days

**Reported:**

14-21 days

**Thallium, 24 hour urine**  
MOLT

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Quest

**Methodology:**  
ICP/MS

**Reported:**  
Test performed Tuesday-Saturday. Turnaround time: 3-6 days.

**Additional Information:**  
To convert µg/L to nmol/L (SI units) multiply by 4.89

**COLLECTION**

**Sample Type:**  
24 hour urine collection

**Collect:**  
Acid Wash Container Required

**Amount to Collect:**  
Entire 24 hour urine output

**Preferred Volume:**  
7 mL urine

**Minimum Volume:**  
3 mL urine

**PROCESSING**

**Test Code:**  
MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**  
Yes

**Performing Lab:**  
Quest

**Specimen Preparation:**  
Follow the detailed processing instructions for Trace Metal Analysis. Refrigerate 7 mL aliquot. For 24 hour urine order Quest # 84723N.

**Preferred Volume:**  
7 mL urine

**Minimum Volume:**  
3 mL urine

**RESULT INTERPRETATION**

**Units:**  
µg/L (mcg/L)

**Reference Interval:**  
Normal: < 2 µg/L  
Toxic: > 200 µg/L

**Critical Values:**  
Quest Priority-1: >= 200 µg/L

**Additional Information:**  
To convert µg/L to nmol/L (SI units) multiply by 4.89

**ADMINISTRATIVE**

**CPT Codes:**  
83018-90

**COMPLETE VIEW**

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

ICP/MS

**Collect:**

Acid Wash Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis. Refrigerate 7 mL aliquot. For 24 hour urine order Quest # 84723N.

**Units:**

µg/L (mcg/L)

**Reference Interval:**

Normal: < 2 µg/L

Toxic: > 200 µg/L

**Critical Values:**

Quest Priority-1: >= 200 µg/L

**Reported:**

Test performed Tuesday-Saturday. Turnaround time: 3-6 days.

**Additional Information:**

To convert µg/L to nmol/L (SI units) multiply by 4.89

**CPT Codes:**

83018-90

# Thallium, random urine

LAB3576

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Inductively-coupled Plasma Mass Spectroscopy

**Reported:**

Performed 5x per week. Turnaround 4-7 days.

## COLLECTION

**Sample Type:**

Random urine (second AM void preferred)

**Label Abbreviation:**

THALR

**Collect:**

Urine cup

**Amount to Collect:**

7 mL urine

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C 2 weeks.

## PROCESSING

**Test Code:**

THALR

**Test Group:**

Thallium

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot into an acid-washed container. Refrigerate urine at 4C. Order Quest test # 57455P

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C 2 weeks.

## RESULT INTERPRETATION

**Units:**

µg/g creatinine

**Reference Interval:**

&lt;= 0.4 µg/g creatinine

## ADMINISTRATIVE

**CPT Codes:**

82570-90, 83018-90

**LOINC Codes:**

13469-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

THALR

**Test Group:**

Thallium

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Inductively-coupled Plasma Mass Spectroscopy

**Collect:**

Urine cup

**Amount to Collect:**

7 mL urine

**Sample Type:**

Random urine (second AM void preferred)

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Specimen Preparation:**

Aliquot into an acid-washed container. Refrigerate urine at 4C. Order Quest test # 57455P

**Units:**

µg/g creatinine

**Reference Interval:**

&lt;= 0.4 µg/g creatinine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen at -20C 2 weeks.

**Reported:**

Performed 5x per week. Turnaround 4-7 days.

**CPT Codes:**

82570-90, 83018-90

**LOINC Codes:**

13469-2

# THC Metabolite, Urine, Quantitative

LAB5797

## ORDERING

**Ordering Recommendations:**

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is THC (Cannabinoids), Urine Screen with Reflex to Quantitation (2012270). This test does not distinguish between the delta-8 and delta-9 forms of THC or their metabolites.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-5 days

**Synonyms:**

- 9-Carboxy-THC
- Cannabinoids
- Cannabis
- Dronabinol
- Marijuana
- Marinol
- Pain Management
- Pain Management, Marijuana Metabolite, Quantitative, with medMATCH, Urine
- Pain Management, Marijuana Metabolite, with Confirmation with medMATCH, Urine
- THC
- THCQNT

## COLLECTION

**Label Abbreviation:**

THCQNT

**Collect:**

Random urine.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 Month

**Storage/Transport Temperature:**

Room temperature.

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

## PROCESSING

**Test Code:**

THCQNT

**Test Group:**

Cannabinoid

**ARUP Test Code:**

0090369

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 1 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.5 mL)

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 Month

**Storage/Transport Temperature:**  
Room temperature.

## RESULT INTERPRETATION

**Reference Interval:**

Effective November 18, 2019

| Drugs Covered        | Cutoff Concentrations |
|----------------------|-----------------------|
| 11-Nor-9-carboxy-THC | 15 ng/mL              |

**Interpretive Data:**

Methodology: Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 15 ng/mL

For medical purposes only; not valid for forensic use.

The drug analyte detected in this assay, 9-carboxy THC, is a metabolite of delta-9-tetrahydrocannabinol (THC). Detection of 9-carboxy THC suggests use of, or exposure to, a product containing THC. This test cannot distinguish between prescribed or non-prescribed forms of THC, nor can it distinguish between active or passive use. The 9-carboxy THC metabolite can be detected in urine for several weeks. Normalization of results to creatinine concentration can help document elimination or suggest recent use, when specimens are collected at least one week apart.

## ADMINISTRATIVE

**CPT Codes:**

80349 (Alt code: G0480)

**LOINC:**

- 3436-3

## COMPLETE VIEW

**Available Stat:**

No

**Ordering Recommendations:**

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is THC (Cannabinoids), Urine Screen with Reflex to Quantitation (2012270). This test does not distinguish between the delta-8 and delta-9 forms of THC or their metabolites.

**Test Code:**

THCQNT

**Test Group:**

Cannabinoid

**ARUP Test Code:**

0090369

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Random urine.

**Unacceptable Conditions:**

Specimens exposed to repeated freeze/thaw cycles.

**Specimen Preparation:**

Transfer 1 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.5 mL)



**Reference Interval:**

Effective November 18, 2019

| Drugs Covered        | Cutoff Concentrations |
|----------------------|-----------------------|
| 11-Nor-9-carboxy-THC | 15 ng/mL              |

**Interpretive Data:**

Methodology: Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 15 ng/mL

For medical purposes only; not valid for forensic use.

The drug analyte detected in this assay, 9-carboxy THC, is a metabolite of delta-9-tetrahydrocannabinol (THC). Detection of 9-carboxy THC suggests use of, or exposure to, a product containing THC. This test cannot distinguish between prescribed or non-prescribed forms of THC, nor can it distinguish between active or passive use. The 9-carboxy THC metabolite can be detected in urine for several weeks. Normalization of results to creatinine concentration can help document elimination or suggest recent use, when specimens are collected at least one week apart.

**Synonyms:**

- 9-Carboxy-THC
- Cannabinoids
- Cannabis
- Dronabinol
- Marijuana
- Marinol
- Pain Management
- Pain Management, Marijuana Metabolite, Quantitative, with medMATCH, Urine
- Pain Management, Marijuana Metabolite, with Confirmation with medMATCH, Urine
- THC
- THCQNT

**Storage/Transport Temperature:**

Room temperature.

**Stability (from collection to initiation):**

Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 Month

**Reported:**

1-5 days

**CPT Codes:**

80349 (Alt code: G0480)

**LOINC:**

- 3436-3

**Notes:**

Compare to Pain Management, Marijuana Metabolite, Quantitative, with medMATCH, Urine; Pain Management, Marijuana Metabolite, with Confirmation with medMATCH, Urine.

# Theophylline Level

LAB35

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Homogeneous competitive enzyme immunoassay

**Reported:**

STAT 1 hour, Routine 4 hours

Note: TAT for STAT samples drawn at Mt Zion, Saint Francis, and Saint Marys can be up to 3 hours.

**Additional Information:**

According to the UpToDate guidelines (accessed July 29<sup>th</sup>, 2019) on "Theophylline use in asthma" by Hendeles and Weinberger, MD, "The efficacy and toxicity of theophylline are closely related to the PEAK serum concentration. In patients receiving theophylline monotherapy, doses providing a PEAK serum concentration of 10 to 20 mg/L (mcg/mL) are best documented to improve symptoms and reduce the need for rescue therapy. However, lower levels may be sufficient for some patients."

Note: The presence of human anti-mouse antibodies or heterophile antibodies may interfere with the theophylline assay in some cases. Testing for theophylline levels in parallel dilution studies and with a different assay may be useful in cases where interference by a monoclonal protein or abnormal immunoglobulin is suspected.

**Synonyms:**

- Theodur
- THEO

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Remarks:**

Time to steady state: highly variable 3-4 days (adults) or 3 doses

Indicate date and time of draw on requisition.

**Stability (from collection to initiation):**

Refrigerated or frozen at -20C 3 months

## PROCESSING

**Test Code:**

THEO

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Specimen Preparation:**

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry. Request special STAT courier for STAT samples.

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**  
Refrigerated or frozen at -20C 3 months

## RESULT INTERPRETATION

**Units:**  
mg/L

**Reference Interval:**  
Therapeutic peak: 5-20 mg/L

**Critical Values:**  
> 30 mg/L

**Additional Information:**

According to the UpToDate guidelines (accessed July 29<sup>th</sup>, 2019) on "Theophylline use in asthma" by Hendeles and Weinberger, MD, "The efficacy and toxicity of theophylline are closely related to the PEAK serum concentration. In patients receiving theophylline monotherapy, doses providing a PEAK serum concentration of 10 to 20 mg/L (mcg/mL) are best documented to improve symptoms and reduce the need for rescue therapy. However, lower levels may be sufficient for some patients."

Note: The presence of human anti-mouse antibodies or heterophile antibodies may interfere with the theophylline assay in some cases. Testing for theophylline levels in parallel dilution studies and with a different assay may be useful in cases where interference by a monoclonal protein or abnormal immunoglobulin is suspected.

## ADMINISTRATIVE

**CPT Codes:**  
80198

**LOINC Codes:**  
4049-3

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
THEO

**Performing Lab:**  
Parnassus & Mission Bay Chemistry

**Performed:**  
Test available 24 hours per day 7 days per week

**Methodology:**  
Homogeneous competitive enzyme immunoassay

**Remarks:**  
Time to steady state: highly variable 3-4 days (adults) or 3 doses

Indicate date and time of draw on requisition.

**Collect:**  
Gold top or Light Green top

**Amount to Collect:**  
1 mL blood

**Sample Type:**  
Serum or plasma

**Preferred Volume:**  
0.5 mL serum or plasma

**Minimum Volume:**  
0.2 mL serum or plasma

**Specimen Preparation:**  
Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry. Request special STAT courier for STAT samples.

**Units:**  
mg/L

**Reference Interval:**  
Therapeutic peak: 5-20 mg/L

**Critical Values:**  
> 30 mg/L

**Synonyms:**

- Theodur
- THEO

**Stability (from collection to initiation):**

Refrigerated or frozen at -20C 3 months

**Reported:**

STAT 1 hour, Routine 4 hours

Note: TAT for STAT samples drawn at Mt Zion, Saint Francis, and Saint Marys can be up to 3 hours.

**Additional Information:**

According to the UpToDate guidelines (accessed July 29<sup>th</sup>, 2019) on "Theophylline use in asthma" by Hendeles and Weinberger, MD, "The efficacy and toxicity of theophylline are closely related to the PEAK serum concentration. In patients receiving theophylline monotherapy, doses providing a PEAK serum concentration of 10 to 20 mg/L (mcg/mL) are best documented to improve symptoms and reduce the need for rescue therapy. However, lower levels may be sufficient for some patients."

Note: The presence of human anti-mouse antibodies or heterophile antibodies may interfere with the theophylline assay in some cases. Testing for theophylline levels in parallel dilution studies and with a different assay may be useful in cases where interference by a monoclonal protein or abnormal immunoglobulin is suspected.

**CPT Codes:**

80198

**LOINC Codes:**

4049-3

# Thermal Amplitude Test

LAB1007

## ORDERING

**Approval Required:**

Yes; Approval from the Clinical Hematology Consult Service is required before order is placed.

**Available Stat:**

No

**Performing Lab:**

American Red Cross (ARC) Immunohematology Reference Lab (Pomona, CA)

**Performed:**

Test set up Monday-Friday

**Reported:**

4-7 days

**Additional Information:**

The thermal amplitude test is performed to determine the reactivity of a cold autoantibody at varying temperatures. Cold autoantibodies that are reactive at temperatures equal to or greater than 30° C have the potential to be clinically significant. Cold antibodies that are reactive at < 30° C are not clinically significant.

**Synonyms:**

- BOLT

## COLLECTION

**Sample Type:**

Serum and EDTA anti-coagulated whole blood

**Label Abbreviation:**

BOLT

**Collect:**

2 red and 2 lavender tops

**Amount to Collect:**

Red top: 2 x 6 mL

Lavender (EDTA) top: 2 x 7 mL

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample, or phlebotomist ID.

**Storage/Transport Temperature:**

Tubes need to be transported at ROOM TEMP.

**Unacceptable Conditions:**

Mislabeled or unlabeled sample, phlebotomist ID or name not documented on label.

## PROCESSING

**Test Code:**

BOLT

**Sendout:**

Yes

**Performing Lab:**

American Red Cross (ARC) Immunohematology Reference Lab (Pomona, CA)

**Specimen Preparation:**

Send samples to blood bank to be shipped at ROOM TEMP to ARC Reference Lab. Do not separate plasma or serum.

**Unacceptable Conditions:**

Mislabeled or unlabeled sample, phlebotomist ID or name not documented on label.

**Storage/Transport Temperature:**

Tubes need to be transported at ROOM TEMP.

## RESULT INTERPRETATION

**Reference Interval:**

Titer <= 64 at 4°C and 21°C; No agglutination at 30°C and 37°C phases of testing

**Additional Information:**

The thermal amplitude test is performed to determine the reactivity of a cold autoantibody at varying temperatures. Cold autoantibodies that are reactive at temperatures equal to or greater than 30° C have the potential to be clinically significant. Cold antibodies that are reactive at < 30° C are not clinically significant.

**COMPLETE VIEW****Approval Required:**

Yes; Approval from the Clinical Hematology Consult Service is required before order is placed.

**Available Stat:**

No

**Test Code:**

BOLT

**Performing Lab:**

American Red Cross (ARC) Immunohematology Reference Lab (Pomona, CA)

**Sendout:**

Yes

**Performed:**

Test set up Monday-Friday

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample, or phlebotomist ID.

**Collect:**

2 red and 2 lavender tops

**Amount to Collect:**

Red top: 2 x 6 mL

Lavender (EDTA) top: 2 x 7 mL

**Sample Type:**

Serum and EDTA anti-coagulated whole blood

**Unacceptable Conditions:**

Mislabeled or unlabeled sample, phlebotomist ID or name not documented on label.

**Specimen Preparation:**

Send samples to blood bank to be shipped at ROOM TEMP to ARC Reference Lab. Do not separate plasma or serum.

**Reference Interval:**

Titer <= 64 at 4°C and 21°C; No agglutination at 30°C and 37°C phases of testing

**Synonyms:**

- BOLT

**Storage/Transport Temperature:**

Tubes need to be transported at ROOM TEMP.

**Reported:**

4-7 days

**Additional Information:**

The thermal amplitude test is performed to determine the reactivity of a cold autoantibody at varying temperatures. Cold autoantibodies that are reactive at temperatures equal to or greater than 30° C have the potential to be clinically significant. Cold antibodies that are reactive at < 30° C are not clinically significant.

# Thiocyanate

LAB3516

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Colorimetric

**Reported:**

Test run Monday-Friday. Turnaround time: 1-4 days.

**Additional Information:**To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 172.

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

SCN

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

## PROCESSING

**Test Code:**

SCN

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate serum immediately and freeze in a plastic transport vial at -20C. Order Quest # 879X

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

|                        |             |
|------------------------|-------------|
| Non-smokers            | < 0.4 mg/dL |
| Smokers                | < 2.0 mg/dL |
| Nitroprusside infusion | < 2.9 mg/dL |
| Toxic                  | > 10 mg/dL  |

**Additional Information:**To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 172.

**ADMINISTRATIVE****CPT Codes:**

84430-90

**LOINC Codes:**

3002-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

SCN

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Colorimetric

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Collected in Gold top

**Specimen Preparation:**

Separate serum immediately and freeze in a plastic transport vial at -20C. Order Quest # 879X

**Units:**

mg/dL

**Reference Interval:**

|                        |             |
|------------------------|-------------|
| Non-smokers            | < 0.4 mg/dL |
| Smokers                | < 2.0 mg/dL |
| Nitroprusside infusion | < 2.9 mg/dL |
| Toxic                  | > 10 mg/dL  |

**Reported:**

Test run Monday-Friday. Turnaround time: 1-4 days.

**Additional Information:**To convert mg/dL to  $\mu\text{mol/L}$  (SI units) multiply by 172.**CPT Codes:**

84430-90

**LOINC Codes:**

3002-3



# Thiopental

MOLT

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

GC

**Reported:**

Test performed daily. Turnaround time: 1-3 days

**Additional Information:**

Includes testing for metabolite Pentobarbital.

Because of readier availability of the assay for pentobarbital, and because release of thiopental from fat depots after the patient has been on continuous iv therapy cannot be controlled, pentobarbital is preferred for sustaining barbiturate coma (thiopental is partially metabolized to pentobarbital). In a patient receiving only thiopental therapy, a pentobarbital level which exceeds 2.0 mg/L indicates hepatic toxicity. If both pentobarbital and thiopental are being administered normal ranges for each apply

**Synonyms:**

- Pentothal

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Wrap the tube in aluminum foil to protect it from light.

## PROCESSING

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate serum in a dark pour-off vial. Order Quest # 94403

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

Sedative: 1-5 mg/L

Toxic: &gt; 10 mg/L

Anoxic Rx: 20-60 mg/L

**Additional Information:**

Includes testing for metabolite Pentobarbital.

Because of readier availability of the assay for pentobarbital, and because release of thiopental from fat depots after the patient has been on continuous iv therapy cannot be controlled, pentobarbital is preferred for sustaining barbiturate coma (thiopental is partially metabolized to pentobarbital). In a patient receiving only thiopental therapy, a pentobarbital level which exceeds 2.0 mg/L indicates hepatic toxicity. If both pentobarbital and thiopental are being administered normal ranges for each apply

**ADMINISTRATIVE****CPT Codes:**

82205-90 x2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

GC

**Remarks:**

Wrap the tube in aluminum foil to protect it from light.

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Refrigerate serum in a dark pour-off vial. Order Quest # 94403

**Units:**

mg/L

**Reference Interval:**

Sedative: 1-5 mg/L

Toxic: > 10 mg/L

Anoxic Rx: 20-60 mg/L

**Synonyms:**

- Pentothal

**Reported:**

Test performed daily. Turnaround time: 1-3 days

**Additional Information:**

Includes testing for metabolite Pentobarbital.

Because of readier availability of the assay for pentobarbital, and because release of thiopental from fat depots after the patient has been on continuous iv therapy cannot be controlled, pentobarbital is preferred for sustaining barbiturate coma (thiopental is partially metabolized to pentobarbital). In a patient receiving only thiopental therapy, a pentobarbital level which exceeds 2.0 mg/L indicates hepatic toxicity. If both pentobarbital and thiopental are being administered normal ranges for each apply

**CPT Codes:**

82205-90 x2

# Thiopurine Metabolites

LAB5638

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Synonyms:**

- 6-Thioguanine
- 6-TG
- 6-MMP

## COLLECTION

**Sample Type:**

EDTA whole blood

**Label Abbreviation:**

THM

**Collect:**

Lavender top (6 mL size)

**Amount to Collect:**

5 mL

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

2.5 mL blood

**Remarks:**

Collect as a trough specimen 1 hour prior to next dose

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days. Frozen samples are unacceptable.

**Unacceptable Conditions:**

Hemolyzed or clotted samples.

**Rejection Criteria:**

Frozen, hemolyzed or clotted samples.

## PROCESSING

**Test Code:**

THM

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate sample, DO NOT aliquot. or freeze Transport to China Basin refrigerated. Quest order code is #91745

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

2.5 mL blood

**Unacceptable Conditions:**

Hemolyzed or clotted samples.

**Rejection Criteria:**

Frozen, hemolyzed or clotted samples.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days. Frozen samples are unacceptable.

## ADMINISTRATIVE

**CPT Codes:**

83789-90

**LOINC Codes:**

32660-3, 32654-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

THM

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Remarks:**

Collect as a trough specimen 1 hour prior to next dose

**Collect:**

Lavender top (6 mL size)

**Amount to Collect:**

5 mL

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

2.5 mL blood

**Rejection Criteria:**

Frozen, hemolyzed or clotted samples.

**Unacceptable Conditions:**

Hemolyzed or clotted samples.

**Specimen Preparation:**

Refrigerate sample, DO NOT aliquot. or freeze Transport to China Basin refrigerated. Quest order code is #91745

**Synonyms:**

- 6-Thioguanine
- 6-TG
- 6-MMP

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days. Frozen samples are unacceptable.

**CPT Codes:**

83789-90

**LOINC Codes:**

32660-3, 32654-6

# Thiopurine methyl transferase Genotyping

LAB5258

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

PCR, Single nucleotide primer extension reaction

**Reported:**

Set up 2x per week. Turnaround 5-7 days

**Synonyms:**

- myelotoxicity
- THIOPURINE S-METHYLTRANSFERASE (TPMT) GENOTYPE
- AZATHIOPRINE TOXICITY
- MERCAPTOPURINE TOXICITY,
- TPMT

## COLLECTION

**Sample Type:**

EDTA whole blood

**Label Abbreviation:**

TPMT

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL

**Preferred Volume:**

5 mL

**Minimum Volume:**

3 mL

**Stability (from collection to initiation):**

Room temperature 8 days, refrigerated 8 days

## PROCESSING

**Test Code:**

TPMTGN

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Ship whole blood at room temperature to China basin for sendout to Quest. Order Quest test # 37742Z. DO NOT freeze sample.

**Preferred Volume:**

5 mL

**Minimum Volume:**

3 mL

**Stability (from collection to initiation):**

Room temperature 8 days, refrigerated 8 days

## ADMINISTRATIVE

**CPT Codes:**

81335

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

TPMTGN

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

PCR, Single nucleotide primer extension reaction

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

5 mL

**Minimum Volume:**

3 mL

**Specimen Preparation:**

Ship whole blood at room temperature to China basin for sendout to Quest. Order Quest test # 37742Z. DO NOT freeze sample.

**Synonyms:**

- myelotoxicity
- THIOPURINE S-METHYLTRANSFERASE (TPMT) GENOTYPE
- AZATHIOPRINE TOXICITY
- MERCAPTOPURINE TOXICITY,
- TPMT

**Stability (from collection to initiation):**

Room temperature 8 days, refrigerated 8 days

**Reported:**

Set up 2x per week. Turnaround 5-7 days

**CPT Codes:**

81335

# Thiopurine Methyltransferase Activity

LAB5634

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Additional Information:**

Testing is used to prevent hepatotoxicity from thiopurine therapy. This test can identify individuals at increased risk of hepatotoxicity from thiopurine dose escalation.

Patients with a TMPT activity of 4-12 nmol 6-MMP/hr/mL RBC (heterozygote/low metabolizer) are at increased risk and may require a lower dose of thiopurine drug.

**Synonyms:**

- TMPT enzyme

## COLLECTION

**Sample Type:**

EDTA whole blood

**Label Abbreviation:**

TPMTA

**Collect:**

Lavender top x2

**Amount to Collect:**

8 ml blood

**Preferred Volume:**

8 mL blood (4 mL in EACH tube)

**Minimum Volume:**

4 mL blood (2 mL in EACH tube)

**Remarks:**

**NOTE:** Two (2) separate lavender top tubes are required for testing. Preferred to have 4 mL in each tube. Minimum sample volumewould be 2 mL in each tube.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days.

**Unacceptable Conditions:**

Clotted or hemolyzed samples.

**Rejection Criteria:**

Frozen samples. Clotted or hemolyzed samples

## PROCESSING

**Test Code:**

TPMTA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate samples (Do NOT freeze) and ship refrigerated to China Basin. Quest test order code is #18831

**Preferred Volume:**

8 mL blood (4 mL in EACH tube)

**Minimum Volume:**

4 mL blood (2 mL in EACH tube)

**Unacceptable Conditions:**

Clotted or hemolyzed samples.

**Rejection Criteria:**

Frozen samples. Clotted or hemolyzed samples

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days.

**RESULT INTERPRETATION****Units:**

6 -MMP/hr/mL RBC

**Additional Information:**

Testing is used to prevent hepatotoxicity from thiopurine therapy. This test can identify individuals at increased risk of hepatotoxicity from thiopurine dose escalation.

Patients with a TMPT activity of 4-12 nmol 6-MMP/hr/mL RBC (heterozygote/low metabolizer) are at increased risk and may require a lower dose of thiopurine drug.

**ADMINISTRATIVE****CPT Codes:**

83789-90

**LOINC Codes:**

21563-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TPMTA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Remarks:**

**NOTE:** Two (2) separate lavender top tubes are required for testing. Preferred to have 4 mL in each tube. Minimum sample volumewould be 2 mL in each tube.

**Collect:**

Lavender top x2

**Amount to Collect:**

8 ml blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

8 mL blood (4 mL in EACH tube)

**Minimum Volume:**

4 mL blood (2 mL in EACH tube)

**Rejection Criteria:**

Frozen samples. Clotted or hemolyzed samples

**Unacceptable Conditions:**

Clotted or hemolyzed samples.

**Specimen Preparation:**

Refrigerate samples (Do NOT freeze) and ship refrigerated to China Basin. Quest test order code is #18831

**Units:**

6 -MMP/hr/mL RBC

**Synonyms:**

- TMPT enzyme

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 6 days.



**Additional Information:**

Testing is used to prevent hepatotoxicity from thiopurine therapy. This test can identify individuals at increased risk of hepatotoxicity from thiopurine dose escalation.

Patients with a TMPT activity of 4-12 nmol 6-MMP/hr/mL RBC (heterozygote/low metabolizer) are at increased risk and may require a lower dose of thiopurine drug.

**CPT Codes:**

83789-90

**LOINC Codes:**

21563-2

# Thrombin Time

LAB324

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus Hematology

**Performed:**

STAT: 24 hours, 7 days a week

Routine: Daily, day shift

**Reported:**

Routine: 24 hours

STAT: 1 hour

**Additional Information:**

A prolonged thrombin time can be due to inhibitors of thrombin (for example, unfractionated heparin, direct thrombin inhibitors including argatroban and lepirudin, or paraneoplastic-associated heparinoid) or fibrinogen abnormalities (afibrinogenemia, hypofibrinogenemia, dysfibrinogenemia, anti-fibrinogen antibodies, or high fibrin split products). Correlation with fibrinogen level and clinical setting is suggested. Laboratory medicine resident can be reached by contacting the hematology lab at 353-1747.

Thrombin time is performed at Parnassus Hematology. Samples from Mission Bay or Mt. Zion that are ordered routine will be sent to Parnassus on a routine courier. Please contact Mission Bay or Mt. Zion Hematology lab if a STAT thrombin time is ordered so that a STAT courier can be requested for delivery to Parnassus.

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Remarks:**

Do not draw from heparin-containing lines.

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (For Parnassus patients call 3-1747, for Mission Bay patients call 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

TT

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Test specimens within four hours of collection or freeze plasma in a plastic tube at -20C.

**Preferred Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**RESULT INTERPRETATION****Units:**

seconds

**Reference Interval:**

21.6-30.1 sec

**Additional Information:**

A prolonged thrombin time can be due to inhibitors of thrombin (for example, unfractionated heparin, direct thrombin inhibitors including argatroban and lepirudin, or paraneoplastic-associated heparinoid) or fibrinogen abnormalities (afibrinogenemia, hypofibrinogenemia, dysfibrinogenemia, anti-fibrinogen antibodies, or high fibrin split products). Correlation with fibrinogen level and clinical setting is suggested. Laboratory medicine resident can be reached by contacting the hematology lab at 353-1747.

Thrombin time is performed at Parnassus Hematology. Samples from Mission Bay or Mt. Zion that are ordered routine will be sent to Parnassus on a routine courier. Please contact Mission Bay or Mt. Zion Hematology lab if a STAT thrombin time is ordered so that a STAT courier can be requested for delivery to Parnassus.

**ADMINISTRATIVE****CPT Codes:**

85670

**LOINC Codes:**

3243-3

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

TT

**Performing Lab:**

Parnassus Hematology

**Performed:**

STAT: 24 hours, 7 days a week

Routine: Daily, day shift

**Remarks:**

Do not draw from heparin-containing lines.

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (For Parnassus patients call 3-1747, for Mission Bay patients call 6-0194) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Test specimens within four hours of collection or freeze plasma in a plastic tube at -20C.

**Units:**

seconds

**Reference Interval:**

21.6-30.1 sec

**Reported:**

Routine: 24 hours  
STAT: 1 hour

**Reflex Testing:**

If unusual findings are noted a pathologist review and interpretation may be performed and separately billed for.

**Additional Information:**

A prolonged thrombin time can be due to inhibitors of thrombin (for example, unfractionated heparin, direct thrombin inhibitors including argatroban and lepirudin, or paraneoplastic-associated heparinoid) or fibrinogen abnormalities (afibrinogenemia, hypofibrinogenemia, dysfibrinogenemia, anti-fibrinogen antibodies, or high fibrin split products). Correlation with fibrinogen level and clinical setting is suggested. Laboratory medicine resident can be reached by contacting the hematology lab at 353-1747.

Thrombin time is performed at Parnassus Hematology. Samples from Mission Bay or Mt. Zion that are ordered routine will be sent to Parnassus on a routine courier. Please contact Mission Bay or Mt. Zion Hematology lab if a STAT thrombin time is ordered so that a STAT courier can be requested for delivery to Parnassus.

**CPT Codes:**

85670

**LOINC Codes:**

3243-3

# Thyroglobulin (TG-RIA)

LC951

## ORDERING

**Available Stat:**

No

**Performing Lab:**

USC

**Performed:**

Tuesday-Friday

**Methodology:**

RIA

**Reported:**

6 days

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold or Red top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Stability (from collection to initiation):**

Stored at 2 - 8°C until used; Stable if frozen at - 20°C. Studies indicate that Tg in serum is remarkably stable even at ambient temperature if there are no losses due to evaporation. Samples are usually stored at 2 - 8°C for up to one week. For long-term storage, freezing samples at -10 to -20°C is preferred. Repeat thawing and freezing of samples does not influence values if there are no losses due to evaporation.

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

The best qualitative result is obtained if the use of grossly hemolyzed or lipemic samples is avoided.

## PROCESSING

**Test Code:**

TGRIA

**Sendout:**

Yes

**Performing Lab:**

USC

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

The best qualitative result is obtained if the use of grossly hemolyzed or lipemic samples is avoided.

**Stability (from collection to initiation):**

Stored at 2 - 8°C until used; Stable if frozen at - 20°C. Studies indicate that Tg in serum is remarkably stable even at ambient temperature if there are no losses due to evaporation. Samples are usually stored at 2 - 8°C for up to one week. For long-term storage, freezing samples at -10 to -20°C is preferred. Repeat thawing and freezing of samples does not influence values if there are no losses due to evaporation.

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

ng/mL

**Reference Interval:**

Normal Thyroid (3 - 40 ng/mL) (0.30 - 4.00 mIU/L)  
 Normal Thyroid (suppressed TSH) (1.5 - 20 ng/mL) (<0.1 mIU/L)  
 Post Lobectomy (normal TSH) (1.5 - 20 ng/mL) (0.30 - 4.00 mIU/L)  
 Near-Total Thyroidectomy (suppressed TSH) (<2 ng/mL) (<0.1 mIU/L)  
 Goiter (thyroid enlarged) (>40 ng/mL)

**Interpretive Data:**

The NACB Guidelines state that any laboratory testing for Thyroglobulin MUST also determine the TgAb status of that patient's sera. The new NACB guidelines also suggest that laboratories archive specimen left after serum Tg measurement for at least 6 months. This allows for concurrent re-measurement of the past and current specimens in the same run - a maneuver that eliminates the between-run error and improved the clinical sensitivity of the test. Our lab stores Tg sera indefinitely. \*(Thyroid 13:57-67, 2003)

**ADMINISTRATIVE****CPT Codes:**

84432, 86800

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TGRIA

**Performing Lab:**

USC

**Sendout:**

Yes

**Performed:**

Tuesday-Friday

**Methodology:**

RIA

**Collect:**

Gold or Red top

**Amount to Collect:**

6 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

The best qualitative result is obtained if the use of grossly hemolyzed or lipemic samples is avoided.

**Units:**

ng/mL

**Reference Interval:**

Normal Thyroid (3 - 40 ng/mL) (0.30 - 4.00 mIU/L)  
 Normal Thyroid (suppressed TSH) (1.5 - 20 ng/mL) (<0.1 mIU/L)  
 Post Lobectomy (normal TSH) (1.5 - 20 ng/mL) (0.30 - 4.00 mIU/L)  
 Near-Total Thyroidectomy (suppressed TSH) (<2 ng/mL) (<0.1 mIU/L)  
 Goiter (thyroid enlarged) (>40 ng/mL)

**Interpretive Data:**

The NACB Guidelines state that any laboratory testing for Thyroglobulin MUST also determine the TgAb status of that patient's sera. The new NACB guidelines also suggest that laboratories archive specimen left after serum Tg measurement for at least 6 months. This allows for concurrent re-measurement of the past and current specimens in the same run - a maneuver that eliminates the between-run error and improved the clinical sensitivity of the test. Our lab stores Tg sera indefinitely. \*(Thyroid 13:57-67, 2003)

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Stored at 2 - 8°C until used; Stable if frozen at -20°C. Studies indicate that Tg in serum is remarkably stable even at ambient temperature if there are no losses due to evaporation. Samples are usually stored at 2 - 8°C for up to one week. For long-term storage, freezing samples at -10 to -20°C is preferred. Repeat thawing and freezing of samples does not influence values if there are no losses due to evaporation.

**Reported:**

6 days

**CPT Codes:**

84432, 86800

# Thyroglobulin Antibodies

LAB5519

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Tuesday, Friday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay-Abbott Architect i2000

**Reported:**

1-5 days

**Additional Information:**

This assay is automatically performed and reported whenever a thyroglobulin test is ordered. The presence of anti-thyroglobulin antibodies can variably interfere in thyroglobulin immunoassays and tend to falsely lower thyroglobulin results.

The reference range for the thyroglobulin antibody assay is based on the functional CV cutoff (20% CV cutoff) for the assay estimated by monitoring the CV in low end patient pools and samples tested over periods of 1 - 6 months. The coefficient of variation of this assay is approximately 20% at a level of 2.00 IU/mL and approximately 6% at a level of 4.11 IU/mL. Results below the functional CV cutoff of 2.00 (20% CV cutoff) are reported as <2.00. This functional CV cutoff is in accord with that reported by Pickett et al, Ann Clin Biochem, 49:463-467, 2012 for the Abbott Architect assay. Approximately 80% of healthy subjects with normal thyroid function tests and no thyroperoxidase antibodies will have an anti-TG antibody level < 2.00 IU/mL in this assay. The normal range cutoff has been set at the lower reporting limit of the assay (functional CV cutoff) in accordance with the view that any detectable level of anti-thyroglobulin antibody may be considered abnormal and might negatively interfere in the thyroglobulin assay.

Note: Assays for anti-thyroglobulin antibodies are not well standardized and results with this Abbott Architect assay should not be directly compared with the results of other anti-thyroglobulin antibody assays.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- anti-Tg antibodies
- anti-TGLB antibodies
- abnti-Thyroglobulin antibodies
- TGAB

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room Temperature (15 to 30°C): no longer than 8 hours

Refrigerated (2 to 8°C): 7 days

Frozen (-20°C or colder): 30 days

## PROCESSING

**Test Code:**

TGAB

**Test Group:**

Thyroid tests



**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Refrigerate serum.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room Temperature (15 to 30°C): no longer than 8 hours

Refrigerated (2 to 8°C): 7 days

Frozen (-20°C or colder): 30 days

**RESULT INTERPRETATION****Units:**

IU/mL

**Reference Interval:**

&lt; 2.00 IU/mL

**Additional Information:**

This assay is automatically performed and reported whenever a thyroglobulin test is ordered. The presence of anti-thyroglobulin antibodies can variably interfere in thyroglobulin immunoassays and tend to falsely lower thyroglobulin results.

The reference range for the thyroglobulin antibody assay is based on the functional CV cutoff (20% CV cutoff) for the assay estimated by monitoring the CV in low end patient pools and samples tested over periods of 1 - 6 months. The coefficient of variation of this assay is approximately 20% at a level of 2.00 IU/mL and approximately 6% at a level of 4.11 IU/mL. Results below the functional CV cutoff of 2.00 (20% CV cutoff) are reported as <2.00. This functional CV cutoff is in accord with that reported by Pickett et al, Ann Clin Biochem, 49:463-467, 2012 for the Abbott Architect assay. Approximately 80% of healthy subjects with normal thyroid function tests and no thyroperoxidase antibodies will have an anti-TG antibody level < 2.00 IU/mL in this assay. The normal range cutoff has been set at the lower reporting limit of the assay (functional CV cutoff) in accordance with the view that any detectable level of anti-thyroglobulin antibody may be considered abnormal and might negatively interfere in the thyroglobulin assay.

Note: Assays for anti-thyroglobulin antibodies are not well standardized and results with this Abbott Architect assay should not be directly compared with the results of other anti-thyroglobulin antibody assays.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

86800

**LOINC Codes:**

8098-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TGAB

**Test Group:**

Thyroid tests

**Performing Lab:**

China Basin Chemistry

**Performed:**

Tuesday, Friday (day shift)

**Methodology:**

Chemiluminescent Microparticle Immunoassay-Abbott Architect i2000

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Refrigerate serum.

**Units:**

IU/mL

**Reference Interval:**

&lt; 2.00 IU/mL

**Synonyms:**

- anti-Tg antibodies
- anti-TGLB antibodies
- anti-Thyroglobulin antibodies
- TGAB

**Stability (from collection to initiation):**

Room Temperature (15 to 30°C): no longer than 8 hours

Refrigerated (2 to 8°C): 7 days

Frozen (-20°C or colder): 30 days

**Reported:**

1-5 days

**Additional Information:**

This assay is automatically performed and reported whenever a thyroglobulin test is ordered. The presence of anti-thyroglobulin antibodies can variably interfere in thyroglobulin immunoassays and tend to falsely lower thyroglobulin results.

The reference range for the thyroglobulin antibody assay is based on the functional CV cutoff (20% CV cutoff) for the assay estimated by monitoring the CV in low end patient pools and samples tested over periods of 1 - 6 months. The coefficient of variation of this assay is approximately 20% at a level of 2.00 IU/mL and approximately 6% at a level of 4.11 IU/mL. Results below the functional CV cutoff of 2.00 (20% CV cutoff) are reported as <2.00. This functional CV cutoff is in accord with that reported by Pickett et al, Ann Clin Biochem, 49:463-467, 2012 for the Abbott Architect assay. Approximately 80% of healthy subjects with normal thyroid function tests and no thyroperoxidase antibodies will have an anti-TG antibody level < 2.00 IU/mL in this assay. The normal range cutoff has been set at the lower reporting limit of the assay (functional CV cutoff) in accordance with the view that any detectable level of anti-thyroglobulin antibody may be considered abnormal and might negatively interfere in the thyroglobulin assay.

Note: Assays for anti-thyroglobulin antibodies are not well standardized and results with this Abbott Architect assay should not be directly compared with the results of other anti-thyroglobulin antibody assays.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

86800

**LOINC Codes:**

8098-6

# Thyroglobulin, Body Fluid (FNA)

LAB5549

## ORDERING

**Ordering Recommendations:**

Not a routinely available test. See 'Additional information'

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Tuesday, Friday (day shift)

**Methodology:**

Immunochemiluminometric assay (ICMA) - Beckman Access assay on Access2

**Reported:**

1-5 days

**Additional Information:**

As normal samples are not available for validating the performance of this assay, the UCSF Clinical laboratory makes no claims with regard to the accuracy of the result.

All results will be appended with a disclaimer: Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context."

Measurement of thyroglobulin in lymph node aspirates may be useful for diagnosis of metastatic differentiated thyroid cancer. In a study of 190 malignant lymph nodes, and 338 benign lymph nodes, the median FNA-Tg was 521.2 (3676.8) ng/mL in the malignant LNs, and 0.1 (0.2) ng/mL in the benign LNs. The optimal cutoff value of FNA-Tg in distinguishing malignant LNs from benign LNs was 1.0 ng/mL (sensitivity, 93.2%; specificity, 95.9%). Moon et al, J Clin Endo Metab, March 2013.

Note that the presence of anti-TG antibodies may tend to decrease results of TG measurements. The extent to which the presence of anti-TG antibodies interferes in the assessment of FNA-TG measurements is unclear. Some, but not all, investigators have suggested that FNA-TG results are still useful even in the presence of anti-TG antibodies. Cunha et al, European Journal of Endocrinology (2007) 157 101-107.

In this Beckman Access assay on the Access2 platform, the functional sensitivity defined as the lowest value that can be measured in thyroglobulin-negative antibody serum with a 20% coefficient of variation has been verified in house and in other laboratories to be < 0.1 µg/L (Malandrino et al, J ClinEndocrinolMetab 2011). Results below 0.1 µg/L are reported as < 0.1 µg/L.

Results for this test are generated by immunochemiluminometric assay (ICMA) using the Beckman Access assay on Access2 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

**Synonyms:**

- TGB
- TGLB
- Tg
- Thyroid cancer

## COLLECTION

**Sample Type:**

Fine needle aspirate fluid or tissue aspirate

**Collect:**

Sterile tube (see collection instructions)

**Amount to Collect:**

1.0 mL (see collection instructions)

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.5 mL fluid

**Remarks:**

Submit fine needle aspiration (FNA) samples suspended in 1.0 mL (20 drops) of saline in a sterile tube. Each sample should be labeled with an identifier and the same information listed below to allow for proper identification of sample(s) on lab reports.

Deliver immediately to laboratory

**Stability (from collection to initiation):**

Room Temperature (15 to 30°C): no longer than 8 hours

Refrigerated (2 to 8°C): 7 days

Frozen (-20°C or colder): 30 days

**PROCESSING****Test Code:**

TGLBF

**Test Group:**

Thyroid tests

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Centrifuge sample and refrigerate.

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.5 mL fluid

**Stability (from collection to initiation):**

Room Temperature (15 to 30°C): no longer than 8 hours

Refrigerated (2 to 8°C): 7 days

Frozen (-20°C or colder): 30 days

**RESULT INTERPRETATION****Units:**

µg/L

**Additional Information:**

As normal samples are not available for validating the performance of this assay, the UCSF Clinical laboratory makes no claims with regard to the accuracy of the result.

All results will be appended with a disclaimer: Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context."

Measurement of thyroglobulin in lymph node aspirates may be useful for diagnosis of metastatic differentiated thyroid cancer. In a study of 190 malignant lymph nodes, and 338 benign lymph nodes, the median FNA-Tg was 521.2 (3676.8) ng/mL in the malignant LNs, and 0.1 (0.2) ng/mL in the benign LNs. The optimal cutoff value of FNA-Tg in distinguishing malignant LNs from benign LNs was 1.0 ng/mL (sensitivity, 93.2%; specificity, 95.9%). Moon et al, J Clin Endo Metab, March 2013.

Note that the presence of anti-TG antibodies may tend to decrease results of TG measurements. The extent to which the presence of anti-TG antibodies interferes in the assessment of FNA-TG measurements is unclear. Some, but not all, investigators have suggested that FNA-TG results are still useful even in the presence of anti-TG antibodies. Cunha et al, European Journal of Endocrinology (2007) 157 101-107.

In this Beckman Access assay on the Access2 platform, the functional sensitivity defined as the lowest value that can be measured in thyroglobulin-negative antibody serum with a 20% coefficient of variation has been verified in house and in other laboratories to be < 0.1 µg/L (Malandrino et al, J ClinEndocrinolMetab 2011). Results below 0.1 µg/L are reported as < 0.1 µg/L.

Results for this test are generated by immunochemiluminometric assay (ICMA) using the Beckman Access assay on Access2 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

**ADMINISTRATIVE****CPT Codes:**

84432

**LDT or Modified FDA:**

Yes

**LOINC Codes:**  
53922-1

## COMPLETE VIEW

**Available Stat:**

No

**Ordering Recommendations:**

Not a routinely available test. See 'Additional information'

**Test Code:**

TGLBF

**Test Group:**

Thyroid tests

**Performing Lab:**

China Basin Chemistry

**Performed:**

Tuesday, Friday (day shift)

**Methodology:**

Immunochemiluminometric assay (ICMA) - Beckman Access assay on Access2

**Remarks:**

Submit fine needle aspiration (FNA) samples suspended in 1.0 mL (20 drops) of saline in a sterile tube. Each sample should be labeled with an identifier and the same information listed below to allow for proper identification of sample(s) on lab reports.

Deliver immediately to laboratory

**Collect:**

Sterile tube (see collection instructions)

**Amount to Collect:**

1.0 mL (see collection instructions)

**Sample Type:**

Fine needle aspirate fluid or tissue aspirate

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.5 mL fluid

**Specimen Preparation:**

Centrifuge sample and refrigerate.

**Units:**

µg/L

**Synonyms:**

- TGB
- TGLB
- Tg
- Thyroid cancer

**Stability (from collection to initiation):**

Room Temperature (15 to 30°C): no longer than 8 hours

Refrigerated (2 to 8°C): 7 days

Frozen (-20°C or colder): 30 days

**Reported:**

1-5 days

**Additional Information:**

As normal samples are not available for validating the performance of this assay, the UCSF Clinical laboratory makes no claims with regard to the accuracy of the result.

All results will be appended with a disclaimer: Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context."

Measurement of thyroglobulin in lymph node aspirates may be useful for diagnosis of metastatic differentiated thyroid cancer. In a study of 190 malignant lymph nodes, and 338 benign lymph nodes, the median FNA-Tg was 521.2 (3676.8) ng/mL in the malignant LNs, and 0.1 (0.2) ng/mL in the benign LNs. The optimal cutoff value of FNA-Tg in distinguishing malignant LNs from benign LNs was 1.0 ng/mL (sensitivity, 93.2%; specificity, 95.9%). Moon et al, J Clin Endo Metab, March 2013.

Note that the presence of anti-TG antibodies may tend to decrease results of TG measurements. The extent to which the presence of anti-TG antibodies interferes in the assessment of FNA-TG measurements is unclear. Some, but not all, investigators have suggested that FNA-TG results are still useful even in the presence of anti-TG antibodies. Cunha et al, European Journal of Endocrinology (2007) 157 101-107.

In this Beckman Access assay on the Access2 platform, the functional sensitivity defined as the lowest value that can be measured in thyroglobulin-negative antibody serum with a 20% coefficient of variation has been verified in house and in other laboratories to be < 0.1 µg/L (Malandrino et al, J ClinEndocrinolMetab 2011). Results below 0.1 µg/L are reported as < 0.1 µg/L.

Results for this test are generated by immunochemiluminometric assay (ICMA) using the Beckman Access assay on Access2 platform. Results for this test determined by assay methods from other manufacturers may not be comparable.

**CPT Codes:**

84432

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

53922-1

# Thyroglobulin, LC/MS-MS

MOLT

## ORDERING

**Ordering Recommendations:**

This test is intended for patients with a known thyroglobulin or heterophile antibody that could interfere with our in-house ultrasensitive thyroglobulin immunoassays.

Note: Isolated LC/MS-MS testing is not listed in LabCorp's online test menu; this testing has been specifically arranged between LacCorp and UCSF.

**Available Stat:**

No

**Performing Lab:**

LabCorp

**Performed:**

Varies

**Methodology:**

LC/MS-MS

**Reported:**

Varies

**Additional Information:**

The functional sensitivity of this assay is 0.2 ng/mL.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold-top or red-top tube

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1.5 mL serum

**Minimum Volume:**

1.5 mL serum

**Stability (from collection to initiation):**

Room temperature, refrigerated or frozen: 14 days

Freeze/thaw cycles: Stable x 3

**Storage/Transport Temperature:**

Room temperature, refrigerated or frozen

## PROCESSING

**Test Code:**

MOLT

**Sendout:**

Yes

**Performing Lab:**

LabCorp

**Specimen Preparation:**

Transport to China Basin. LabCorp test code 070125.

Note: This test/test code is not independently listed in LabCorp's online test menu; this test is available through special agreement between UCSF and LabCorp.

**Preferred Volume:**

1.5 mL serum

**Minimum Volume:**

1.5 mL serum

**Stability (from collection to initiation):**

Room temperature, refrigerated or frozen: 14 days

Freeze/thaw cycles: Stable x 3

**Storage/Transport Temperature:**

Room temperature, refrigerated or frozen

**RESULT INTERPRETATION****Units:**

ng/mL

**Additional Information:**

The functional sensitivity of this assay is 0.2 ng/mL.

**Interpretive Data:**

Rare amino acid sequence mutations within Tg could potentially cause a false-low result in the Tg LC/MS-MS assay, if the sequence variation occurs within the tryptic peptide measured by the assay or eliminates the tryptic cleavage site. In the heterozygote state, the result would be an apparent reduction in Tg concentration by about 50%, while the homozygous state no TG would be detected.

**ADMINISTRATIVE****CPT Codes:**

84432

**LOINC Codes:**

3013-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

This test is intended for patients with a known thyroglobulin or heterophile antibody that could interfere with our in-house ultrasensitive thyroglobulin immunoassays.

Note: Isolated LC/MS-MS testing is not listed in LabCorp's online test menu; this testing has been specifically arranged between LacCorp and UCSF.

**Test Code:**

MOLT

**Performing Lab:**

LabCorp

**Sendout:**

Yes

**Performed:**

Varies

**Methodology:**

LC/MS-MS

**Collect:**

Gold-top or red-top tube

**Amount to Collect:**

3 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1.5 mL serum

**Minimum Volume:**

1.5 mL serum

**Specimen Preparation:**

Transport to China Basin. LabCorp test code 070125.

Note: This test/test code is not independently listed in LabCorp's online test menu; this test is available through special agreement between UCSF and LabCorp.

**Units:**

ng/mL

**Interpretive Data:**

Rare amino acid sequence mutations within Tg could potentially cause a false-low result in the Tg LC/MS-MS assay, if the sequence variation occurs within the tryptic peptide measured by the assay or eliminates the tryptic cleavage site. In the heterozygote state, the result would be an apparent reduction in Tg concentration by about 50%, while the homozygous state no TG would be detected.

**Storage/Transport Temperature:**

Room temperature, refrigerated or frozen



**Stability (from collection to initiation):**

Room temperature, refrigerated or frozen: 14 days

Freeze/thaw cycles: Stable x 3

**Reported:**

Varies

**Additional Information:**

The functional sensitivity of this assay is 0.2 ng/mL.

**CPT Codes:**

84432

**LOINC Codes:**

3013-0

# Thyroglobulin, Ultrasensitive (includes Antibodies)

LAB5518

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Tuesday, Friday (day shift)

**Methodology:**

Immunochemiluminometric assay (ICMA) - Beckman Access assay on Access2 (for Thyroglobulin)

Chemiluminescent Microparticle Immunoassay - Abbott Architect i2000 (for Thyroglobulin Ab)

**Reported:**

1-5 days

**Additional Information:**

Samples tested for thyroglobulin will automatically be screened for the presence of thyroglobulin antibodies using a sensitive assay for anti-thyroglobulin antibodies (see TGLB Antibodies, test code TGAB).

Note: The presence of anti-thyroglobulin antibodies can interfere in this thyroglobulin assay and may cause falsely decreased results. The presence of heterophile antibodies may cause falsely increased or decreased results.

Note: Samples containing up to 3,510 ng/mL of biotin were tested with this thyroglobulin assay and no significant ( $\leq \pm 10\%$  difference of test from control) interference has been observed.

For cases in which an interference is suspected in the Beckman Access thyroglobulin assay (e.g., heterophile antibody interference, anti-thyroglobulin antibody interference, biotin interference), samples can be sent out for independent testing of the thyroglobulin level by mass spectrometry (Labcorp LC MS/MS assay with functional sensitivity of 0.2 micrograms/L) or by radioimmunoassay (USC Endocrine Laboratories with a functional sensitivity of 0.5 micrograms/L).

Thyroglobulin results obtained with this assay should not be compared to results generated with other thyroglobulin assays owing to differences in assay design and calibration. In this Beckman Access assay on the Access2 platform, the functional sensitivity defined as the lowest value that can be measured in thyroglobulin-negative antibody serum with a 20% coefficient of variation has been verified in house and in other laboratories to be  $< 0.1 \mu\text{g/L}$  (Malandrino et al, J Clin Endocrinol Metab 2011). Results below  $0.1 \mu\text{g/L}$  are reported as  $< 0.1 \mu\text{g/L}$ .

Thyroglobulin levels are useful to assess the presence of residual differentiated thyroid carcinoma. Athyrotic individuals should have extremely low to undetectable levels of thyroglobulin. Increasing levels indicate possible recurrence or metastasis. Levels are not elevated in medullary or anaplastic thyroid carcinomas nor with small tumors, and are generally not useful as a routine screening test for thyroid cancer.

Normal reference ranges were adopted from the literature and verified in house by measuring thyroglobulin in serum from 138 healthy blood donors with normal TSH levels and negative for anti-thyroglobulin antibodies and anti-TPO antibodies (Giovannella et al. Clin Chem Lab Med, 2011).

The reference range for the thyroglobulin antibody assay is based on the functional CV cutoff (20% CV cutoff) for the assay estimated by monitoring the CV in low end patient pools and samples tested over periods of 1 - 6 months. The coefficient of variation of this assay is approximately 20% at a level of 2.00 IU/mL and approximately 6% at a level of 4.11 IU/mL. Results below the functional CV cutoff of 2.00 (20% CV cutoff) are reported as  $< 2.00$ . This functional CV cutoff is in accord with that reported by Pickett et al, Ann Clin Biochem, 49:463-467, 2012 for the Abbott Architect assay. Approximately 80% of healthy subjects with normal thyroid function tests and no thyroperoxidase antibodies will have an anti-TG antibody level  $< 2.00 \text{ IU/mL}$  in this assay. The normal range cutoff has been set at the lower reporting limit of the assay (functional CV cutoff) in accordance with the view that any detectable level of anti-thyroglobulin antibody may be considered abnormal and might negatively interfere in the thyroglobulin assay.

Note: Assays for anti-thyroglobulin antibodies are not well standardized and results with this Abbott Architect assay should not be directly compared with the results of other anti-thyroglobulin antibody assays.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**Synonyms:**

- Tg
- TGLB
- TGA

**COLLECTION****Sample Type:**

Serum

**Collect:**

Red top or Gold top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1.1 mL serum

**Minimum Volume:**

1.0 mL serum

**Stability (from collection to initiation):**

Room Temperature (15 to 30°C): no longer than 8 hours

Refrigerated (2 to 8°C): 7 days

Frozen (-20°C or colder): 30 days

**PROCESSING****Test Code:**

TGA

**Test Group:**

Thyroid tests

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Refrigerate serum.

**Preferred Volume:**

1.1 mL serum

**Minimum Volume:**

1.0 mL serum

**Stability (from collection to initiation):**

Room Temperature (15 to 30°C): no longer than 8 hours

Refrigerated (2 to 8°C): 7 days

Frozen (-20°C or colder): 30 days

**RESULT INTERPRETATION****Units:**

Thyroglobulin: µg/L

Thyroglobulin Ab: IU/mL

**Reference Interval:**

Thyroglobulin:

Male: 1.4-29.2 µg/L

Female: 1.5-38.5 µg/L

Thyroglobulin Ab: &lt; 2.00 IU/mL

**Additional Information:**

Samples tested for thyroglobulin will automatically be screened for the presence of thyroglobulin antibodies using a sensitive assay for anti-thyroglobulin antibodies (see TGLB Antibodies, test code TGAB).

Note: The presence of anti-thyroglobulin antibodies can interfere in this thyroglobulin assay and may cause falsely decreased results. The presence of heterophile antibodies may cause falsely increased or decreased results.

Note: Samples containing up to 3,510 ng/mL of biotin were tested with this thyroglobulin assay and no significant ( $\leq \pm 10\%$  difference of test from control) interference has been observed.

For cases in which an interference is suspected in the Beckman Access thyroglobulin assay (e.g., heterophile antibody interference, anti-thyroglobulin antibody interference, biotin interference), samples can be sent out for independent testing of the thyroglobulin level by mass spectrometry (Labcorp LC MS/MS assay with functional sensitivity of 0.2 micrograms/L) or by radioimmunoassay (USC Endocrine Laboratories with a functional sensitivity of 0.5 micrograms/L).

Thyroglobulin results obtained with this assay should not be compared to results generated with other thyroglobulin assays owing to differences in assay design and calibration. In this Beckman Access assay on the Access2 platform, the functional sensitivity defined as the lowest value that can be measured in thyroglobulin-negative antibody serum with a 20% coefficient of variation has been verified in house and in other laboratories to be  $< 0.1 \mu\text{g/L}$  (Malandrino et al, J Clin Endocrinol Metab 2011). Results below  $0.1 \mu\text{g/L}$  are reported as  $< 0.1 \mu\text{g/L}$ .

Thyroglobulin levels are useful to assess the presence of residual differentiated thyroid carcinoma. Athyrotic individuals should have extremely low to undetectable levels of thyroglobulin. Increasing levels indicate possible recurrence or metastasis. Levels are not elevated in medullary or anaplastic thyroid carcinomas nor with small tumors, and are generally not useful as a routine screening test for thyroid cancer.

Normal reference ranges were adopted from the literature and verified in house by measuring thyroglobulin in serum from 138 healthy blood donors with normal TSH levels and negative for anti-thyroglobulin antibodies and anti-TPO antibodies (Giovannella et al. Clin Chem Lab Med, 2011).

The reference range for the thyroglobulin antibody assay is based on the functional CV cutoff (20% CV cutoff) for the assay estimated by monitoring the CV in low end patient pools and samples tested over periods of 1 - 6 months. The coefficient of variation of this assay is approximately 20% at a level of 2.00 IU/mL and approximately 6% at a level of 4.11 IU/mL. Results below the functional CV cutoff of 2.00 (20% CV cutoff) are reported as  $< 2.00$ . This functional CV cutoff is in accord with that reported by Pickett et al, Ann Clin Biochem, 49:463-467, 2012 for the Abbott Architect assay. Approximately 80% of healthy subjects with normal thyroid function tests and no thyroperoxidase antibodies will have an anti-TG antibody level  $< 2.00 \text{ IU/mL}$  in this assay. The normal range cutoff has been set at the lower reporting limit of the assay (functional CV cutoff) in accordance with the view that any detectable level of anti-thyroglobulin antibody may be considered abnormal and might negatively interfere in the thyroglobulin assay.

Note: Assays for anti-thyroglobulin antibodies are not well standardized and results with this Abbott Architect assay should not be directly compared with the results of other anti-thyroglobulin antibody assays.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**ADMINISTRATIVE****CPT Codes:**

Thyroglobulin Ab Screen: 86800-90  
Thyroglobulin, Tumor Marker: 84432-90

**LOINC Codes:**

3013-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TGA

**Test Group:**

Thyroid tests

**Performing Lab:**

China Basin Chemistry

**Performed:**

Tuesday, Friday (day shift)

**Methodology:**

Immunochemiluminometric assay (ICMA) - Beckman Access assay on Access2 (for Thyroglobulin)

Chemiluminescent Microparticle Immunoassay - Abbott Architect i2000 (for Thyroglobulin Ab)

**Collect:**

Red top or Gold top

**Amount to Collect:**

3 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1.1 mL serum

**Minimum Volume:**

1.0 mL serum

**Specimen Preparation:**

Refrigerate serum.

**Units:**

Thyroglobulin: µg/L

Thyroglobulin Ab: IU/mL

**Reference Interval:**

Thyroglobulin:

Male: 1.4-29.2 µg/L

Female: 1.5-38.5 µg/L

Thyroglobulin Ab: < 2.00 IU/mL

**Synonyms:**

- Tg
- TGLB
- TGA

**Stability (from collection to initiation):**

Room Temperature (15 to 30°C): no longer than 8 hours

Refrigerated (2 to 8°C): 7 days

Frozen (-20°C or colder): 30 days

**Reported:**

1-5 days

**Additional Information:**

Samples tested for thyroglobulin will automatically be screened for the presence of thyroglobulin antibodies using a sensitive assay for anti-thyroglobulin antibodies (see TGLB Antibodies, test code TGAB).

Note: The presence of anti-thyroglobulin antibodies can interfere in this thyroglobulin assay and may cause falsely decreased results. The presence of heterophile antibodies may cause falsely increased or decreased results.

Note: Samples containing up to 3,510 ng/mL of biotin were tested with this thyroglobulin assay and no significant ( $\leq \pm 10\%$  difference of test from control) interference has been observed.

For cases in which an interference is suspected in the Beckman Access thyroglobulin assay (e.g., heterophile antibody interference, anti-thyroglobulin antibody interference, biotin interference), samples can be sent out for independent testing of the thyroglobulin level by mass spectrometry (Labcorp LC MS/MS assay with functional sensitivity of 0.2 micrograms/L) or by radioimmunoassay (USC Endocrine Laboratories with a functional sensitivity of 0.5 micrograms/L).

Thyroglobulin results obtained with this assay should not be compared to results generated with other thyroglobulin assays owing to differences in assay design and calibration. In this Beckman Access assay on the Access2 platform, the functional sensitivity defined as the lowest value that can be measured in thyroglobulin-negative antibody serum with a 20% coefficient of variation has been verified in house and in other laboratories to be  $< 0.1 \mu\text{g/L}$  (Malandrino et al, J Clin Endocrinol Metab 2011). Results below  $0.1 \mu\text{g/L}$  are reported as  $< 0.1 \mu\text{g/L}$ .

Thyroglobulin levels are useful to assess the presence of residual differentiated thyroid carcinoma. Athyrotic individuals should have extremely low to undetectable levels of thyroglobulin. Increasing levels indicate possible recurrence or metastasis. Levels are not elevated in medullary or anaplastic thyroid carcinomas nor with small tumors, and are generally not useful as a routine screening test for thyroid cancer.

Normal reference ranges were adopted from the literature and verified in house by measuring thyroglobulin in serum from 138 healthy blood donors with normal TSH levels and negative for anti-thyroglobulin antibodies and anti-TPO antibodies (Giovannella et al. Clin Chem Lab Med, 2011).

The reference range for the thyroglobulin antibody assay is based on the functional CV cutoff (20% CV cutoff) for the assay estimated by monitoring the CV in low end patient pools and samples tested over periods of 1 - 6 months. The coefficient of variation of this assay is approximately 20% at a level of  $2.00 \text{ IU/mL}$  and approximately 6% at a level of  $4.11 \text{ IU/mL}$ . Results below the functional CV cutoff of  $2.00$  (20% CV cutoff) are reported as  $< 2.00$ . This functional CV cutoff is in accord with that reported by Pickett et al, Ann Clin Biochem, 49:463-467, 2012 for the Abbott Architect assay. Approximately 80% of healthy subjects with normal thyroid function tests and no thyroperoxidase antibodies will have an anti-TG antibody level  $< 2.00 \text{ IU/mL}$  in this assay. The normal range cutoff has been set at the lower reporting limit of the assay (functional CV cutoff) in accordance with the view that any detectable level of anti-thyroglobulin antibody may be considered abnormal and might negatively interfere in the thyroglobulin assay.

Note: Assays for anti-thyroglobulin antibodies are not well standardized and results with this Abbott Architect assay should not be directly compared with the results of other anti-thyroglobulin antibody assays.

NOTE: For patients at St Marys or St Francis only, the assay used for this test changed on 10/4/2025. Because of the assay change, the current assay result for those patients is NOT comparable to assay results generated before 10/4/2025. If serial measurements are needed for trending results in patients at St Marys or St Francis, please establish a new baseline with a result reported on or after 10/4/2025.

**CPT Codes:**

Thyroglobulin Ab Screen: 86800-90  
Thyroglobulin, Tumor Marker: 84432-90

**LOINC Codes:**

3013-0

# Thyroid Stimulating Hormone

LAB129

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay, Saint Francis, & Saint Marys: 24 hours per day, 7 days per week  
Mt Zion: Monday - Friday

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000 and ci4100)

**Reported:**

0 -2 days

**Additional Information:**

According to the assay manufacturer the low end functional sensitivity (20% coefficient of variation cutoff) for this assay is 0.01 mIU/L.

**Synonyms:**

- TSH
- Thyrotropin

## COLLECTION

**Sample Type:**

Heparinized plasma

**Collect:**

Light Green top

**Amount to Collect:**

1.6 mL blood

**Preferred Volume:**

0.6 mL heparinized plasma

**Minimum Volume:**

0.4 mL heparinized plasma

## PROCESSING

**Test Code:**

TSH

**Test Group:**

Thyroid tests

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Specimen Preparation:**

Refrigerate.

Gold top and red top tubes should not be rejected. Gold top and red top tubes are acceptable tube types as long as the tube has been allowed to sit for at least 30 minutes before centrifugation.

**Preferred Volume:**

0.6 mL heparinized plasma

**Minimum Volume:**

0.4 mL heparinized plasma

## RESULT INTERPRETATION

**Units:**

mIU/L

**Reference Interval:**

| Age                   | Reference range (mIU/L) |
|-----------------------|-------------------------|
| 0 to 6 days           | 0.70-15.20              |
| 7 days to <2 months   | 0.72-11.00              |
| 2 months to <6 months | 0.73-4.77               |
| 6 months to <12 years | 0.67-4.44               |
| 12 years to <18 years | 0.50-4.33               |
| 18 years and above    | 0.45-4.12               |

Reference ranges apply to non-pregnant individuals. In pregnant patients, the lower and upper limits of the TSH reference range in weeks 7 -12 of the first trimester are approximately 0.4 to 0.5 mIU/L lower than in non-pregnant patients and the reference interval is estimated to be 0.05 to 3.62 mIU/L in the UCSF assay. During the 2nd and 3rd trimesters, the TSH reference range gradually returns towards the reference range for non-pregnant patients ( Alexander E et al. Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and the Postpartum. THYROID Volume 27, Number 3, 2017).

Pediatric reference ranges adopted from Roche Diagnostics Package Insert, Pediatric Reference Intervals seventh edition (Soldin, Steven J. et al) and the Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, Clinical Chemistry September 2013 vol. 59 no. 9 1393-1405.

Neonatal and cord blood levels are 2-4x higher than levels at = 2 weeks of age through adult life. Neonatal levels are also screened by the State program.

Adult reference ranges were adopted from NHANES III and verified in 63 adult blood donors (Hollowell JG et al. Serum TSH, T4, and thyroid antibodies in the United States population ,1988 to 1994: National Health and Nutrition Examination Survey , NHANES III. J Clin Endocrinol Metab 87:489-499, 2002. Garber JR et al. Clinical Practice Guidelines for Hypothyroidism in Adults: American Association of Clinical Endocrinologists and the American Thyroid Association, Thyroid 12:1200-1235, 2012).

**Additional Information:**

According to the assay manufacturer the low end functional sensitivity (20% coefficient of variation cutoff) for this assay is 0.01 mIU/L.

**ADMINISTRATIVE****CPT Codes:**

84443

**LOINC Codes:**

3016-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TSH

**Test Group:**

Thyroid tests

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay, Saint Francis, & Saint Marys: 24 hours per day, 7 days per week  
Mt Zion: Monday - Friday

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000 and ci4100)

**Collect:**

Light Green top

**Amount to Collect:**

1.6 mL blood

**Sample Type:**

Heparinized plasma

**Preferred Volume:**

0.6 mL heparinized plasma



**Minimum Volume:**

0.4 mL heparinized plasma

**Specimen Preparation:**

Refrigerate.

Gold top and red top tubes should not be rejected. Gold top and red top tubes are acceptable tube types as long as the tube has been allowed to sit for at least 30 minutes before centrifugation.

**Units:**

mIU/L

**Reference Interval:**

| Age                   | Reference range (mIU/L) |
|-----------------------|-------------------------|
| 0 to 6 days           | 0.70-15.20              |
| 7 days to <2 months   | 0.72-11.00              |
| 2 months to <6 months | 0.73-4.77               |
| 6 months to <12 years | 0.67-4.44               |
| 12 years to <18 years | 0.50-4.33               |
| 18 years and above    | 0.45-4.12               |

Reference ranges apply to non-pregnant individuals. In pregnant patients, the lower and upper limits of the TSH reference range in weeks 7 -12 of the first trimester are approximately 0.4 to 0.5 mIU/L lower than in non-pregnant patients and the reference interval is estimated to be 0.05 to 3.62 mIU/L in the UCSF assay. During the 2nd and 3rd trimesters, the TSH reference range gradually returns towards the reference range for non-pregnant patients ( Alexander E et al. Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and the Postpartum. THYROID Volume 27, Number 3, 2017).

Pediatric reference ranges adopted from Roche Diagnostics Package Insert, Pediatric Reference Intervals seventh edition (Soldin, Steven J. et al) and the Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, Clinical Chemistry September 2013 vol. 59 no. 9 1393-1405.

Neonatal and cord blood levels are 2-4x higher than levels at = 2 weeks of age through adult life. Neonatal levels are also screened by the State program.

Adult reference ranges were adopted from NHANES III and verified in 63 adult blood donors (Hollowell JG et al. Serum TSH, T4, and thyroid antibodies in the United States population ,1988 to 1994: National Health and Nutrition Examination Survey , NHANES III. J Clin Endocrinol Metab 87:489-499, 2002. Garber JR et al. Clinical Practice Guidelines for Hypothyroidism in Adults: American Association of Clinical Endocrinologists and the American Thyroid Association, Thyroid 12:1200-1235, 2012).

**Synonyms:**

- TSH
- Thyrotropin

**Reported:**

0 -2 days

**Additional Information:**

According to the assay manufacturer the low end functional sensitivity (20% coefficient of variation cutoff) for this assay is 0.01 mIU/L.

**CPT Codes:**

84443

**LOINC Codes:**

3016-3

# Thyroid Stimulating Immunoglobulin

LAB3332

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Immunoassay

**Reported:**

Set up 5 days per week. Turnaround 3-6 days

**Additional Information:**

A positive result is one in which the Specimen to Reference Ratio (%) (SSR%) is >140% of the Reference Control.

Thyroid stimulating immunoglobulins (TSI) can engage the TSH receptors resulting in hyperthyroidism in Graves' disease patients. TSI levels can be useful in monitoring the clinical outcome of Graves' disease as well as assessing the potential for hyperthyroidism from maternal-fetal transfer.

**NOTE:** A serum TSH level greater than 350  $\mu$ IU/mL can interfere with the TSI bioassay and potentially give false positive results.

**Synonyms:**

- TSH receptor antibodies
- Human Thyroid Stimulator (HTS)
- Long-Acting Thyroid Stimulator (LATS)
- Thyroid-Stimulating Antibody (TSAb)
- Q30551
- TSI

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

TSI

**Collect:**

Gold top, Red top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Refrigerated 3 weeks, frozen at -20C 2 months.

**Unacceptable Conditions:**

Gross hemolysis, gross lipemia, grossly icteric samples

**Rejection Criteria:**

Gross hemolysis, gross lipemia, grossly icteric samples

## PROCESSING

**Test Code:**

TSI

**Test Group:**

Thyroid tests

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze at -20C. Order Quest # 30551

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Gross hemolysis, gross lipemia, grossly icteric samples

**Rejection Criteria:**

Gross hemolysis, gross lipemia, grossly icteric samples

**Stability (from collection to initiation):**

Refrigerated 3 weeks, frozen at -20C 2 months.

**RESULT INTERPRETATION****Units:**

% of baseline

**Reference Interval:**

Negative &lt;140% of baseline (See Additional information)

**Additional Information:**

A positive result is one in which the Specimen to Reference Ratio (%) (SSR%) is &gt;140% of the Reference Control.

Thyroid stimulating immunoglobulins (TSI) can engage the TSH receptors resulting in hyperthyroidism in Graves' disease patients. TSI levels can be useful in monitoring the clinical outcome of Graves' disease as well as assessing the potential for hyperthyroidism from maternal-fetal transfer.

**NOTE:** A serum TSH level greater than 350  $\mu$ IU/mL can interfere with the TSI bioassay and potentially give false positive results.

**ADMINISTRATIVE****CPT Codes:**

84445-90

**LOINC Codes:**

30567-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TSI

**Test Group:**

Thyroid tests

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Immunoassay

**Collect:**

Gold top, Red top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Rejection Criteria:**

Gross hemolysis, gross lipemia, grossly icteric samples

**Unacceptable Conditions:**

Gross hemolysis, gross lipemia, grossly icteric samples

**Specimen Preparation:**

Freeze at -20C. Order Quest # 30551

**Units:**

% of baseline

**Reference Interval:**

Negative <140% of baseline (See Additional information)

**Synonyms:**

- TSH receptor antibodies
- Human Thyroid Stimulator (HTS)
- Long-Acting Thyroid Stimulator (LATS)
- Thyroid-Stimulating Antibody (TSAb)
- Q30551
- TSI

**Stability (from collection to initiation):**

Refrigerated 3 weeks, frozen at -20C 2 months.

**Reported:**

Set up 5 days per week. Turnaround 3-6 days

**Additional Information:**

A positive result is one in which the Specimen to Reference Ratio (%) (SSR%) is >140% of the Reference Control.

Thyroid stimulating immunoglobulins (TSI) can engage the TSH receptors resulting in hyperthyroidism in Graves' disease patients. TSI levels can be useful in monitoring the clinical outcome of Graves' disease as well as assessing the potential for hyperthyroidism from maternal-fetal transfer.

**NOTE:** A serum TSH level greater than 350  $\mu$ IU/mL can interfere with the TSI bioassay and potentially give false positive results.

**CPT Codes:**

84445-90

**LOINC Codes:**

30567-2

# Thyroperoxidase Antibodies

LAB858

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Thursday (day shift)

**Methodology:**

Enzyme-Linked Immunosorbent Assay (ELISA)

**Reported:**

1-8 days

**Additional Information:**

The results of this test should be used in conjunction with clinical findings and other laboratory data (such as TSH and thyroid hormone levels) to make a diagnosis of autoimmune thyroid disease (including Hashimoto's thyroiditis and Graves' Disease). Although anti-thyroperoxidase antibodies are a sensitive and specific indicator of autoimmune thyroid disease, a subset of normal individuals may have low level antibodies that may not have clinical significance resulting in a false positive test result. The Manufacturer's guidelines suggest that up to 4-5% of normal individuals may have a positive result with this assay.

The antibody reactivity previously ascribed to the thyroid microsomes is now recognized to be primarily directed against Thyroperoxidase, and is the antibody activity most commonly found in thyroid disease.

**Synonyms:**

- anti-TPO antibodies
- anti-microsomal antibodies

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Avoid hemolysis

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

## PROCESSING

**Test Code:**

ATPO

**Test Group:**

Thyroid tests

**Performing Lab:**

Immunology

**Specimen Preparation:**

Stored frozen at -20C.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

**RESULT INTERPRETATION****Units:**

WHO units

**Reference Interval:**Negative:  $\leq 100$  WHO unitsPositive:  $> 100$  WHO units**Additional Information:**

The results of this test should be used in conjunction with clinical findings and other laboratory data (such as TSH and thyroid hormone levels) to make a diagnosis of autoimmune thyroid disease (including Hashimoto's thyroiditis and Graves' Disease). Although anti-thyroperoxidase antibodies are a sensitive and specific indicator of autoimmune thyroid disease, a subset of normal individuals may have low level antibodies that may not have clinical significance resulting in a false positive test result. The Manufacturer's guidelines suggest that up to 4-5% of normal individuals may have a positive result with this assay.

The antibody reactivity previously ascribed to the thyroid microsomes is now recognized to be primarily directed against Thyroperoxidase, and is the antibody activity most commonly found in thyroid disease.

**ADMINISTRATIVE****CPT Codes:**

86376

**LOINC Codes:**

8099-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ATPO

**Test Group:**

Thyroid tests

**Performing Lab:**

Immunology

**Performed:**

Thursday (day shift)

**Methodology:**

Enzyme-Linked Immunosorbent Assay (ELISA)

**Remarks:**

Avoid hemolysis

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samaples

**Specimen Preparation:**

Stored frozen at -20C.

**Units:**

WHO units

**Reference Interval:**Negative:  $\leq 100$  WHO unitsPositive:  $> 100$  WHO units**Synonyms:**

- anti-TPO antibodies
- anti-microsomal antibodies

**Reported:**

1-8 days

**Additional Information:**

The results of this test should be used in conjunction with clinical findings and other laboratory data (such as TSH and thyroid hormone levels) to make a diagnosis of autoimmune thyroid disease (including Hashimoto's thyroiditis and Graves' Disease). Although anti-thyroperoxidase antibodies are a sensitive and specific indicator of autoimmune thyroid disease, a subset of normal individuals may have low level antibodies that may not have clinical significance resulting in a false positive test result. The Manufacturer's guidelines suggest that up to 4-5% of normal individuals may have a positive result with this assay.

The antibody reactivity previously ascribed to the thyroid microsomes is now recognized to be primarily directed against Thyroperoxidase, and is the antibody activity most commonly found in thyroid disease.

**CPT Codes:**

86376

**LOINC Codes:**

8099-4

# Thyrotropin Binding Inhibitory Immunoglobulin

LAB3487

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Mon, Wed, Fri

**Methodology:**

Enzyme Linked Immunosorbent Assay (ELISA)

**Reported:**

3-5 days

**Synonyms:**

- TBII
- thyroid receptor antibody
- TSH receptor antibody
- TSH receptor blocking antibody
- Thyrotropin Binding

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

TBII

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 21 days

**Storage/Transport Temperature:**

Room temperature

**Rejection Criteria:**

Gross hemolysis

## PROCESSING

**Test Code:**

TBII

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze sample. Order Quest # 38683 (TRAb - TSH Receptor Binding Antibody)

**Additional Processing Instructions:**

Allow serum to clot at room temperature and the serum should be separated from cells within 1 hour.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum



**Rejection Criteria:**

Gross hemolysis

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 21 days

**Storage/Transport Temperature:**

Room temperature

**RESULT INTERPRETATION****Units:**

IU/L

**Reference Interval:**

&lt;= 2.00 IU/L

**ADMINISTRATIVE****CPT Codes:**

83520-90

**LOINC Codes:**

40673-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TBII

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Mon, Wed, Fri

**Methodology:**

Enzyme Linked Immunosorbent Assay (ELISA)

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Gross hemolysis

**Specimen Preparation:**

Freeze sample. Order Quest # 38683 (TRAb - TSH Receptor Binding Antibody)

**Additional Processing Instructions:**

Allow serum to clot at room temperature and the serum should be separated from cells within 1 hour.

**Units:**

IU/L

**Reference Interval:**

&lt;= 2.00 IU/L

**Synonyms:**

- TBII
- thyroid receptor antibody
- TSH receptor antibody
- TSH receptor blocking antibody
- Thyrotropin Binding

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

Room temperature: 7 days

Refrigerated: 14 days

Frozen: 21 days

**Reported:**

3-5 days

**CPT Codes:**

83520-90

**LOINC Codes:**

40673-6

# Thyroxine Binding Globulin

LAB3482

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Chemiluminescence

**Reported:**

Test performed Wednesday, Friday &amp; Sunday. Turnaround time: 1-4 days.

**Additional Information:**

TBG binds T4 and T3 (T4 more tightly than T3), and carries 70% of the thyroid hormone in the blood. It is indirectly estimated with Thyroid Uptake. Direct measurement is useful only for rare conditions such as congenital deficiency or excess of TBG

**Synonyms:**

- TBG
- T4 binding globulin

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

TBG

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week, frozen at -20C 1 month.

**Unacceptable Conditions:**

Collected in Gold top.

## PROCESSING

**Test Code:**

TBG

**Test Group:**

Thyroid tests

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Freeze serum at -20°C. Order Quest # 30213P. For B&amp;T patients order BTMOLT, LabCorp Test # 001735

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top.

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

µg/mL (mcg/mL)

**Reference Interval:**

|            |                 |
|------------|-----------------|
| 4-6 years  | 14.8-32.9 µg/mL |
| 7-8 years  | 16.3-30.7 µg/mL |
| 9-10 years | 15.8-27.4 µg/mL |
| 11 years   | 15.5-27.4 µg/mL |
| 12 years   | 14.8-26.2 µg/mL |
| 13 years   | 13.8-25.2 µg/mL |
| 14 years   | 12.2-25.2 µg/mL |
| 15 years   | 10.8-23.8 µg/mL |
| 16 years   | 10.0-23.8 µg/mL |
| 17 years   | 8.5-23.1 µg/mL  |

| Tanner Stages | Males           | Females         |
|---------------|-----------------|-----------------|
| Stage I       | 13.5-28.4 µg/mL | 14.2-28.5 µg/mL |
| Stage II      | 15.1-25.9 µg/mL | 15.0-23.1 µg/mL |
| Stage III     | 14.0-26.3 µg/mL | 13.7-23.0 µg/mL |
| Stage IV      | 13.2-25.0 µg/mL | 12.0-22.8 µg/mL |
| Stage V       | 12.2-23.7 µg/mL | 9.1-22.8 µg/mL  |

|                        |                 |
|------------------------|-----------------|
| >= 18 year old females | 13.5-30.9 µg/mL |
| >= 18 year old males   | 12.7-25.1 µg/mL |

To convert to nmol/L, multiply the result by 18.5.

**Additional Information:**

TBG binds T4 and T3 (T4 more tightly than T3), and carries 70% of the thyroid hormone in the blood. It is indirectly estimated with Thyroid Uptake. Direct measurement is useful only for rare conditions such as congenital deficiency or excess of TBG

**ADMINISTRATIVE****CPT Codes:**

84442-90

**LOINC Codes:**

3021-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TBG

**Test Group:**

Thyroid tests

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Chemiluminescence

**Collect:**Red top (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Collected in Gold top.

**Specimen Preparation:**

Freeze serum at -20°C. Order Quest # 30213P. For B&amp;T patients order BTMOLT, LabCorp Test # 001735

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

|            |                 |
|------------|-----------------|
| 4-6 years  | 14.8-32.9 µg/mL |
| 7-8 years  | 16.3-30.7 µg/mL |
| 9-10 years | 15.8-27.4 µg/mL |
| 11 years   | 15.5-27.4 µg/mL |
| 12 years   | 14.8-26.2 µg/mL |
| 13 years   | 13.8-25.2 µg/mL |
| 14 years   | 12.2-25.2 µg/mL |
| 15 years   | 10.8-23.8 µg/mL |
| 16 years   | 10.0-23.8 µg/mL |
| 17 years   | 8.5-23.1 µg/mL  |

| Tanner Stages | Males           | Females         |
|---------------|-----------------|-----------------|
| Stage I       | 13.5-28.4 µg/mL | 14.2-28.5 µg/mL |
| Stage II      | 15.1-25.9 µg/mL | 15.0-23.1 µg/mL |
| Stage III     | 14.0-26.3 µg/mL | 13.7-23.0 µg/mL |
| Stage IV      | 13.2-25.0 µg/mL | 12.0-22.8 µg/mL |
| Stage V       | 12.2-23.7 µg/mL | 9.1-22.8 µg/mL  |

|                        |                 |
|------------------------|-----------------|
| >= 18 year old females | 13.5-30.9 µg/mL |
| >= 18 year old males   | 12.7-25.1 µg/mL |

To convert to nmol/L, multiply the result by 18.5.

**Synonyms:**

- TBG
- T4 binding globulin

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 1 week, frozen at -20C 1 month.

**Reported:**

Test performed Wednesday, Friday &amp; Sunday. Turnaround time: 1-4 days.

**Additional Information:**

TBG binds T4 and T3 (T4 more tightly than T3), and carries 70% of the thyroid hormone in the blood. It is indirectly estimated with Thyroid Uptake. Direct measurement is useful only for rare conditions such as congenital deficiency or excess of TBG

**CPT Codes:**

84442-90

**LOINC Codes:**

3021-3

# Tissue Immunofluorescence-IgA Antibody

UCSF

## ORDERING

**Available Stat:**

No

**Performing Lab:**

IF Lab

**Methodology:**

Indirect Immunofluorescence

**Reported:**

Test performed Monday. Turn-around time: 5-10 days

**Additional Information:**

Identifies the presence of serum antibodies against intercellular substance in squamous epithelium (pemphigus vulgaris) or basement membrane (bullous pemphigoid). Nuclear staining may be seen from sera of patients with systemic lupus or other connective tissue disorders. Antibodies are typically present during active disease. If positive it is advisable to perform direct immunofluorescent testing on biopsies of skin lesions. A two-fold drop in titer is indicative of effective therapy. For questions contact the UCSF Immunofluorescence Lab at 353-7546.

**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Remarks:**

Samples should be received by the laboratory by Wednesday for next Monday signout.

**Stability (from collection to initiation):**

Sample is stable at RT.

## PROCESSING

**Test Code:**

UCSF

**Performing Lab:**

IF Lab

**Specimen Preparation:**

Send sample and completed dermatopathology requisition to: UCSF Dermatopathology office, Mount Zion Campus 1701 Divisadero St. 3rd floor Room 350, San Francisco, CA 94115.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Stability (from collection to initiation):**

Sample is stable at RT.

## RESULT INTERPRETATION

**Units:**

Titer

**Reference Interval:**

Negative Titer &lt; 1:10

**Additional Information:**

Identifies the presence of serum antibodies against intercellular substance in squamous epithelium (pemphigus vulgaris) or basement membrane (bullous pemphigoid). Nuclear staining may be seen from sera of patients with systemic lupus or other connective tissue disorders. Antibodies are typically present during active disease. If positive it is advisable to perform direct immunofluorescent testing on biopsies of skin lesions. A two-fold drop in titer is indicative of effective therapy. For questions contact the UCSF Immunofluorescence Lab at 353-7546.

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

UCSF

**Performing Lab:**

IF Lab

**Methodology:**

Indirect Immunofluorescence

**Remarks:**

Samples should be received by the laboratory by Wednesday for next Monday signout.

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Specimen Preparation:**

Send sample and completed dermatopathology requisition to: UCSF Dermatopathology office, Mount Zion Campus 1701 Divisadero St. 3rd floor Room 350, San Francisco, CA 94115.

**Units:**

Titer

**Reference Interval:**

Negative Titer < 1:10

**Stability (from collection to initiation):**

Sample is stable at RT.

**Reported:**

Test performed Monday. Turn-around time: 5-10 days

**Additional Information:**

Identifies the presence of serum antibodies against intercellular substance in squamous epithelium (pemphigus vulgaris) or basement membrane (bullous pemphigoid). Nuclear staining may be seen from sera of patients with systemic lupus or other connective tissue disorders. Antibodies are typically present during active disease. If positive it is advisable to perform direct immunofluorescent testing on biopsies of skin lesions. A two-fold drop in titer is indicative of effective therapy. For questions contact the UCSF Immunofluorescence Lab at 353-7546.

**Supplemental Test Request Form Required:**

Yes

# Tissue Transglutaminase Antibody, IgA

LAB723

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Tuesday (day shift)

**Methodology:**

Chemiluminescent

**Reported:**

2-8 days

**Additional Information:**

This test may be useful in providing serologic support for a diagnosis of gluten-sensitive enteropathy (found in celiac disease and dermatitis herpetiformis). The European Society for Pediatric Gastroenterology and Nutrition (ESPGAN) revised criteria in 1990 for diagnosis of celiac disease in children to include serologic testing for IgA endomysial antibodies.

Tissue transglutaminase has been identified as the primary target for IgA endomysial antibodies. IgA tissue transglutaminase (TTG) antibodies are thought to be equally sensitive for celiac disease in comparison with anti-gliadin antibodies but with increased specificity. Results in the weak positive range are considered equivocal and may be repeated, if clinically indicated. IgA TTG antibodies most often disappear when patients adhere to a gluten-free diet, thus this test may be useful in monitoring patient adherence to diet. Since IgA-deficiency is not uncommon in patients with celiac disease, serum IgA levels may be ordered to confirm a negative result on this test.

**Synonyms:**

- Celiac disease

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Avoid hemolysis

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric specimens

## PROCESSING

**Test Code:**

TTGT

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze serum at -20C.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric specimens

## RESULT INTERPRETATION



**Units:**

Chemiluminescent Units (CU)

**Reference Interval:**

Negative: &lt; 20 CU

Weak Positive: 20 - 30 CU

Positive: &gt; 30 CU

**Additional Information:**

This test may be useful in providing serologic support for a diagnosis of gluten-sensitive enteropathy (found in celiac disease and dermatitis herpetiformis). The European Society for Pediatric Gastroenterology and Nutrition (ESPGAN) revised criteria in 1990 for diagnosis of celiac disease in children to include serologic testing for IgA endomysial antibodies.

Tissue transglutaminase has been identified as the primary target for IgA endomysial antibodies. IgA tissue transglutaminase (TTG) antibodies are thought to be equally sensitive for celiac disease in comparison with anti-gliadin antibodies but with increased specificity. Results in the weak positive range are considered equivocal and may be repeated, if clinically indicated. IgA TTG antibodies most often disappear when patients adhere to a gluten-free diet, thus this test may be useful in monitoring patient adherence to diet. Since IgA-deficiency is not uncommon in patients with celiac disease, serum IgA levels may be ordered to confirm a negative result on this test.

**ADMINISTRATIVE****CPT Codes:**

86364

**LOINC Codes:**

31017-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TTGT

**Performing Lab:**

Immunology

**Performed:**

Tuesday (day shift)

**Methodology:**

Chemiluminescent

**Remarks:**

Avoid hemolysis

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric specimens

**Specimen Preparation:**

Freeze serum at -20C.

**Units:**

Chemiluminescent Units (CU)

**Reference Interval:**

Negative: &lt; 20 CU

Weak Positive: 20 - 30 CU

Positive: &gt; 30 CU

**Synonyms:**

- Celiac disease

**Reported:**

2-8 days

**Additional Information:**

This test may be useful in providing serologic support for a diagnosis of gluten-sensitive enteropathy (found in celiac disease and dermatitis herpetiformis). The European Society for Pediatric Gastroenterology and Nutrition (ESPGAN) revised criteria in 1990 for diagnosis of celiac disease in children to include serologic testing for IgA endomysial antibodies.

Tissue transglutaminase has been identified as the primary target for IgA endomysial antibodies. IgA tissue transglutaminase (TTG) antibodies are thought to be equally sensitive for celiac disease in comparison with anti-gliadin antibodies but with increased specificity. Results in the weak positive range are considered equivocal and may be repeated, if clinically indicated. IgA TTG antibodies most often disappear when patients adhere to a gluten-free diet, thus this test may be useful in monitoring patient adherence to diet. Since IgA-deficiency is not uncommon in patients with celiac disease, serum IgA levels may be ordered to confirm a negative result on this test.

**CPT Codes:**

86364

**LOINC Codes:**

31017-7

# Tissue Transglutaminase Antibody, IgG

LAB5327

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Tuesday (day shift)

**Methodology:**

Chemiluminescent

**Reported:**

2-8 days

**Additional Information:**

This test may be useful in providing serologic support for a diagnosis of gluten-sensitive enteropathy (found in celiac disease and dermatitis herpetiformis). Results in the weak positive range are considered equivocal and may be repeated, if clinically indicated.

**Synonyms:**

- Celiac disease

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Avoid hemolysis

**Unacceptable Conditions:**

Gross Hemolyzed, lipemic or icteric samples

## PROCESSING

**Test Code:**

TTGTGG

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze serum at -20C

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Gross Hemolyzed, lipemic or icteric samples

## RESULT INTERPRETATION

**Units:**

Chemiluminescent Units (CU)

**Reference Interval:**

Negative: &lt; 20.0 CU

Weak Positive: 20.0-30.0 CU

Positive: &gt; 30.0 CU

**Additional Information:**

This test may be useful in providing serologic support for a diagnosis of gluten-sensitive enteropathy (found in celiac disease and dermatitis herpetiformis). Results in the weak positive range are considered equivocal and may be repeated, if clinically indicated.

**ADMINISTRATIVE****CPT Codes:**

86364

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TTGTGG

**Performing Lab:**

Immunology

**Performed:**

Tuesday (day shift)

**Methodology:**

Chemiluminescent

**Remarks:**

Avoid hemolysis

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Gross Hemolyzed, lipemic or icteric samples

**Specimen Preparation:**

Freeze serum at -20C

**Units:**

Chemiluminescent Units (CU)

**Reference Interval:**

Negative: < 20.0 CU

Weak Positive: 20.0-30.0 CU

Positive: > 30.0 CU

**Synonyms:**

- Celiac disease

**Reported:**

2-8 days

**Additional Information:**

This test may be useful in providing serologic support for a diagnosis of gluten-sensitive enteropathy (found in celiac disease and dermatitis herpetiformis). Results in the weak positive range are considered equivocal and may be repeated, if clinically indicated.

**CPT Codes:**

86364

# Tissue, Chromosome Analysis

LAB3110

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily, Monday-Friday

**Methodology:**

Giemsa banding and brightfield microscopy

**Reported:**

42 days

**Reflex Testing:**

If an abnormality is detected the Director will determine the appropriate additional studies to be performed to characterize the abnormality.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**Synonyms:**

- Cytogenetic analysis
- Karyotype
- Karyotyping
- Tissue cytogenetics
- products of conception
- POC

## COLLECTION

**Sample Type:**

Unfixed Tissue (including POC)

**Collect:**

15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics, 415-353-4844.

**Amount to Collect:**

30 mg tissue

**Preferred Volume:**

30 mg tissue

**Minimum Volume:**

5 mg tissue

**Remarks:**

Submit sample in a sterile screw-top container filled with Tissue culture transport media. If Cytogenetics tissue transport media is not available RPMI, Hanks or sterile saline is acceptable.

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 1 day, frozen unacceptable.

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples; samples in formalin.

## PROCESSING

**Test Code:**

CYTIS

**Test Group:**

Chromosome Analysis

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours.

**Preferred Volume:**

30 mg tissue

**Minimum Volume:**

5 mg tissue

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples; samples in formalin.

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 1 day, frozen unacceptable.

**RESULT INTERPRETATION****Reference Interval:**

46,XY normal male

46,XX normal female

**ADMINISTRATIVE****CPT Codes:**

88262, 88233

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

48818-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

CYTIS

**Test Group:**

Chromosome Analysis

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily, Monday-Friday

**Methodology:**

Giemsa banding and brightfield microscopy

**Remarks:**

Submit sample in a sterile screw-top container filled with Tissue culture transport media. If Cytogenetics tissue transport media is not available RPMI, Hanks or sterile saline is acceptable.

**Collect:**

15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics, 415-353-4844.

**Amount to Collect:**

30 mg tissue

**Sample Type:**

Unfixed Tissue (including POC)

**Preferred Volume:**

30 mg tissue

**Minimum Volume:**

5 mg tissue

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples; samples in formalin.

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours.

**Reference Interval:**

46,XY normal male

46,XX normal female

**Synonyms:**

- Cytogenetic analysis
- Karyotype
- Karyotyping
- Tissue cytogenetics
- products of conception
- POC

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 1 day, frozen unacceptable.

**Reported:**

42 days

**Reflex Testing:**

If an abnormality is detected the Director will determine the appropriate additional studies to be performed to characterize the abnormality.

Additional testing may be omitted if specifically requested when the sample is submitted for cytogenetic analysis.

**CPT Codes:**

88262, 88233

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

48818-9

# Tobramycin (Peak, Trough, Random)

see Test Code

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus and Mission Bay Chemistry

**Performed:**

24 hours per day and 7 days per week

**Methodology:**

Particle enhanced turbidimetric inhibition immunoassay (PETINIA)

**Reported:**

1 day

**Additional Information:**

For desired peak and trough levels in special situations, [Click here](#)

Samples should be drawn just prior to a dose (trough level) to confirm that an adequate dose has been prescribed. Peak specimen should be drawn 30 minutes after 30 minute IV infusion.

Toxicity associated with trough levels > 2 mg/L or peak levels > 10-12 mg/L

**Synonyms:**

- LAB5444
- LAB5446
- LAB5445
- TOBPK
- TOBTH
- TOBRN

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Remarks:**

Time to Steady State: 2-3 doses (1 dose for ICN extended interval dosing).

Collect trough samples 30 minutes prior to 3rd or 4th dose.

For patients on hemodialysis collect just prior to and/or 1 hour post dialysis.

For standard dosing draw peak samples 30 minutes after the end of infusion. For ICN extended interval dosing draw peak 30 minutes after end of 4th dose.

Note the exact time of collection on BOTH the sample and in Apex (or on any paper orders).

Bring to lab immediately for processing if patient also receiving carbenicillin or other high dose penicillin or cephalosporin because prolonged interactions with these drugs (8 hours or more) at room temperature can modify amino groups and interfere with aminoglycoside assay.

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 7 days, frozen at -20C 14 days

NOTE: Samples containing carbenicillin or piperacillin should be stored frozen if a delay in analysis of more than 8 hours is anticipated. Failure to freeze samples containing these antibiotics may result in falsely low tobramycin levels due to in vitro inactivation.

**Unacceptable Conditions:**

Collection time not indicated on sample



**PROCESSING****Test Code:**

LAB5444 - TOBPK (Peak)  
 LAB5446 - TOBTH (Trough)  
 LAB5445 - TOBRN (Random)

**Performing Lab:**

Parnassus and Mission Bay Chemistry

**Specimen Preparation:**

Separate serum or plasma from cells within 2 hours of collection.

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry.

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Unacceptable Conditions:**

Collection time not indicated on sample

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 7 days, frozen at -20C 14 days

NOTE: Samples containing carbenicillin or piperacillin should be stored frozen if a delay in analysis of more than 8 hours is anticipated. Failure to freeze samples containing these antibiotics may result in falsely low tobramycin levels due to in vitro inactivation.

**RESULT INTERPRETATION****Units:**

mg/L

**Reference Interval:**

Therapeutic Peak Levels:

|                               |           |
|-------------------------------|-----------|
| Bacteremia, pneumonia, sepsis | 8-10 mg/L |
| Urinary tract infection       | 4-8 mg/L  |

Trough Levels:

|                       |                               |
|-----------------------|-------------------------------|
| Standard dosing       | < 2 mg/L (< 1 mg/L optimum)   |
| Once daily, high dose | < 1 mg/L (< 0.3 mg/L optimum) |

Toxicity associated with trough levels > 2 mg/L or peak levels > 10-12 mg/L.

Peak levels of <5 or >10 mg/L will be flagged as abnormal.

Trough levels > 2 mg/L will be flagged as abnormal.

Source of reference range: UCSF Medical Center Aminoglycoside Dosing and Monitoring Recommendations (<https://idmp.ucsf.edu/content/tobramycin>. Accessed November 2020).

**Additional Information:**

For desired peak and trough levels in special situations, [Click here](#)

Samples should be drawn just prior to a dose (trough level) to confirm that an adequate dose has been prescribed. Peak specimen should be drawn 30 minutes after 30 minute IV infusion.

Toxicity associated with trough levels > 2 mg/L or peak levels > 10-12 mg/L

**ADMINISTRATIVE****CPT Codes:**

80200

**LOINC Codes:**

35670-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

LAB5444 - TOBPK (Peak)  
 LAB5446 - TOBTH (Trough)  
 LAB5445 - TOBRN (Random)

**Performing Lab:**

Parnassus and Mission Bay Chemistry

**Performed:**

24 hours per day and 7 days per week

**Methodology:**

Particle enhanced turbidimetric inhibition immunoassay (PETINIA)

**Remarks:**

Time to Steady State: 2-3 doses (1 dose for ICN extended interval dosing).

Collect trough samples 30 minutes prior to 3rd or 4th dose.

For patients on hemodialysis collect just prior to and/or 1 hour post dialysis.

For standard dosing draw peak samples 30 minutes after the end of infusion. For ICN extended interval dosing draw peak 30 minutes after end of 4th dose.

Note the exact time of collection on BOTH the sample and in Apex (or on any paper orders).

Bring to lab immediately for processing if patient also receiving carbenicillin or other high dose penicillin or cephalosporin because prolonged interactions with these drugs (8 hours or more) at room temperature can modify amino groups and interfere with aminoglycoside assay.

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Unacceptable Conditions:**

Collection time not indicated on sample

**Specimen Preparation:**

Separate serum or plasma from cells within 2 hours of collection.

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry.

**Units:**

mg/L

**Reference Interval:**

Therapeutic Peak Levels:

|                               |           |
|-------------------------------|-----------|
| Bacteremia, pneumonia, sepsis | 8-10 mg/L |
| Urinary tract infection       | 4-8 mg/L  |

Trough Levels:

|                       |                               |
|-----------------------|-------------------------------|
| Standard dosing       | < 2 mg/L (< 1 mg/L optimum)   |
| Once daily, high dose | < 1 mg/L (< 0.3 mg/L optimum) |

Toxicity associated with trough levels > 2 mg/L or peak levels > 10-12 mg/L.

Peak levels of <5 or >10 mg/L will be flagged as abnormal.

Trough levels > 2 mg/L will be flagged as abnormal.

Source of reference range: UCSF Medical Center Aminoglycoside Dosing and Monitoring Recommendations (<https://idmp.ucsf.edu/content/tobramycin>. Accessed November 2020).

**Synonyms:**

- LAB5444
- LAB5446
- LAB5445
- TOBPK
- TOBTH
- TOBRN

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 7 days, frozen at -20C 14 days

NOTE: Samples containing carbenicillin or piperacillin should be stored frozen if a delay in analysis of more than 8 hours is anticipated. Failure to freeze samples containing these antibiotics may result in falsely low tobramycin levels due to in vitro inactivation.

**Reported:**

1 day

**Additional Information:**

For desired peak and trough levels in special situations, [Click here](#)

Samples should be drawn just prior to a dose (trough level) to confirm that an adequate dose has been prescribed. Peak specimen should be drawn 30 minutes after 30 minute IV infusion.

Toxicity associated with trough levels > 2 mg/L or peak levels > 10-12 mg/L

**CPT Codes:**

80200

**LOINC Codes:**

35670-9

**Tocainide**  
MOLT

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
MDTX via Quest

**Methodology:**  
HPLC

**Reported:**  
Test run daily. Turnaround time: 3-5 days.

**Synonyms:**

- Tonocard

**COLLECTION**

**Sample Type:**  
Serum

**Collect:**  
Red top (Gold top **NOT** acceptable)

**Amount to Collect:**  
4 mL blood

**Preferred Volume:**  
2 mL serum

**Minimum Volume:**  
0.5 mL serum

**Unacceptable Conditions:**  
Sample collected in Gold top

**PROCESSING**

**Test Code:**  
MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**  
Yes

**Performing Lab:**  
MDTX via Quest

**Specimen Preparation:**  
Refrigerate. Order Quest # 11787

**Preferred Volume:**  
2 mL serum

**Minimum Volume:**  
0.5 mL serum

**Unacceptable Conditions:**  
Sample collected in Gold top

**RESULT INTERPRETATION**

**Units:**  
mg/L

**Reference Interval:**  
Therapeutic: 4-10 mg/L  
Potentially toxic: > 10 mg/L

**ADMINISTRATIVE**

**CPT Codes:**  
80299-90

**COMPLETE VIEW**

**Available Stat:**

No

**Test Code:**

MOLT (Order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

MDTX via Quest

**Sendout:**

Yes

**Methodology:**

HPLC

**Collect:**

Red top (Gold top **NOT** acceptable)

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Sample collected in Gold top

**Specimen Preparation:**

Refrigerate. Order Quest # 11787

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 4-10 mg/L

Potentially toxic: > 10 mg/L

**Synonyms:**

- Tonocard

**Reported:**

Test run daily. Turnaround time: 3-5 days.

**CPT Codes:**

80299-90

# Toll-Like Receptor Function

TLR

## ORDERING

**Ordering Recommendations:**

Aids in diagnosis of innate immunodeficiencies when genetic defects of the innate immune system are suspected in individuals negative for other immunodeficiencies (eg, no detectable abnormality of antibody function, complement activity, neutrophil function, or cell-mediated immunity). This test does not measure the function of toll-like receptor 3 (TLR3). Molecular testing is the preferred method for detection of defects in TLR3. For patients who are lymphopenic, collection of 10 mL of whole blood, rather than the minimum required volumes, is recommended to increase the likelihood that a sufficient number of lymphocytes can be isolated for testing.

**Available Stat:**

No

**Performed:**

Sun, Tue, Wed, Thu, Fri, Sat

**Methodology:**

Cell Culture / Quantitative Multiplex Bead Assay

**Reported:**

9-10 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**Synonyms:**

- TLR Function

## COLLECTION

**Patient Preparation:**

Collect control specimen from a healthy individual unrelated to patient at approximately the same time as and under similar conditions to the patient.

**Sample Type:**

Whole blood

**Collect:**

Green (sodium heparin) (patient) AND green (sodium heparin) (control). Also acceptable: Yellow (ACD solution A) (patient) AND yellow (ACD solution A) (control). Patient and control specimens must be collected within 48 hours of test performance.

**Amount to Collect:**

10 mL (patient) and 10 mL (control)

**Preferred Volume:**

10 mL (patient) and 10 mL (control)

**Minimum Volume:**

7 mL (patient) and 7 mL (control)

Infants: 3 mL (patient) and 7 mL (control)

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

New York State Clients: Ambient 24 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

**Storage/Transport Temperature:**

CRITICAL ROOM TEMPERATURE.

**Unacceptable Conditions:**

Yellow (ACD solution B). Refrigerated or frozen specimens.

## PROCESSING

**Test Code:**

TLR

**ARUP Test Code:**

0051589

**Sendout:**

Yes

**Specimen Preparation:**

Transport 10 mL whole blood (patient) AND 10 mL whole blood (control) in original collection tubes. (Min: 7 mL (patient) AND 7 mL (control)) Do not refrigerate or freeze. LIVE CELLS REQUIRED.

Infant Minimum: 3 mL whole blood (patient) AND 7 mL whole blood (control).

For patients who are lymphopenic, collection of 10 mL of whole blood, rather than the minimum required volumes, is recommended to increase the likelihood that a sufficient number of lymphocytes can be isolated for testing.

**Preferred Volume:**

10 mL (patient) and 10 mL (control)

**Minimum Volume:**

7 mL (patient) and 7 mL (control)

Infants: 3 mL (patient) and 7 mL (control)

**Unacceptable Conditions:**

Yellow (ACD solution B). Refrigerated or frozen specimens.

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

New York State Clients: Ambient 24 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

**Storage/Transport Temperature:**

CRITICAL ROOM TEMPERATURE.

**RESULT INTERPRETATION****Reference Interval:**

Refer to report

**Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

Toll-like receptors (TLR) are tested independently by stimulation with TLR-specific ligands in a peripheral blood mononuclear cell (PBMC) culture. PBMC production of IL-1 beta, IL-6, and TNF alpha is determined by multiplex bead assay for TLR 1,2,4-8.

TLR-specific ligands include Pam3CSK4, a synthetic bacterial lipoprotein (TLR2-TLR1 ligand); zymosan cell wall particles from *Saccharomyces cerevisiae* (TLR6-TLR2 ligand); lipopolysaccharide (LPS) ultra-pure *S. minnesota* LPS (TLR4 ligand); flagellin purified from *S. typhimurium* (TLR5 ligand); and CL097 imidazoquinoline compound (TLR7-TLR8 ligand).

**ADMINISTRATIVE****CPT Codes:**

86353 x5; 83520 x2; 83529

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aids in diagnosis of innate immunodeficiencies when genetic defects of the innate immune system are suspected in individuals negative for other immunodeficiencies (eg, no detectable abnormality of antibody function, complement activity, neutrophil function, or cell-mediated immunity). This test does not measure the function of toll-like receptor 3 (TLR3). Molecular testing is the preferred method for detection of defects in TLR3. For patients who are lymphopenic, collection of 10 mL of whole blood, rather than the minimum required volumes, is recommended to increase the likelihood that a sufficient number of lymphocytes can be isolated for testing.

**Test Code:**

TLR

**ARUP Test Code:**

0051589

**Sendout:**

Yes

**Performed:**

Sun, Tue, Wed, Thu, Fri, Sat

**Methodology:**

Cell Culture / Quantitative Multiplex Bead Assay

**Patient Preparation:**

Collect control specimen from a healthy individual unrelated to patient at approximately the same time as and under similar conditions to the patient.

**Collect:**

Green (sodium heparin) (patient) AND green (sodium heparin) (control). Also acceptable: Yellow (ACD solution A) (patient) AND yellow (ACD solution A) (control). Patient and control specimens must be collected within 48 hours of test performance.

**Amount to Collect:**

10 mL (patient) and 10 mL (control)

**Sample Type:**

Whole blood

**Preferred Volume:**

10 mL (patient) and 10 mL (control)

**Minimum Volume:**

7 mL (patient) and 7 mL (control)

Infants: 3 mL (patient) and 7 mL (control)

**Unacceptable Conditions:**

Yellow (ACD solution B). Refrigerated or frozen specimens.

**Specimen Preparation:**

Transport 10 mL whole blood (patient) AND 10 mL whole blood (control) in original collection tubes. (Min: 7 mL (patient) AND 7 mL (control)) Do not refrigerate or freeze. LIVE CELLS REQUIRED.

Infant Minimum: 3 mL whole blood (patient) AND 7 mL whole blood (control).

For patients who are lymphopenic, collection of 10 mL of whole blood, rather than the minimum required volumes, is recommended to increase the likelihood that a sufficient number of lymphocytes can be isolated for testing.

**Reference Interval:**

Refer to report

**Interpretive Data:**

Toll-like receptors (TLR) are tested independently by stimulation with TLR-specific ligands in a peripheral blood mononuclear cell (PBMC) culture. PBMC production of IL-1 beta, IL-6, and TNF alpha is determined by multiplex bead assay for TLR 1,2,4-8.

TLR-specific ligands include Pam3CSK4, a synthetic bacterial lipoprotein (TLR2-TLR1 ligand); zymosan cell wall particles from *Saccharomyces cerevisiae* (TLR6-TLR2 ligand); lipopolysaccharide (LPS) ultra-pure *S. minnesota* LPS (TLR4 ligand); flagellin purified from *S. typhimurium* (TLR5 ligand); and CL097 imidazoquinoline compound (TLR7-TLR8 ligand).

**Synonyms:**

- TLR Function

**Storage/Transport Temperature:**

CRITICAL ROOM TEMPERATURE.

**Stability (from collection to initiation):**

Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

New York State Clients: Ambient 24 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

**Reported:**

9-10 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

86353 x5; 83520 x2; 83529

**Notes:**

Results for TNF alpha, IL-1 beta, and IL-6 are reported as pg/mL. Interpretation comparing the patient results to the simultaneously collected client normal control and the laboratory normal control will be provided by an ARUP medical director.

Limitation: Defects in IRAK-4 and MyD88 result in compromised TLR signaling. Exception is endosomal TLR4, which is IRAK-4 and MyD88 independent.



# Topiramate Level

LAB498

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Flourescent polarization immunoassay

**Reported:**

Performed 5x per week. Turnaround 4-8 days

**Additional Information:**

Topiramate is an antidepressant used as an adjunctive treatment of partial epilepsy and Lennox-Gastaut syndrome in children. Monitoring is useful to optimize dose and avoid toxicity.

**Synonyms:**

- Topamax
- 30965
- Q30965
- TOP

## COLLECTION

**Sample Type:**

Serum (plasma acceptable)

**Label Abbreviation:**

TOPA

**Collect:**Red top preferred, Dark green top acceptable (Gold top **NOT** acceptable)**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Remarks:**

Draw peak 2-4 hours after dose, trough 0.5-1 hour before dose when patient is at steady state. Avoid hemolysis

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month

**Unacceptable Conditions:**

Drawn in Gold top or Light green top vacutainer. Hemolysis, Lipemia

## PROCESSING

**Test Code:**

TOPA

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Maintain sample at room temperature. Order Quest # 30965

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Unacceptable Conditions:**

Drawn in Gold top or Light green top vacutainer. Hemolysis, Lipemia

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month

**RESULT INTERPRETATION****Units:**

µg/mL (mcg/mL)

**Reference Interval:**

| Daily dose (mg) | Peak          | Trough        |
|-----------------|---------------|---------------|
| 100             | 6.5-9.2 µg/mL | 4.5-6.6 µg/mL |
| 200             | 12-16 µg/mL   | 8-12 µg/mL    |
| 400             | 20-30 µg/mL   | 14-20 µg/mL   |

**Additional Information:**

Topiramate is an antiepileptic used as an adjunctive treatment of partial epilepsy and Lennox-Gastaut syndrome in children. Monitoring is useful to optimize dose and avoid toxicity.

**ADMINISTRATIVE****CPT Codes:**

80201-90

**LOINC Codes:**

17713-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TOPA

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Flourescent polarization immunoassay

**Remarks:**

Draw peak 2-4 hours after dose, trough 0.5-1 hour before dose when patient is at steady state. Avoid hemolysis

**Collect:**

Red top preferred, Dark green top acceptable (Gold top **NOT** acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum (plasma acceptable)

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Unacceptable Conditions:**

Drawn in Gold top or Light green top vacutainer. Hemolysis, Lipemia

**Specimen Preparation:**

Maintain sample at room temperature. Order Quest # 30965

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

| Daily dose (mg) | Peak          | Trough        |
|-----------------|---------------|---------------|
| 100             | 6.5-9.2 µg/mL | 4.5-6.6 µg/mL |
| 200             | 12-16 µg/mL   | 8-12 µg/mL    |
| 400             | 20-30 µg/mL   | 14-20 µg/mL   |

**Synonyms:**

- Topamax
- 30965
- Q30965
- TOP

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 month

**Reported:**

Performed 5x per week. Turnaround 4-8 days

**Additional Information:**

Topiramate is an antiepileptic used as an adjunctive treatment of partial epilepsy and Lennox-Gastaut syndrome in children. Monitoring is useful to optimize dose and avoid toxicity.

**CPT Codes:**

80201-90

**LOINC Codes:**

17713-9

# Toxocara Antibody

LAB3533

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

ELISA

**Reported:**

3-4 weeks.

**Additional Information:**

75% of acute cases are identified using a titer of  $\geq 32$ , which is found in 10% of normal individuals, probably due to subclinical infection. If titers  $< 32$  are considered significant, the number of false-positive diagnoses increases.

**Synonyms:**

- Visceral larva migrans

## COLLECTION

**Sample Type:**

Serum, Vitreous

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or vitreous

**Minimum Volume:**

0.1 mL serum or 0.25 mL vitreous

## PROCESSING

**Test Code:**

TOXOC (MOLT for vitreous samples)

For vitreous samples order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

**Serum:** Send serum sample refrigerated to Quest, Order Quest # 53868P.

**Vitreous:** Send refrigerated fluid to Focus. Order test code 60945.

**Preferred Volume:**

1 mL serum or vitreous

**Minimum Volume:**

0.1 mL serum or 0.25 mL vitreous

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

75% of acute cases are identified using a titer of  $\geq 32$ , which is found in 10% of normal individuals, probably due to subclinical infection. If titers  $< 32$  are considered significant, the number of false-positive diagnoses increases.

## ADMINISTRATIVE

**CPT Codes:**

86682-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TOXOC (MOLT for vitreous samples)

For vitreous samples order in Apex as 'Miscellaneous Outside Lab Test' using the complete test name above)

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum, Vitreous

**Preferred Volume:**

1 mL serum or vitreous

**Minimum Volume:**

0.1 mL serum or 0.25 mL vitreous

**Specimen Preparation:****Serum:** Send serum sample refrigerated to Quest, Order Quest # 53868P.**Vitreous:** Send refrigerated fluid to Focus. Order test code 60945.**Reference Interval:**

Negative

**Synonyms:**

- Visceral larva migrans

**Reported:**

3-4 weeks.

**Additional Information:**

75% of acute cases are identified using a titer of  $\geq 32$ , which is found in 10% of normal individuals, probably due to subclinical infection. If titers  $< 32$  are considered significant, the number of false-positive diagnoses increases.

**CPT Codes:**

86682-90

**Toxoplasma gondii Antibody, IgG**  
LAB501

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Immunology

**Performed:**  
Monday-Friday (day shift)

**Methodology:**  
Chemiluminescent Immunoassay

**Reported:**  
1-4 days

**Synonyms:**

- TORCH Antibodies

**COLLECTION**

**Sample Type:**  
Serum

**Collect:**  
Gold top

**Amount to Collect:**  
2 mL blood

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

**Remarks:**  
Avoid Hemolysis

**Unacceptable Conditions:**  
Grossly hemolyzed, lipemic or icteric samples

**PROCESSING**

**Test Code:**  
TOXO

**Test Group:**  
Toxoplasma

**Performing Lab:**  
Immunology

**Specimen Preparation:**  
Freeze at -20C

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

**Unacceptable Conditions:**  
Grossly hemolyzed, lipemic or icteric samples

**RESULT INTERPRETATION**

**Reference Interval:**  
Negative

**ADMINISTRATIVE**

**CPT Codes:**  
86777

**LOINC Codes:**  
40677-7

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
TOXO

**Test Group:**  
Toxoplasma

**Performing Lab:**  
Immunology

**Performed:**  
Monday-Friday (day shift)

**Methodology:**  
Chemiluminescent Immunoassay

**Remarks:**  
Avoid Hemolysis

**Collect:**  
Gold top

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Serum

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.5 mL serum

**Unacceptable Conditions:**  
Grossly hemolyzed, lipemic or icteric samples

**Specimen Preparation:**  
Freeze at -20C

**Reference Interval:**  
Negative

**Synonyms:**  

- TORCH Antibodies

**Reported:**  
1-4 days

**CPT Codes:**  
86777

**LOINC Codes:**  
40677-7

# Toxoplasma gondii Antibody, IgG & IgM

LAB5579

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

1-4 days

**Additional Information:**

The FDA recommends that IgM assays only be performed in conjunction with an IgG Antibody test. Equivocal results may be clarified by repeating the test after an additional week or more has passed. Because IgM antibody may persist for more than a year after acute infection, IgM assay is most reliable in excluding recent primary infection, except in the earliest stages or in rare neonates who do not have an early IgM response, in whom additional testing may be needed.

IgM is not usually elevated in disease due to reactivation of latent infection, such as chronic chorioretinitis or encephalitis in immunosuppressed patients with AIDS or lymphoma. The diagnosis of acute or recent *Toxoplasma gondii* infection should not be based on one IgM serology result. It is suggested that a positive result be confirmed by an alternate method.

**Synonyms:**

- TORCH Antibodies

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Avoid hemolysis

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

## PROCESSING

**Test Code:**

TOGM

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze at -20C

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

## RESULT INTERPRETATION



**Reference Interval:**

Toxoplasma IgM: Negative  
Toxoplasma IgG: Negative

**Additional Information:**

The FDA recommends that IgM assays only be performed in conjunction with an IgG Antibody test. Equivocal results may be clarified by repeating the test after an additional week or more has passed. Because IgM antibody may persist for more than a year after acute infection, IgM assay is most reliable in excluding recent primary infection, except in the earliest stages or in rare neonates who do not have an early IgM response, in whom additional testing may be needed.

IgM is not usually elevated in disease due to reactivation of latent infection, such as chronic chorioretinitis or encephalitis in immunosuppressed patients with AIDS or lymphoma. The diagnosis of acute or recent *Toxoplasma gondii* infection should not be based on one IgM serology result. It is suggested that a positive result be confirmed by an alternate method.

**ADMINISTRATIVE****CPT Codes:**

86778, 86777

**LOINC Codes:**

40678-5; 40677-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TOGM

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Remarks:**

Avoid hemolysis

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

**Specimen Preparation:**

Freeze at -20C

**Reference Interval:**

Toxoplasma IgM: Negative  
Toxoplasma IgG: Negative

**Synonyms:**

- TORCH Antibodies

**Reported:**

1-4 days

**Additional Information:**

The FDA recommends that IgM assays only be performed in conjunction with an IgG Antibody test. Equivocal results may be clarified by repeating the test after an additional week or more has passed. Because IgM antibody may persist for more than a year after acute infection, IgM assay is most reliable in excluding recent primary infection, except in the earliest stages or in rare neonates who do not have an early IgM response, in whom additional testing may be needed.

IgM is not usually elevated in disease due to reactivation of latent infection, such as chronic chorioretinitis or encephalitis in immunosuppressed patients with AIDS or lymphoma. The diagnosis of acute or recent *Toxoplasma gondii* infection should not be based on one IgM serology result. It is suggested that a positive result be confirmed by an alternate method.

**CPT Codes:**

86778, 86777

**LOINC Codes:**

40678-5; 40677-7

# Toxoplasma gondii Antibody, IgG, CSF

LAB3483

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

EIA

**Reported:**

Test run Monday-Friday. Turnaround time: 2-4 days.

## COLLECTION

**Sample Type:**

CSF

**Label Abbreviation:**

TXCG

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.1 mL CSF

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

## PROCESSING

**Test Code:**

TXCG

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest test # 10666X

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.1 mL CSF

## RESULT INTERPRETATION

**Reference Interval:**

Negative: &lt; 0.90

Equivocal: 0.9-1.09

Positive: &gt;= 1.10

## ADMINISTRATIVE

**CPT Codes:**

86777-90

**LOINC Codes:**

30568-0

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

TXCG

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

EIA

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Sample Type:**

CSF

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.1 mL CSF

**Specimen Preparation:**

Refrigerate. Order Quest test # 10666X

**Reference Interval:**

Negative: < 0.90

Equivocal: 0.9-1.09

Positive: >= 1.10

**Reported:**

Test run Monday-Friday. Turnaround time: 2-4 days.

**CPT Codes:**

86777-90

**LOINC Codes:**

30568-0

# Toxoplasma gondii Antibody, IgM, CSF

LAB3503

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

EIA

**Reported:**

Test run Monday-Friday. Turnaround time: 2-4 days.

**Additional Information:**

This test is always run in conjunction with a test for IgG Antibody.

The FDA recommends that IgM assays only be performed in conjunction with an IgG Antibody test. Equivocal results may be clarified by repeating the test after an additional week or more has passed. Because IgM antibody may persist for more than a year after acute infection, IgM assay is most reliable in excluding recent primary infection, except in the earliest stages or in rare neonates who do not have an early IgM response, in whom additional testing may be needed. IgM is not usually elevated in disease due to reactivation of latent infection, such as chronic chorioretinitis or encephalitis in immunosuppressed patients with AIDS or lymphoma. The diagnosis of acute or recent *Toxoplasma gondii* infection should not be based on one IgM serology result. It is suggested that a positive result be confirmed by an alternate method.

**Synonyms:**

- TXCM

## COLLECTION

**Sample Type:**

CSF

**Label Abbreviation:**

TXCM

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.1 mL CSF

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

## PROCESSING

**Test Code:**

TXCM and TXCG

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate. Order Quest test # 10485X

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.1 mL CSF

## RESULT INTERPRETATION

**Reference Interval:**

Negative: < 0.90  
 Equivocal: 0.9-1.09  
 Positive: ≥ 1.10

**Additional Information:**

This test is always run in conjunction with a test for IgG Antibody.

The FDA recommends that IgM assays only be performed in conjunction with an IgG Antibody test. Equivocal results may be clarified by repeating the test after an additional week or more has passed. Because IgM antibody may persist for more than a year after acute infection, IgM assay is most reliable in excluding recent primary infection, except in the earliest stages or in rare neonates who do not have an early IgM response, in whom additional testing may be needed. IgM is not usually elevated in disease due to reactivation of latent infection, such as chronic chorioretinitis or encephalitis in immunosuppressed patients with AIDS or lymphoma. The diagnosis of acute or recent Toxoplasma gondii infection should not be based on one IgM serology result. It is suggested that a positive result be confirmed by an alternate method.

**ADMINISTRATIVE****CPT Codes:**

86778-90, 86777-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TXCM and TXCG

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

EIA

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Sample Type:**

CSF

**Preferred Volume:**

1 mL CSF

**Minimum Volume:**

0.1 mL CSF

**Specimen Preparation:**

Refrigerate. Order Quest test # 10485X

**Reference Interval:**

Negative: < 0.90  
 Equivocal: 0.9-1.09  
 Positive: ≥ 1.10

**Synonyms:**

- TXCM

**Reported:**

Test run Monday-Friday. Turnaround time: 2-4 days.

**Additional Information:**

This test is always run in conjunction with a test for IgG Antibody.

The FDA recommends that IgM assays only be performed in conjunction with an IgG Antibody test. Equivocal results may be clarified by repeating the test after an additional week or more has passed. Because IgM antibody may persist for more than a year after acute infection, IgM assay is most reliable in excluding recent primary infection, except in the earliest stages or in rare neonates who do not have an early IgM response, in whom additional testing may be needed. IgM is not usually elevated in disease due to reactivation of latent infection, such as chronic chorioretinitis or encephalitis in immunosuppressed patients with AIDS or lymphoma. The diagnosis of acute or recent Toxoplasma gondii infection should not be based on one IgM serology result. It is suggested that a positive result be confirmed by an alternate method.

**CPT Codes:**  
86778-90, 86777-90

# Toxoplasma gondii DNA, Whole Blood

LAB3448

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Viracor

**Methodology:**

Real time PCR

**Additional Information:**Assay range: 100-1.0x10<sup>8</sup> copies/mL

## COLLECTION

**Sample Type:**

EDTA whole blood, CSF, Amniotic fluid, BAL

**Collect:**

Lavender top, CSF tube or sterile collection tube

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood or fluid

**Minimum Volume:**

2 mL blood or fluid

**Unacceptable Conditions:**

Improperly submitted samples

## PROCESSING

**Test Code:**

TXPCR

**Test Group:**

Toxoplasma

**Sendout:**

Yes

**Performing Lab:**

Viracor

**Specimen Preparation:**

Keep non-CSF samples at room temperature and ship at room temperature. Samples should be received at Viracor within 96 hours of collection.

CSF must be frozen transported to China Basin and then shipped on dry ice to ViraCor.

**Preferred Volume:**

3 mL blood or fluid

**Minimum Volume:**

2 mL blood or fluid

**Unacceptable Conditions:**

Improperly submitted samples

## RESULT INTERPRETATION

**Units:**

copies/mL

**Reference Interval:**

Not detected

**Additional Information:**Assay range: 100-1.0x10<sup>8</sup> copies/mL

## ADMINISTRATIVE



**CPT Codes:**  
87799-90

**LOINC Codes:**  
49448-4

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
TXPCR

**Test Group:**  
Toxoplasma

**Performing Lab:**  
Viracor

**Sendout:**  
Yes

**Methodology:**  
Real time PCR

**Collect:**  
Lavender top, CSF tube or sterile collection tube

**Amount to Collect:**  
3 mL blood

**Sample Type:**  
EDTA whole blood, CSF, Amniotic fluid, BAL

**Preferred Volume:**  
3 mL blood or fluid

**Minimum Volume:**  
2 mL blood or fluid

**Unacceptable Conditions:**  
Improperly submitted samples

**Specimen Preparation:**  
Keep non-CSF samples at room temperature and ship at room temperature. Samples should be received at Viracor within 96 hours of collection.

CSF must be frozen transported to China Basin and then shipped on dry ice to ViraCor.

**Units:**  
copies/mL

**Reference Interval:**  
Not detected

**Additional Information:**  
Assay range: 100-1.0x10<sup>8</sup> copies/mL

**CPT Codes:**  
87799-90

**LOINC Codes:**  
49448-4

# Toxoplasma Gondii PCR, Amniotic Fluid

LAB2025

## ORDERING

**Ordering Recommendations:**

Confirm toxoplasmosis infection in fetuses. May be used to confirm equivocal antibody testing.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Tue, Fri

**Methodology:**

Qualitative Polymerase Chain Reaction

**Reported:**

1-5 days

**Synonyms:**

- Coccidia
- T gondi DNA detection
- T. gondii PCR
- Toxoplasma gondii, Molecular Detection, PCR
- TOXAF

## COLLECTION

**Sample Type:**

Amniotic fluid

**Label Abbreviation:**

TOXAF

**Collect:**

Sterile container

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Stability (from collection to initiation):**

Central Processing, please send/transport ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving. China Basin Processing will give Cytogenetics lab all tubes and Cytogenetics lab will bring all send out tests back to Sendout lab. Sendout department will then send the tubes out at frozen temperature.

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
(send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)  
From China Basin Central Processing to Cytogenetics: Room Temperature  
From China Basin Central Processing to Send Out institution: Frozen

**Unacceptable Conditions:**

Heparinized specimens

## PROCESSING

**Test Code:**

TOXAF

**ARUP Test Code:**

0055591

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Heparinized specimens

**Stability (from collection to initiation):**

Central Processing, please send/transport ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving. China Basin Processing will give Cytogenetics lab all tubes and Cytogenetics lab will bring all send out tests back to Sendout lab. Sendout department will then send the tubes out at frozen temperature.

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
 (send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)  
 From China Basin Central Processing to Cytogenetics: Room Temperature  
 From China Basin Central Processing to Send Out institution: Frozen

**RESULT INTERPRETATION****Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

87798

**LOINC:**

- 31208-2
- 29904-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Confirm toxoplasmosis infection in fetuses. May be used to confirm equivocal antibody testing.

**Test Code:**

TOXAF

**ARUP Test Code:**

0055591

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Tue, Fri

**Methodology:**

Qualitative Polymerase Chain Reaction

**Collect:**

Sterile container

**Sample Type:**

Amniotic fluid

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Heparinized specimens

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Coccidia
- T gondi DNA detection
- T. gondii PCR
- Toxoplasma gondii, Molecular Detection, PCR
- TOXAF

**Storage/Transport Temperature:**

From Central processing to China Basin Central processing : Room Temperature  
(send ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving)  
From China Basin Central Processing to Cytogenetics: Room Temperature  
From China Basin Central Processing to Send Out institution: Frozen

**Stability (from collection to initiation):**

Central Processing, please send/transport ALL amniotic fluid tubes (including tubes with sendout labels) at ROOM TEMPERATURE to China Basin Cytogenetics Lab immediately upon receiving. China Basin Processing will give Cytogenetics lab all tubes and Cytogenetics lab will bring all send out tests back to Sendout lab. Sendout department will then send the tubes out at frozen temperature.

**Reported:**

1-5 days

**CPT Codes:**

87798

**LOINC:**

- 31208-2
- 29904-0

# Toxoplasma gondii stain

P403

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Methodology:**

Giemsa stain

**Reported:**

1-3 days

## COLLECTION

**Sample Type:**

Sputum

**Collect:**

Clean container

**Remarks:**

Only submit sputum to the clinical laboratory. Send other specimens for detecting the organism to Pathology.

Friday samples must be received by 1230 hours.

**Stability (from collection to initiation):**

Refrigerated 24 hours

## PROCESSING

**Test Code:**

P403

**Test Group:**

Toxoplasma

**Performing Lab:**

Microbiology

**Stability (from collection to initiation):**

Refrigerated 24 hours

## ADMINISTRATIVE

**CPT Codes:**

87207

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P403

**Test Group:**

Toxoplasma

**Performing Lab:**

Microbiology

**Performed:**

Monday-Friday, day shift

**Methodology:**

Giemsa stain

**Remarks:**

Only submit sputum to the clinical laboratory. Send other specimens for detecting the organism to Pathology.

Friday samples must be received by 1230 hours.

**Collect:**

Clean container

**Sample Type:**

Sputum

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Reported:**

1-3 days

**CPT Codes:**

87207

# Transferrin, Serum/Plasma

LAB133

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mission Bay, Parnassus, and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Immunoturbidimetric Assay (Abbott Architect c8000 or c4000)

**Reported:**

1 day

**Additional Information:**

May be used to follow nutritional status, however, interpret results with caution, as transferrin is also an acute-phase reactant. See also entry for Iron, % saturation and transferrin or TIBC, plasma/serum

Samples containing paraproteins (monoclonal proteins) and other factors affecting sample turbidity may interfere in the transferrin assay.

If a sample is found to have a lipemic/turbidity index of  $\geq 200$ , append ETC "TURUNK" (specimen grossly turbid, effect on most assay results unknown).

**Synonyms:**

- Transferrin beta-1-
- beta-1-Transferrin
- Transferrin
- TRFN

## COLLECTION

**Sample Type:**

Heparinized plasma (preferred) or Serum

**Label Abbreviation:**

TRFN

**Collect:**

Light green top preferred. Gold top acceptable.

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature (20 to 25°C): 3 days

Refrigerated (2 to 8°C): 3 days

Freezer (-20°C): 6 months

## PROCESSING

**Test Code:**

TRFN

**Test Group:**

Transferrin

**Performing Lab:**

Mission Bay, Parnassus, and Mt Zion Chemistry

**Specimen Preparation:**

Refrigerate sample

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature (20 to 25°C): 3 days

Refrigerated (2 to 8°C): 3 days

Freezer (-20°C): 6 months

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

| AGE                     | mg/dL   |
|-------------------------|---------|
| 0 - < 9 weeks           | 104-224 |
| 9 weeks to < 1 year     | 107-324 |
| >= 1 year to < 19 years | 220-337 |
| >=19 years              | 182-360 |

Adult reference interval adopted from the previous transferrin reference interval from the China Basin Immunology Image methodology following a method comparison study and a reference interval study performed between the Architect and the Image.

Pediatric reference intervals adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <http://caliper.research.sickkids.ca/#/search>.

**Additional Information:**

May be used to follow nutritional status, however, interpret results with caution, as transferrin is also an acute-phase reactant. See also entry for Iron, % saturation and transferrin or TIBC, plasma/serum

Samples containing paraproteins (monoclonal proteins) and other factors affecting sample turbidity may interfere in the transferrin assay.

If a sample is found to have a lipemic/turbidity index of  $\geq 200$ , append ETC "TURUNK" ( specimen grossly turbid, effect on most assay results unknown).

**Interpretive Data:**

May be used to follow nutritional status, however, interpret results with caution, as transferrin is also an acute-phase reactant. See also entry for Iron, % saturation and transferrin or TIBC, plasma/serum.

Samples containing paraproteins (monoclonal proteins) and other factors affecting sample turbidity may interfere in the transferrin assay.

If a sample is found to have a lipemic/turbidity index of  $\geq 200$ , append ETC "TURUNK" ( specimen grossly turbid, effect on most assay results unknown).

**ADMINISTRATIVE****CPT Codes:**

84466

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TRFN

**Test Group:**

Transferrin

**Performing Lab:**

Mission Bay, Parnassus, and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Immunoturbidimetric Assay (Abbott Architect c8000 or c4000)

**Collect:**

Light green top preferred. Gold top acceptable.

**Amount to Collect:**

1 mL blood

**Sample Type:**

Heparinized plasma (preferred) or Serum



**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.3 mL serum or plasma

**Specimen Preparation:**

Refrigerate sample

**Units:**

mg/dL

**Reference Interval:**

| AGE                     | mg/dL   |
|-------------------------|---------|
| 0 - < 9 weeks           | 104-224 |
| 9 weeks to < 1 year     | 107-324 |
| >= 1 year to < 19 years | 220-337 |
| >=19 years              | 182-360 |

Adult reference interval adopted from the previous transferrin reference interval from the China Basin Immunology Image methodology following a method comparison study and a reference interval study performed between the Architect and the Image.

Pediatric reference intervals adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <http://caliper.research.sickkids.ca/#/search>.

**Interpretive Data:**

May be used to follow nutritional status, however, interpret results with caution, as transferrin is also an acute-phase reactant. See also entry for Iron, % saturation and transferrin or TIBC, plasma/serum.

Samples containing paraproteins (monoclonal proteins) and other factors affecting sample turbidity may interfere in the transferrin assay.

If a sample is found to have a lipemic/turbidity index of  $\geq 200$ , append ETC "TURUNK" ( specimen grossly turbid, effect on most assay results unknown).

**Synonyms:**

- Transferrin beta-1-
- beta-1-Transferrin
- Transferrin
- TRFN

**Stability (from collection to initiation):**

Room temperature (20 to 25°C): 3 days

Refrigerated (2 to 8°C): 3 days

Freezer (-20°C): 6 months

**Reported:**

1 day

**Additional Information:**

May be used to follow nutritional status, however, interpret results with caution, as transferrin is also an acute-phase reactant. See also entry for Iron, % saturation and transferrin or TIBC, plasma/serum

Samples containing paraproteins (monoclonal proteins) and other factors affecting sample turbidity may interfere in the transferrin assay.

If a sample is found to have a lipemic/turbidity index of  $\geq 200$ , append ETC "TURUNK" ( specimen grossly turbid, effect on most assay results unknown).

**CPT Codes:**

84466

# Translocation KMT2A/MLLT10

MLMT10, BMMT10

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri, 9AM - 5PM

**Methodology:**

FISH

**Reported:**

7-14 days

**Synonyms:**

- Translocation (10;11)(p12;q23)
- MLMT10
- BMMT10
- t(10;11)(p12;q23)/KMT2A::MLLT10
- t(10;11)(p12;q23)
- KMT2A::MLLT10

## COLLECTION

**Sample Type:**

Bone marrow, Blood, Bone Core

**Collect:**

Blood or bone marrow aspirate: Dark green top

Bone marrow core: Sterile container with medium

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room Temperature

**Unacceptable Conditions:**

Clotted samples, samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

Blood: BMMT10

Non-blood: MLMT10

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples, samples received refrigerated or frozen.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**  
Room Temperature

## ADMINISTRATIVE

**CPT Codes:**  
88271x2,88275x1

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
Blood: BMMT10  
Non-blood: MLMT10

**Performing Lab:**  
Cytogenetics

**Performed:**  
Mon - Fri, 9AM - 5PM

**Methodology:**  
FISH

**Collect:**  
Blood or bone marrow aspirate: Dark green top  
Bone marrow core: Sterile container with medium

**Sample Type:**  
Bone marrow, Blood, Bone Core

**Preferred Volume:**  
Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Minimum Volume:**  
Blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow core: 1 cm

**Unacceptable Conditions:**  
Clotted samples, samples received refrigerated or frozen.

**Synonyms:**

- Translocation (10;11)(p12;q23)
- MLMT10
- BMMT10
- t(10;11)(p12;q23)/KMT2A::MLLT10
- t(10;11)(p12;q23)
- KMT2A::MLLT10

**Storage/Transport Temperature:**  
Room Temperature

**Stability (from collection to initiation):**  
2 days

**Reported:**  
7-14 days

**CPT Codes:**  
88271x2,88275x1

# Translocation PICALM/MLLT10

PIMT10, BPMT10

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri, 9AM - 5PM

**Methodology:**

FISH

**Reported:**

7-14 days

**Synonyms:**

- Translocation (10;11)(p12;q21)
- PIMT10
- BPMT10
- t(10;11)(p12;q21)/PICALM::MLLT10
- t(10;11)(p12;q21)
- PICALM::MLLT10

## COLLECTION

**Sample Type:**

Bone Marrow, Blood, Bone Core

**Collect:**

Blood or bone marrow aspirate: Dark green top

Bone marrow core: Sterile container with medium

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

## PROCESSING

**Test Code:**

Blood: BPMT10

Non-blood: PIMT10

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**  
Room temperature

## ADMINISTRATIVE

**CPT Codes:**  
88271x2, 88275x1

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
Blood: BPMT10  
Non-blood: PIMT10

**Performing Lab:**  
Cytogenetics

**Performed:**  
Mon - Fri, 9AM - 5PM

**Methodology:**  
FISH

**Collect:**  
Blood or bone marrow aspirate: Dark green top  
Bone marrow core: Sterile container with medium

**Sample Type:**  
Bone Marrow, Blood, Bone Core

**Preferred Volume:**  
Blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow core: 2 cm

**Minimum Volume:**  
Blood: 1 mL  
Bone marrow aspirate: 1 mL  
Bone marrow core: 1 cm

**Unacceptable Conditions:**  
Clotted samples. Samples received refrigerated or frozen

**Synonyms:**

- Translocation (10;11)(p12;q21)
- PIMT10
- BPMT10
- t(10;11)(p12;q21)/PICALM::MLLT10
- t(10;11)(p12;q21)
- PICALM::MLLT10

**Storage/Transport Temperature:**  
Room temperature

**Stability (from collection to initiation):**  
2 days

**Reported:**  
7-14 days

**CPT Codes:**  
88271x2, 88275x1

# Translocation 11 / 14 FISH

TR1114, BT1114

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Reported:**

1-2 weeks

**Synonyms:**

- IGH/CCND1 Translocation
- T1114
- T11:14
- TR1114
- BT1114

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow. Bone marrow biopsy

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
Bone marrow aspirate: 1 mL  
?Bone marrow biopsy: 1 cm

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

## PROCESSING

**Test Code:**

BT1114: Blood  
TR1114: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Preferred Volume:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
Bone marrow aspirate: 1 mL  
?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Stability (from collection to initiation):**

Room temperature 2 days

**RESULT INTERPRETATION****Reference Interval:**

Absent

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BT1114: Blood

TR1114: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Heparinized whole blood or bone marrow. Bone marrow biopsy

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Reference Interval:**

Absent

**Synonyms:**

- IGH/CCND1 Translocation
- T1114
- T11:14
- TR1114
- BT1114

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**  
Yes



# Translocation 12/21 FISH

BT1221, TR1221

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Performed:**

Monday - Friday 0900-1700

**Methodology:**

FISH

**Reported:**

1-2 weeks

**Synonyms:**

- TEL/AML1 translocation FISH, ETV6/RUNX1 translocation FISH

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow, Bone marrow core biopsy

**Collect:**

Dark green top

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 1 cm

**Remarks:**

Mix sample well with anticoagulant. keep at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

BT1221: Blood

TR1221: Bone marrow

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples.

Transport to China Basin Cytogenetics asap.

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Stability (from collection to initiation):**

Room temperature 2 days

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BT1221: Blood

TR1221: Bone marrow

**Performing Lab:**

Molecular Genetics - Cytogenetics

**Performed:**

Monday - Friday 0900-1700

**Methodology:**

FISH

**Remarks:**

Mix sample well with anticoagulant. keep at room temperature

**Collect:**

Dark green top

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Heparinized whole blood or bone marrow, Bone marrow core biopsy

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen.

**Specimen Preparation:**

Do not centrifuge, refrigerate or freeze samples.

Transport to China Basin Cytogenetics asap.

**Synonyms:**

- TEL/AML1 translocation FISH, ETV6/RUNX1 translocation FISH

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

# Translocation 14 / 16 FISH

TR1416, BT1416

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Reported:**

1-2 weeks

**Synonyms:**

- IGH/MAF Translocation
- TR1416
- BT1416

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow. Bone marrow biopsy

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

## PROCESSING

**Test Code:**

BT1416: Blood

TR1416: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Stability (from collection to initiation):**

Room temperature 2 days

**RESULT INTERPRETATION****Reference Interval:**

Absent

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BT1416: Blood

TR1416: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Heparinized whole blood or bone marrow. Bone marrow biopsy

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Reference Interval:**

Absent

**Synonyms:**

- IGH/MAF Translocation
- TR1416
- BT1416

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

# Translocation 14/18 FISH

TR1418, BT1418

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization (FISH)

**Reported:**

7-14 days

**Synonyms:**

- IGH/BCL2
- Follicular DLBCL FISH
- TR1418
- BT1418

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Collect:**

Dark Green top

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Remarks:**

Mix sample well by gentle inversion.

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## PROCESSING

**Test Code:**

BT1418: Blood

TR1418: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Stability (from collection to initiation):**

48 hours

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275 x1

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BT1418: Blood

TR1418: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization (FISH)

**Remarks:**

Mix sample well by gentle inversion.

**Collect:**

Dark Green top

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Reference Interval:**

Not detected

**Synonyms:**

- IGH/BCL2
- Follicular DLBCL FISH
- TR1418
- BT1418

**Stability (from collection to initiation):**

48 hours

**Reported:**

7-14 days

**CPT Codes:**

88271 x2, 88275 x1

**LDT or Modified FDA:**

Yes

# Translocation 14/20 IGH/MAFB FISH

BT1420, TR1420

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri 9am to 5pm

**Methodology:**

FISH

**Reported:**

7~14 days

**Synonyms:**

- IGH/MAFB rearrangement FISH, IGH/MAFB Dual Fusion Rearrangement FISH

## COLLECTION

**Sample Type:**

Dark Green top Sodium Heparin tube

**Collect:**

Dark Green top Sodium Heparin tube for bone marrow, sterile container with medium for bone core.

**Amount to Collect:**

2ml

**Preferred Volume:**

2ml

**Minimum Volume:**

1ml

**Remarks:**

Mix well, do not spin, keep at room temperature.

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Leaking, frozen and unlabeled samples.

## PROCESSING

**Test Code:**

BT1420: Blood

TR1420: Non-blood

**Test Group:**

Cytogenetics

**Performing Lab:**

Cytogenetics

**Specimen Preparation:**

Do not refrigerate or freeze sample, call lab before sample rejection.

**Preferred Volume:**

2ml

**Minimum Volume:**

1ml

**Unacceptable Conditions:**

Leaking, frozen and unlabeled samples.

**Stability (from collection to initiation):**

48 hours

## ADMINISTRATIVE

**CPT Codes:**

88271x1, 88271x1, 88275x1

**LDT or Modified FDA:**  
Yes

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
BT1420: Blood  
TR1420: Non-blood

**Test Group:**  
Cytogenetics

**Performing Lab:**  
Cytogenetics

**Performed:**  
Mon - Fri 9am to 5pm

**Methodology:**  
FISH

**Remarks:**  
Mix well, do not spin, keep at room temperature.

**Collect:**  
Dark Green top Sodium Heparin tube for bone marrow, sterile container with medium for bone core.

**Amount to Collect:**  
2ml

**Sample Type:**  
Dark Green top Sodium Heparin tube

**Preferred Volume:**  
2ml

**Minimum Volume:**  
1ml

**Unacceptable Conditions:**  
Leaking, frozen and unlabeled samples.

**Specimen Preparation:**  
Do not refrigerate or freeze sample, call lab before sample rejection.

**Synonyms:**

- IGH/MAFB rearrangement FISH, IGH/MAFB Dual Fusion Rearrangement FISH

**Stability (from collection to initiation):**  
48 hours

**Reported:**  
7~14 days

**CPT Codes:**  
88271x1, 88271x1, 88275x1

**LDT or Modified FDA:**  
Yes



# Translocation 1q/19p FISH

TR119, BT119

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-Situ Hybridization

**Reported:**

1-2 weeks

**Synonyms:**

- Translocation PBX1/TCF3FISH
- TR119

## COLLECTION

**Sample Type:**

Heparinized blood or bone marrow aspirate  
Bone biopsy

**Collect:**

Blood or marrow aspirate: Dark Green top

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
Bone marrow aspirate: 1 mL  
?Bone marrow biopsy: 1 cm

**Remarks:**

Mix blood and marrow aspirates well

**Stability (from collection to initiation):**

2 days at room temperature

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin

## PROCESSING

**Test Code:**

BT119: Blood  
TR119: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature; Do Not Refrigerate or freeze. Do Not centrifuge.

**Preferred Volume:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
Bone marrow aspirate: 1 mL  
?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin

**Stability (from collection to initiation):**

2 days at room temperature

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

59050-5, 29308-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BT119: Blood

TR119: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-Situ Hybridization

**Remarks:**

Mix blood and marrow aspirates well

**Collect:**

Blood or marrow aspirate: Dark Green top

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Heparinized blood or bone marrow aspirate

Bone biopsy

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Insufficient sample or not collected in heparin

**Specimen Preparation:**

Maintain sample at room temperature; Do Not Refrigerate or freeze. Do Not centrifuge.

**Synonyms:**

- Translocation PBX1/TCF3FISH
- TR119

**Stability (from collection to initiation):**

2 days at room temperature

**Reported:**

1-2 weeks

**CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

59050-5, 29308-4

# Translocation 4 / 14 FISH

TR414, BT414

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Reported:**

1-2 weeks

**Synonyms:**

- IGH/FGNR3 Translocation
- T414
- T4:14
- TR414
- BT414

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow  
Bone marrow biopsy

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
Bone marrow aspirate: 1 mL  
?Bone marrow biopsy: 1 cm

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

## PROCESSING

**Test Code:**

BT414: Blood  
TR414: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Preferred Volume:**

Whole blood: 2 mL  
Bone marrow aspirate: 2 mL  
?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
Bone marrow aspirate: 1 mL  
?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Stability (from collection to initiation):**

Room temperature 2 days

**RESULT INTERPRETATION****Reference Interval:**

Absent

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BT414: Blood

TR414: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Heparinized whole blood or bone marrow

Bone marrow biopsy

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Reference Interval:**

Absent

**Synonyms:**

- IGH/FGNR3 Translocation
- T414
- T4:14
- TR414
- BT414

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**  
88271 x2, 88275

**LDT or Modified FDA:**  
Yes

# Translocation 6/14 CCND3/IGH FISH

TR614, BT614

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7~14 days

**Synonyms:**

- IGH/CCND3 Translocation, Dual Fusion FISH,

## COLLECTION

**Sample Type:**

Dark Green top Sodium Heparin tube

**Collect:**

Dark Green top Sodium Heparin tube for bone marrow, sterile container with medium for bone core.

**Amount to Collect:**

2ml

**Preferred Volume:**

2ml

**Minimum Volume:**

1ml

**Remarks:**

Mix well, do not spin, keep at room temperature.

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Leaking, frozen and unlabeled samples.

## PROCESSING

**Test Code:**

TR614: Non-Blood

BT614: Blood

**Test Group:**

Cytogenetics

**Performing Lab:**

Cytogenetics

**Specimen Preparation:**

Do not refrigerate or freeze sample, call lab before sample rejection.

**Preferred Volume:**

2ml

**Minimum Volume:**

1ml

**Unacceptable Conditions:**

Leaking, frozen and unlabeled samples.

**Stability (from collection to initiation):**

48 hours

## ADMINISTRATIVE

**CPT Codes:**

88271x1, 88271x1, 88275x1

**LDT or Modified FDA:**  
Yes

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
TR614: Non-Blood  
BT614: Blood

**Test Group:**  
Cytogenetics

**Performing Lab:**  
Cytogenetics

**Performed:**  
Mon - Fri 9 am to 5 pm

**Methodology:**  
FISH

**Remarks:**  
Mix well, do not spin, keep at room temperature.

**Collect:**  
Dark Green top Sodium Heparin tube for bone marrow, sterile container with medium for bone core.

**Amount to Collect:**  
2ml

**Sample Type:**  
Dark Green top Sodium Heparin tube

**Preferred Volume:**  
2ml

**Minimum Volume:**  
1ml

**Unacceptable Conditions:**  
Leaking, frozen and unlabeled samples.

**Specimen Preparation:**  
Do not refrigerate or freeze sample, call lab before sample rejection.

**Synonyms:**

- IGH/CCND3 Translocation, Dual Fusion FISH,

**Stability (from collection to initiation):**  
48 hours

**Reported:**  
7~14 days

**CPT Codes:**  
88271x1, 88271x1, 88275x1

**LDT or Modified FDA:**  
Yes

# Translocation 6/9 FISH

BT69, TR69

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7~14 days

**Synonyms:**

- BT69
- DEK NUP214 Dual Fusion Translocation FISH
- TR69

## COLLECTION

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Collect:**

Blood: Dark Green top Sodium Heparin Tube

Bone marrow: Dark Green top Sodium Heparin tube for Bone Marrow, sterile container with media for bone core

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples, samples received refrigerated or frozen

## PROCESSING

**Test Code:**

Blood: BT69

Bone marrow: TR69

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples, samples received refrigerated or frozen



**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**ADMINISTRATIVE****CPT Codes:**

88271x2, 88275x1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

Blood: BT69

Bone marrow: TR69

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri 9 am to 5 pm

**Methodology:**

FISH

**Collect:**

Blood: Dark Green top Sodium Heparin Tube

Bone marrow: Dark Green top Sodium Heparin tube for Bone Marrow, sterile container with media for bone core

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples, samples received refrigerated or frozen

**Synonyms:**

- BT69
- DEK NUP214 Dual Fusion Translocation FISH
- TR69

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

2 days

**Reported:**

7~14 days

**CPT Codes:**

88271x2, 88275x1

# Translocation 8/14 FISH

TR814, BT814

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization (FISH)

**Reported:**

7-14 days

**Synonyms:**

- IGH/MYC Burkitt Lymphoma FISH
- TR814
- BT814

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Collect:**

Dark Green top

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Remarks:**

Mix sample well by gentle inversion.

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## PROCESSING

**Test Code:**

BT814: Blood

TR814: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Stability (from collection to initiation):**

48 hours

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**ADMINISTRATIVE****CPT Codes:**

88271 x2, 88275 x1

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BT814: Blood

TR814: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization (FISH)

**Remarks:**

Mix sample well by gentle inversion.

**Collect:**

Dark Green top

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Reference Interval:**

Not detected

**Synonyms:**

- IGH/MYC Burkitt Lymphoma FISH
- TR814
- BT814

**Stability (from collection to initiation):**

48 hours

**Reported:**

7-14 days

**CPT Codes:**

88271 x2, 88275 x1

**LDT or Modified FDA:**

Yes

# Translocation 8/9 FISH

BT89, TR89

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri 9 am to 5 pm

**Methodology:**

FISH

**Reported:**

7~14 days

**Synonyms:**

- PCM1 JAK2 Dual Fusion Translocation FISH
- BT89
- TR89

## COLLECTION

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Collect:**

Blood: Dark Green top Sodium Heparin tube

Bone marrow: Dark Green top Sodium Heparin tube for bone marrow, sterile container with media for bone core.

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples, samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

Blood: BT89

Bone marrow: TR89

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples, samples received refrigerated or frozen.

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**ADMINISTRATIVE****CPT Codes:**

88271x2, 88275x1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

Blood: BT89

Bone marrow: TR89

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri 9 am to 5 pm

**Methodology:**

FISH

**Collect:**

Blood: Dark Green top Sodium Heparin tube

Bone marrow: Dark Green top Sodium Heparin tube for bone marrow, sterile container with media for bone core.

**Amount to Collect:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Sample Type:**

Blood, bone marrow aspirate, bone marrow core

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples, samples received refrigerated or frozen.

**Synonyms:**

- PCM1 JAK2 Dual Fusion Translocation FISH
- BT89
- TR89

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

2 days

**Reported:**

7~14 days

**CPT Codes:**

88271x2, 88275x1

# Translocation 8:21 FISH

TR821, BT821

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization

**Reported:**

1-2 weeks

**Synonyms:**

- Translocation 8/21
- TR821
- BT821

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Collect:**

Dark green top (Na-heparin)

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Remarks:**

Mix sample well, keep at room temperature.

**Stability (from collection to initiation):**

Room temperature 2 days

## PROCESSING

**Test Code:**

BT821: Blood

TR821: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Stability (from collection to initiation):**

Room temperature 2 days

## RESULT INTERPRETATION

**Reference Interval:**

No translocation

## ADMINISTRATIVE

**CPT Codes:**

88271, 88271, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BT821: Blood

TR821: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization

**Remarks:**

Mix sample well, keep at room temperature.

**Collect:**

Dark green top (Na-heparin)

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Reference Interval:**

No translocation

**Synonyms:**

- Translocation 8/21
- TR821
- BT821

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271, 88271, 88275

**LDT or Modified FDA:**

Yes

# Translocation CBFB/MYH11 FISH

TRCBFB, BTCBFB

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri, 9AM - 5PM

**Methodology:**

FISH

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- BTCBFB
- TRCBFB
- CBFB/MYH11 DCDF FISH

## COLLECTION

**Sample Type:**

Blood or bone marrow

**Collect:**

Blood or bone marrow aspirate: Dark green top

Bone marrow core: Sterile container with medium

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Stability (from collection to initiation):**

Room temperature: 2 days

**Unacceptable Conditions:**

Clotted samples, samples received refrigerated or frozen.

## PROCESSING

**Test Code:**

Blood: BTRCBFB

Bone marrow: TRCBFB

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples, samples received refrigerated or frozen.

**Stability (from collection to initiation):**

Room temperature: 2 days

## ADMINISTRATIVE



**CPT Codes:**  
88271x2,88275x1

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

Blood: BTRCBFB

Bone marrow: TRCBFB

**Performing Lab:**

Cytogenetics

**Performed:**

Mon - Fri, 9AM - 5PM

**Methodology:**

FISH

**Collect:**

Blood or bone marrow aspirate: Dark green top

Bone marrow core: Sterile container with medium

**Sample Type:**

Blood or bone marrow

**Preferred Volume:**

Blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

**Minimum Volume:**

Blood: 1 mL

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

**Unacceptable Conditions:**

Clotted samples, samples received refrigerated or frozen.

**Synonyms:**

- BTCBFB
- TRCBFB
- CBFB/MYH11 DCDF FISH

**Stability (from collection to initiation):**

Room temperature: 2 days

**Reported:**

7-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**CPT Codes:**

88271x2,88275x1

# Translocation GLIS2/ CBFA2T3

GLCBF, BGLCBF

## ORDERING

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9AM to 5PM

**Methodology:**

FISH

**Reported:**

7-14 days

**Synonyms:**

- GLCBF
- BGLCBF
- 16p13.3 and 16q24.3 fusion probe

## COLLECTION

**Sample Type:**

Bone marrow aspirate, Bone marrow core, Blood

**Collect:**

Bone marrow: Dark Green Top Sodium Heparin tube

Bone Core : Sterile container with medium

Blood: Dark Green Top Sodium Heparin tub

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood: 2 mL

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1 mL

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

## PROCESSING

**Test Code:**

GLCBF: Non-blood/bone marrow

BGLCBF: Blood

**Performing Lab:**

Cytogenetics

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood: 2 mL

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1 mL

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Stability (from collection to initiation):**

2 days

**Storage/Transport Temperature:**

Room temperature

## ADMINISTRATIVE

**CPT Codes:**

88271x2, 88275x1

**COMPLETE VIEW**

**Test Code:**

GLCBF: Non-blood/bone marrow

BGLCBF: Blood

**Performing Lab:**

Cytogenetics

**Performed:**

Monday - Friday, 9AM to 5PM

**Methodology:**

FISH

**Collect:**

Bone marrow: Dark Green Top Sodium Heparin tube

Bone Core : Sterile container with medium

Blood: Dark Green Top Sodium Heparin tub

**Sample Type:**

Bone marrow aspirate, Bone marrow core, Blood

**Preferred Volume:**

Bone marrow aspirate: 2 mL

Bone marrow core: 2 cm

Blood: 2 mL

**Minimum Volume:**

Bone marrow aspirate: 1 mL

Bone marrow core: 1 cm

Blood: 1 mL

**Unacceptable Conditions:**

Clotted samples. Samples received refrigerated or frozen

**Synonyms:**

- GLCBF
- BGLCBF
- 16p13.3 and 16q24.3 fusion probe

**Storage/Transport Temperature:**

Room temperature

**Stability (from collection to initiation):**

2 days

**Reported:**

7-14 days

**CPT Codes:**

88271x2, 88275x1

**Transplant DONOR ID Screen+NAT**

LAB4355

**ORDERING****Available Stat:**

No

**Performing Lab:**

Viracor-VRL Eurofins &amp; Immunology

**Reported:**

Donor infectious disease testing is sent out to Viracor-VRL Eurofins, results are available 48-72 hours after samples are sent out.

**Additional Information:**

This test package should be ordered for stem cell, tissue and organ donors. This package includes the infectious disease screening assays mandated for donor screening plus Cytomegalovirus antibody (Total), Hepatitis B Surface Antibody, antibodies to Trypanosoma cruzi and nucleic acid testing for Hepatitis B (HBV).

This test package should NOT be ordered on recipients. The BMID panel should be ordered instead.

The FDA mandates that blood, tissue, stem cell and organ donors are tested using the PTXID panel including the nucleic acid tests (NAT) for HIV, HCV and WNV. These NAT tests are performed on pooled samples as for blood donors and will be tested individually should the pooled result becomes positive.

Mandated panel (as of December 2005) includes: HBsAg, antibodies to HBcore, HCV, HIV-1/2, HTLV-I/II, Syphilis (RPR), and nucleic acid tests for HIV, HCV, and WNV.

The assays in the Pre-Transplant Infectious Disease Screening are those which are mandated by the FDA and AABB for donor screening. If additional tests are required, they must be ordered in addition to these panels and would be billed separately.

For information about this test call the Send Out lab at 353-4840 or Processing lab at 353-1667.

**Reflex Testing:**

Yes. If screening positive for Hepatitis B Surface Antigen, Human T-Lymphotropic Virus I/II or Syphilis, confirmation test will be performed at additional charge.

**Synonyms:**

- NAT
- nucleic acid testing
- Pre-transplant infectious disease screening panel
- PTXID

**COLLECTION****Sample Type:**

EDTA whole blood plus serum

**Collect:**

Lavender top 6 mL x 2, AND Red top 6 mL x 2 AND Gold top 5 mL

**Amount to Collect:**

12 mL blood Lavender top **AND**  
 12 mL blood Red top **AND**  
 5 mL blood Gold top

**Preferred Volume:**

12 mL blood Lavender top **AND**  
 6 mL serum Red top **AND**  
 3 mL serum Gold top

**Minimum Volume:**

6 mL blood Lavender top **AND**  
 6 mL serum Red top **AND**  
 3 mL serum Gold top

Please note: Minimum volume may not be sufficient for confirmatory, reflex or verification testing.

**Remarks:**

Note that the large 6.0 mL lavender top tubes **MUST** be used for collection of samples. The smaller 3.0 mL lavender tubes are **NOT** acceptable.

Do not draw samples for this screening panel on weekends and holidays. Samples drawn on Fridays and the day before holidays must be received in the lab by 11am.

**Note:** the collection tubes and amounts listed are for this set of screening tests only. Additional tests cannot be performed on these samples. If additional tests are requested at the same time then additional samples must be collected for them separately.

**Stability (from collection to initiation):**

Samples must be received by Viracor-VRL Eurofins within 72 hours of collection for donor infectious disease testing.

**Unacceptable Conditions:**

Samples > 72 hours old on receipt by Viracor-VRL Eurofins.

**PROCESSING****Test Code:**

PTXID

**Test Group:**

Pre-transplant testing

**Sendout:**

Yes

**Performing Lab:**

Viracor-VRL Eurofins & Immunology

**Specimen Preparation:**

Samples are sent out to Viracor-VRL Eurofins Monday to Friday afternoon by the Send-out Processing Department at China Basin for Donor infectious disease testing. Do not draw samples for PTXID on weekends and holidays. Samples drawn on Fridays and the day before holidays must be received at the hospital lab by 11am to get on 11:45am courier to China Basin to be in time for shipment to reference lab.

Do not centrifuge EDTA tubes. Refrigerate all samples and transport at 4C.

**Preferred Volume:**

12 mL blood Lavender top **AND**  
6 mL serum Red top **AND**  
3 mL serum Gold top

**Minimum Volume:**

6 mL blood Lavender top **AND**  
6 mL serum Red top **AND**  
3 mL serum Gold top

Please note: Minimum volume may not be sufficient for confirmatory, reflex or verification testing.

**Unacceptable Conditions:**

Samples > 72 hours old on receipt by Viracor-VRL Eurofins.

**Stability (from collection to initiation):**

Samples must be received by Viracor-VRL Eurofins within 72 hours of collection for donor infectious disease testing.

**RESULT INTERPRETATION****Additional Information:**

This test package should be ordered for stem cell, tissue and organ donors. This package includes the infectious disease screening assays mandated for donor screening plus Cytomegalovirus antibody (Total), Hepatitis B Surface Antibody, antibodies to Trypanosoma cruzi and nucleic acid testing for Hepatitis B (HBV).

This test package should **NOT** be ordered on recipients. The BMID panel should be ordered instead.

The FDA mandates that blood, tissue, stem cell and organ donors are tested using the PTXID panel including the nucleic acid tests (NAT) for HIV, HCV and WNV. These NAT tests are performed on pooled samples as for blood donors and will be tested individually should the pooled result becomes positive.

Mandated panel (as of December 2005) includes: HBsAg, antibodies to HBcore, HCV, HIV-1/2, HTLV-I/II, Syphilis (RPR), and nucleic acid tests for HIV, HCV, and WNV.

The assays in the Pre-Transplant Infectious Disease Screening are those which are mandated by the FDA and AABB for donor screening. If additional tests are required, they must be ordered in addition to these panels and would be billed separately.

For information about this test call the Send Out lab at 353-4840 or Processing lab at 353-1667.

**ADMINISTRATIVE****CPT Codes:**

86753, 86403, 87340, 86704, 86803, 86703, 86687, 86688, 86592, 87516, 87521, 87535, 87797

Reflex testing: 87341, 86790, 86592

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

PTXID

**Test Group:**

Pre-transplant testing

**Performing Lab:**

Viracor-VRL Eurofins &amp; Immunology

**Sendout:**

Yes

**Remarks:**

Note that the large 6.0 mL lavender top tubes **MUST** be used for collection of samples. The smaller 3.0 mL lavender tubes are **NOT** acceptable.

Do not draw samples for this screening panel on weekends and holidays. Samples drawn on Fridays and the day before holidays must be received in the lab by 11am.

**Note:** the collection tubes and amounts listed are for this set of screening tests only. Additional tests cannot be performed on these samples. If additional tests are requested at the same time then additional samples must be collected for them separately.

**Collect:**

Lavender top 6 mL x 2, AND Red top 6 mL x 2 AND Gold top 5 mL

**Amount to Collect:**

12 mL blood Lavender top **AND**  
 12 mL blood Red top **AND**  
 5 mL blood Gold top

**Sample Type:**

EDTA whole blood plus serum

**Preferred Volume:**

12 mL blood Lavender top **AND**  
 6 mL serum Red top **AND**  
 3 mL serum Gold top

**Minimum Volume:**

6 mL blood Lavender top **AND**  
 6 mL serum Red top **AND**  
 3 mL serum Gold top

Please note: Minimum volume may not be sufficient for confirmatory, reflex or verification testing.

**Unacceptable Conditions:**

Samples > 72 hours old on receipt by Viracor-VRL Eurofins.

**Specimen Preparation:**

Samples are sent out to Viracor-VRL Eurofins Monday to Friday afternoon by the Send-out Processing Department at China Basin for Donor infectious disease testing. Do not draw samples for PTXID on weekends and holidays. Samples drawn on Fridays and the day before holidays must be received at the hospital lab by 11am to get on 11:45am courier to China Basin to be in time for shipment to reference lab.

Do not centrifuge EDTA tubes. Refrigerate all samples and transport at 4C.

**Synonyms:**

- NAT
- nucleic acid testing
- Pre-transplant infectious disease screening panel
- PTXID

**Stability (from collection to initiation):**

Samples must be received by Viracor-VRL Eurofins within 72 hours of collection for donor infectious disease testing.

**Reported:**

Donor infectious disease testing is sent out to Viracor-VRL Eurofins, results are available 48-72 hours after samples are sent out.

**Reflex Testing:**

Yes. If screening positive for Hepatitis B Surface Antigen, Human T-Lymphotropic Virus I/II or Syphilis, confirmation test will be performed at additional charge.

**Additional Information:**

This test package should be ordered for stem cell, tissue and organ donors. This package includes the infectious disease screening assays mandated for donor screening plus Cytomegalovirus antibody (Total), Hepatitis B Surface Antibody, antibodies to Trypanosoma cruzi and nucleic acid testing for Hepatitis B (HBV).

This test package should NOT be ordered on recipients. The BMID panel should be ordered instead.

The FDA mandates that blood, tissue, stem cell and organ donors are tested using the PTXID panel including the nucleic acid tests (NAT) for HIV, HCV and WNV. These NAT tests are performed on pooled samples as for blood donors and will be tested individually should the pooled result becomes positive.

Mandated panel (as of December 2005) includes: HBsAg, antibodies to HBcore, HCV, HIV-1/2, HTLV-I/II, Syphilis (RPR), and nucleic acid tests for HIV, HCV, and WNV.

The assays in the Pre-Transplant Infectious Disease Screening are those which are mandated by the FDA and AABB for donor screening. If additional tests are required, they must be ordered in addition to these panels and would be billed separately.

For information about this test call the Send Out lab at 353-4840 or Processing lab at 353-1667.

**CPT Codes:**

86753, 86403, 87340, 86704, 86803, 86703, 86687, 86688, 86592, 87516, 87521, 87535, 87797

Reflex testing: 87341, 86790, 86592

# Transplant RECIPIENT ID Screen

LAB8004

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Additional Information:**

Panel contains the following tests: Hepatitis B surface Ag, Hepatitis B core Ab, Hepatitis C Ab, HIV Ab/Ag, Syphilis Screening, CMV Ab, and Hepatitis B Ab.

Confirmation test will be performed automatically on positive Hepatitis B surface Ag, HIV Ab/Ag and Syphilis Screening at an additional charge.

The minimum amount of serum for serologic screening may be insufficient for confirmation of a positive test.

**Synonyms:**

- BMID

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

BMID

**Collect:**

Gold top, Red top

**Amount to Collect:**

5 mL blood (Gold top)

6 mL blood (Red top)

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1 mL serum

## PROCESSING

**Test Code:**

BMID

**Test Group:**

Pre-transplant testing

**Performing Lab:**

Immunology

**Specimen Preparation:**

Panel contains the following tests: Hepatitis B surface Ag, Hepatitis B core Ab, Hepatitis C Ab, HIV Ab/Ag, Syphilis Screening, CMV Ab, and Hepatitis B Ab.

Confirmation test will be performed automatically on positive Hepatitis B surface Ag, HIV Ab/Ag and Syphilis Screening at an additional charge.

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1 mL serum

## RESULT INTERPRETATION

**Additional Information:**

Panel contains the following tests: Hepatitis B surface Ag, Hepatitis B core Ab, Hepatitis C Ab, HIV Ab/Ag, Syphilis Screening, CMV Ab, and Hepatitis B Ab.

Confirmation test will be performed automatically on positive Hepatitis B surface Ag, HIV Ab/Ag and Syphilis Screening at an additional charge.

The minimum amount of serum for serologic screening may be insufficient for confirmation of a positive test.



**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BMID

**Test Group:**

Pre-transplant testing

**Performing Lab:**

Immunology

**Collect:**

Gold top, Red top

**Amount to Collect:**

5 mL blood (Gold top)

6 mL blood (Red top)

**Sample Type:**

Serum

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1 mL serum

**Specimen Preparation:**

Panel contains the following tests: Hepatitis B surface Ag, Hepatitis B core Ab, Hepatitis C Ab, HIV Ab/Ag, Syphilis Screening, CMV Ab, and Hepatitis B Ab.

Confirmation test will be performed automatically on positive Hepatitis B surface Ag, HIV Ab/Ag and Syphilis Screening at an additional charge.

**Synonyms:**

- BMID

**Additional Information:**

Panel contains the following tests: Hepatitis B surface Ag, Hepatitis B core Ab, Hepatitis C Ab, HIV Ab/Ag, Syphilis Screening, CMV Ab, and Hepatitis B Ab.

Confirmation test will be performed automatically on positive Hepatitis B surface Ag, HIV Ab/Ag and Syphilis Screening at an additional charge.

The minimum amount of serum for serologic screening may be insufficient for confirmation of a positive test.

# Trazodone

TRAZ

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC

**Reported:**

Test run Thursday AM only. Turnaround time: 3-10 days.

**Additional Information:**

Some patients respond to substantially lower levels.

**Synonyms:**

- Desyrel

## COLLECTION

**Sample Type:**

Serum or EDTA plasma

**Collect:**Red top or Lavender top (Gold top **NOT** acceptable),**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Remarks:**

Do not collect in serum separator tube (SST; Gold top)

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 2 months

**Unacceptable Conditions:**

Collected in Gold top.

## PROCESSING

**Test Code:**

TRAZ

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Refrigerate serum. Order Quest # 4732X. For B&amp;T patients order LabCorp test #071688

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Unacceptable Conditions:**

Collected in Gold top.

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 2 months

## RESULT INTERPRETATION

**Units:**

ng/mL

**Reference Interval:**

Therapeutic: 800-1600 ng/mL

**Additional Information:**

Some patients respond to substantially lower levels.

**ADMINISTRATIVE****CPT Codes:**

80299-90

**LOINC Codes:**

4064-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TRAZ

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC

**Remarks:**

Do not collect in serum separator tube (SST; Gold top)

**Collect:**

Red top or Lavender top (Gold top **NOT** acceptable),

**Amount to Collect:**

3 mL blood

**Sample Type:**

Serum or EDTA plasma

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Unacceptable Conditions:**

Collected in Gold top.

**Specimen Preparation:**

Refrigerate serum. Order Quest # 4732X. For B&T patients order LabCorp test #071688

**Units:**

ng/mL

**Reference Interval:**

Therapeutic: 800-1600 ng/mL

**Synonyms:**

- Desyrel

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 2 months

**Reported:**

Test run Thursday AM only. Turnaround time: 3-10 days.

**Additional Information:**

Some patients respond to substantially lower levels.

**CPT Codes:**

80299-90

**LOINC Codes:**

4064-2

# Treponemal Antibody Only

TREPAB

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Weekdays (day shift)

**Methodology:**

Microparticle Chemiluminescent Immunoassay

**Reported:**

1-5 days

**Additional Information:**

This test is a treponemal antibody test performed by chemiluminescent immunoassay. Following syphilis infection, this test stays positive even after successful treatment. False positive results can occur, particularly in patients with autoimmune disease, and cross-reactivity may occur with non-syphilis treponemal infections.

To screen for syphilis in patients with unknown status, please order RPRSCR - Syphilis Screen by RPR w/ Reflex to Treponemal Ab.

**Synonyms:**

- MHA-TP
- FTA-Abs
- T. pallidum
- MHATP
- Syphilis
- Treponema pallidum

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Avoid hemolysis, transport to laboratory as soon as possible. If transport is delayed refrigerate the sample.

**Stability (from collection to initiation):**

Refrigerated: 7 days

Frozen, -20 C or colder: &gt; 7 days

**Rejection Criteria:**

Grossly lipemic, hemolysed or contaminated samples.

## PROCESSING

**Test Code:**

TREPAB

**Test Group:**

Syphilis

**Performing Lab:**

Immunology

**Specimen Preparation:**

Freeze sample and transport to CB frozen

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Grossly lipemic, hemolysed or contaminated samples.

**Stability (from collection to initiation):**

Refrigerated: 7 days

Frozen, -20 C or colder: &gt; 7 days

**RESULT INTERPRETATION****Reference Interval:**

Non-reactive

**Additional Information:**

This test is a treponemal antibody test performed by chemiluminescent immunoassay. Following syphilis infection, this test stays positive even after successful treatment. False positive results can occur, particularly in patients with autoimmune disease, and cross-reactivity may occur with non-syphilis treponemal infections.

To screen for syphilis in patients with unknown status, please order RPRSCR - Syphilis Screen by RPR w/ Reflex to Treponemal Ab.

**ADMINISTRATIVE****CPT Codes:**

86780

**LOINC Codes:**

24110-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TREPAB

**Test Group:**

Syphilis

**Performing Lab:**

Immunology

**Performed:**

Weekdays (day shift)

**Methodology:**

Microparticle Chemiluminescent Immunoassay

**Remarks:**

Avoid hemolysis, transport to laboratory as soon as possible. If transport is delayed refrigerate the sample.

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Grossly lipemic, hemolysed or contaminated samples.

**Specimen Preparation:**

Freeze sample and transport to CB frozen

**Reference Interval:**

Non-reactive

**Synonyms:**

- MHA-TP
- FTA-Abs
- T. pallidum
- MHATP
- Syphilis
- Treponema pallidum

**Stability (from collection to initiation):**

Refrigerated: 7 days

Frozen, -20 C or colder: > 7 days

**Reported:**

1-5 days

**Additional Information:**

This test is a treponemal antibody test performed by chemiluminescent immunoassay. Following syphilis infection, this test stays positive even after successful treatment. False positive results can occur, particularly in patients with autoimmune disease, and cross-reactivity may occur with non-syphilis treponemal infections.

To screen for syphilis in patients with unknown status, please order RPRSCR - Syphilis Screen by RPR w/ Reflex to Treponemal Ab.

**CPT Codes:**

86780

**LOINC Codes:**

24110-9

# TRH Stimulation Test

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Daily (day shift)

**Methodology:**

Post-TRH measurement of TSH

**Reported:**

1 day

**Additional Information:**

TRH (Thyroliberin) stimulation is useful only if results of the standard tests (TSH, Free T4) are equivocal. Responses are exaggerated in primary hypothyroidism, decreased in hyperthyroidism (natural or factitious) and in TSH deficiency.

After IV administration of TRH, TSH normally rises 2- to 4-fold over baseline values. In subclinical hyperthyroidism and in hypothyroidism secondary to pituitary failure TSH levels do not rise normally; in primary hypothyroidism the response to TRH is exaggerated. TRH Stimulation was previously helpful when results of the T4 Index and TSH were equivocal, but with the advent of sensitive and accurate assays for TSH and Free T4, it has fallen into disuse.

Also see Prolactin-TRH Stimulation.

**Synonyms:**

- TSH releasing Hormone

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Remarks:**

Collect specimens at 0 and 15 or 30 minutes after giving 500 µg of TRH iv, and submit them for assay of TSH. Be sure to note the time directly on each of the two samples

## PROCESSING

**Test Group:**

Thyroid tests

**Performing Lab:**

China Basin Chemistry

**Preferred Volume:**

1 mL serum

## RESULT INTERPRETATION

**Units:**

mIU/L

**Reference Interval:**

TSH 2-4x basal and &gt; 10 mIU/L 15-30 min post-TRH

**Additional Information:**

TRH (Thyroliberin) stimulation is useful only if results of the standard tests (TSH, Free T4) are equivocal. Responses are exaggerated in primary hypothyroidism, decreased in hyperthyroidism (natural or factitious) and in TSH deficiency.

After IV administration of TRH, TSH normally rises 2- to 4-fold over baseline values. In subclinical hyperthyroidism and in hypothyroidism secondary to pituitary failure TSH levels do not rise normally; in primary hypothyroidism the response to TRH is exaggerated. TRH Stimulation was previously helpful when results of the T4 Index and TSH were equivocal, but with the advent of sensitive and accurate assays for TSH and Free T4, it has fallen into disuse.

Also see Prolactin-TRH Stimulation.

**COMPLETE VIEW****Available Stat:**

No

**Test Group:**

Thyroid tests

**Performing Lab:**

China Basin Chemistry

**Performed:**

Daily (day shift)

**Methodology:**

Post-TRH measurement of TSH

**Remarks:**

Collect specimens at 0 and 15 or 30 minutes after giving 500 µg of TRH iv, and submit them for assay of TSH. Be sure to note the time directly on each of the two samples

**Collect:**

Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Units:**

mIU/L

**Reference Interval:**

TSH 2-4x basal and > 10 mIU/L 15-30 min post-TRH

**Synonyms:**

- TSH releasing Hormone

**Reported:**

1 day

**Additional Information:**

TRH (Thyroliberin) stimulation is useful only if results of the standard tests (TSH, Free T4) are equivocal. Responses are exaggerated in primary hypothyroidism, decreased in hyperthyroidism (natural or factitious) and in TSH deficiency.

After IV administration of TRH, TSH normally rises 2- to 4-fold over baseline values. In subclinical hyperthyroidism and in hypothyroidism secondary to pituitary failure TSH levels do not rise normally; in primary hypothyroidism the response to TRH is exaggerated. TRH Stimulation was previously helpful when results of the T4 Index and TSH were equivocal, but with the advent of sensitive and accurate assays for TSH and Free T4, it has fallen into disuse.

Also see Prolactin-TRH Stimulation.



# Trichinella spiralis Antibody, IgG

LAB1268

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

ELISA

**Reported:**

Run once per week. Turnaround 2-8 days

**Additional Information:**

The Trichinella IgG ELISA employs an excretory-secretory antigen to reduce nonspecific reactivity; however, crossreactivity with other parasite antigens (e.g., strongyloides, filarial, malaria) may occur. The assay should be considered a screening test for Trichinella exposure; diagnosis of trichinosis requires a compatible patient history and supporting pathologic findings.

For examination of biopsy samples contact Anatomic pathology.

**Synonyms:**

- Trichinosis
- TRICG

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

TRICG

**Collect:**

Gold top, Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month.

## PROCESSING

**Test Code:**

TRICG

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Order Quest # 34321X

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month.

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

The Trichinella IgG ELISA employs an excretory-secretory antigen to reduce nonspecific reactivity; however, crossreactivity with other parasite antigens (e.g., strongyloides, filarial, malaria) may occur. The assay should be considered a screening test for Trichinella exposure; diagnosis of trichinosis requires a compatible patient history and supporting pathologic findings.

For examination of biopsy samples contact Anatomic pathology.

**ADMINISTRATIVE****CPT Codes:**

86784-90

**LOINC Codes:**

32768-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TRICG

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**

Gold top, Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Order Quest # 34321X

**Reference Interval:**

Negative

**Synonyms:**

- Trichinosis
- TRICG

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen 1 month.

**Reported:**

Run once per week. Turnaround 2-8 days

**Additional Information:**

The Trichinella IgG ELISA employs an excretory-secretory antigen to reduce nonspecific reactivity; however, crossreactivity with other parasite antigens (e.g., strongyloides, filarial, malaria) may occur. The assay should be considered a screening test for Trichinella exposure; diagnosis of trichinosis requires a compatible patient history and supporting pathologic findings.

For examination of biopsy samples contact Anatomic pathology.

**CPT Codes:**

86784-90

**LOINC Codes:**

32768-4

# Trichomonas vaginalis RNA

P715

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Test performed 3 times per week

**Methodology:**

Transcription Mediated Amplification

**Reported:**

1-3 days

**Synonyms:**

- Trichomonas
- Trich RNA

## COLLECTION

**Sample Type:**

- Swab: Gen-Probe Aptima Multitest kit (orange label, pink swab):
  - endocervical
  - vaginal
  - male urethral (test performed at reference lab)



- Urine: Urine cup or Hologic Urine Specimen Collection Kit



**Amount to Collect:**

One swab; If C. trachomatis/N. gonorrhoeae testing also ordered, single swab may be sent for both CT/CG and Trichomonas testing

**Stability (from collection to initiation):**

Hologic Aptima transport media: Room temperature or refrigerated 60 days  
Urine must be placed in Hologic Urine Specimen Kit within 24 hours of collection

**Unacceptable Conditions:**

Specimen received >60 days after collection, no swab in fluid, no fluid in tube

**PROCESSING****Test Code:**

P715

**Performing Lab:**

Microbiology

**Specimen Preparation:**

2 mL of urine specimen must be transferred into the Aptima® Urine Transport Medium within 24 hours of collection. Level in the urine transport tube must fall within the clear pane of the tube label.

**Unacceptable Conditions:**

Specimen received >60 days after collection, no swab in fluid, no fluid in tube

**Stability (from collection to initiation):**

Hologic Aptima transport media: Room temperature or refrigerated 60 days  
Urine must be placed in Hologic Urine Specimen Kit within 24 hours of collection

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**ADMINISTRATIVE****CPT Codes:**

87661

**LOINC Codes:**

46154-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P715

**Performing Lab:**

Microbiology

**Performed:**

Test performed 3 times per week

**Methodology:**

Transcription Mediated Amplification

**Amount to Collect:**

One swab; If C. trachomatis/N. gonorrhoeae testing also ordered, single swab may be sent for both CT/CG and Trichomonas testing

**Sample Type:**

- Swab: Gen-Probe Aptima Multitest kit (orange label, pink swab):
  - endocervical
  - vaginal
  - male urethral (test performed at reference lab)



- Urine: Urine cup or Hologic Urine Specimen Collection Kit



**Unacceptable Conditions:**

Specimen received >60 days after collection, no swab in fluid, no fluid in tube

**Specimen Preparation:**

2 mL of urine specimen must be transferred into the Aptima® Urine Transport Medium within 24 hours of collection. Level in the urine transport tube must fall within the clear pane of the tube label.

**Reference Interval:**

Not detected

**Synonyms:**

- Trichomonas
- Trich RNA

**Stability (from collection to initiation):**

Hologic Aptima transport media: Room temperature or refrigerated 60 days  
Urine must be placed in Hologic Urine Specimen Kit within 24 hours of collection

**Reported:**

1-3 days

**CPT Codes:**

87661

**LOINC Codes:**

46154-1

# Triglycerides, Body fluid

TGBF

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus and Mission Bay Chemistry

**Performed:**

24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (glycerophosphate oxidase)

**Reported:**

4 hours

**Additional Information:**

Turbid samples, including watery stools, will be centrifuged and the test run on the supernatant.

To convert mg/dL to mmol/L (SI units) multiply by 0.0113.

A pleural fluid triglyceride concentration greater than 110 mg/dL or presence of chylomicrons is consistent with a diagnosis of chylothorax whereas a triglyceride level less than 50 mg/dL makes the diagnosis less likely. A ratio of pleural fluid cholesterol to triglyceride of less than 1 is also considered diagnostic (Chest. 2008 PMID: 18339791).

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

## COLLECTION

**Sample Type:**

Body fluid

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

## PROCESSING

**Test Code:**

TGBF

**Test Group:**

Triglycerides

**Performing Lab:**

Parnassus and Mission Bay Chemistry

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

## RESULT INTERPRETATION

**Units:**

mg/dL

**Additional Information:**

Turbid samples, including watery stools, will be centrifuged and the test run on the supernatant.

To convert mg/dL to mmol/L (SI units) multiply by 0.0113.

A pleural fluid triglyceride concentration greater than 110 mg/dL or presence of chylomicrons is consistent with a diagnosis of chylothorax whereas a triglyceride level less than 50 mg/dL makes the diagnosis less likely. A ratio of pleural fluid cholesterol to triglyceride of less than 1 is also considered diagnostic (Chest. 2008 PMID: 18339791).

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

**ADMINISTRATIVE****CPT Codes:**

84432

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

TGBF

**Test Group:**

Triglycerides

**Performing Lab:**

Parnassus and Mission Bay Chemistry

**Performed:**

24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (glycerophosphate oxidase)

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Sample Type:**

Body fluid

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Units:**

mg/dL

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

**Reported:**

4 hours

**Additional Information:**

Turbid samples, including watery stools, will be centrifuged and the test run on the supernatant.

To convert mg/dL to mmol/L (SI units) multiply by 0.0113.

A pleural fluid triglyceride concentration greater than 110 mg/dL or presence of chylomicrons is consistent with a diagnosis of chylothorax whereas a triglyceride level less than 50 mg/dL makes the diagnosis less likely. A ratio of pleural fluid cholesterol to triglyceride of less than 1 is also considered diagnostic (Chest. 2008 PMID: 18339791).

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

Interpretive information on this testing can be found at <https://aruplab.com/bodyfluids>

**CPT Codes:**

84432

# Triglycerides, serum

TRIG

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (glycerophosphate oxidase)

**Reported:**

4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.0113.

Patients with levels > 1000 mg/dL (> 11.3 mmol/L) are prone to develop pancreatitis. Values above 2000 mg/dL will be phoned the same day Monday-Friday 0800-1500 or next weekday.

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 1 year

## PROCESSING

**Test Code:**

TRIG

**Test Group:**

Triglycerides

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 1 year

## RESULT INTERPRETATION

**Units:**

mg/dL



**Reference Interval:**Adults ( $\geq 20$  years old):

|                                   |             |
|-----------------------------------|-------------|
| Desirable (if fasting sample)     | < 150 mg/dL |
| Desirable (if not fasting sample) | < 200 mg/dL |

If non-fasting sample is 200 mg/dL or more, testing on fasting sample is recommended

Children and Adolescents (&lt; 20 years old):

|                 |                 |              |
|-----------------|-----------------|--------------|
| 0 to 9 years    | Acceptable      | <75 mg/dL    |
|                 | Borderline high | 75-99 mg/dL  |
|                 | High            | >99 mg/dL    |
| 10 to <20 years | Acceptable      | <90 mg/dL    |
|                 | Borderline high | 90-129 mg/dL |
|                 | High            | >129 mg/dL   |

Risk classifications based on combination of NCEP-ATPIII guidelines and American College of Cardiology/American Heart Association Guidelines, 2013

Risk classifications for pediatrics based on The NHLBI Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Pediatrics 2011; 128: S213.

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.0113.

Patients with levels > 1000 mg/dL (> 11.3 mmol/L) are prone to develop pancreatitis. Values above 2000 mg/dL will be phoned the same day Monday-Friday 0800-1500 or next weekday.

**ADMINISTRATIVE****CPT Codes:**

84478

**LOINC Codes:**

2571-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TRIG

**Test Group:**

Triglycerides

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (glycerophosphate oxidase)

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Units:**

mg/dL

**Reference Interval:**Adults ( $\geq 20$  years old):

|                                   |             |
|-----------------------------------|-------------|
| Desirable (if fasting sample)     | < 150 mg/dL |
| Desirable (if not fasting sample) | < 200 mg/dL |

If non-fasting sample is 200 mg/dL or more, testing on fasting sample is recommended

Children and Adolescents ( $< 20$  years old):

|                 |                 |              |
|-----------------|-----------------|--------------|
| 0 to 9 years    | Acceptable      | <75 mg/dL    |
|                 | Borderline high | 75-99 mg/dL  |
|                 | High            | >99 mg/dL    |
| 10 to <20 years | Acceptable      | <90 mg/dL    |
|                 | Borderline high | 90-129 mg/dL |
|                 | High            | >129 mg/dL   |

Risk classifications based on combination of NCEP-ATPIII guidelines and American College of Cardiology/American Heart Association Guidelines, 2013

Risk classifications for pediatrics based on The NHLBI Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Pediatrics 2011; 128: S213.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 1 year

**Reported:**

4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.0113.

Patients with levels  $> 1000$  mg/dL ( $> 11.3$  mmol/L) are prone to develop pancreatitis. Values above 2000 mg/dL will be phoned the same day Monday-Friday 0800-1500 or next weekday.

**CPT Codes:**

84478

**LOINC Codes:**

2571-8

# Trisomy 12 FISH

TRIS12, BTRI12

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Reported:**

1-2 weeks

**Synonyms:**

- TRIS12
- BTRI12

## COLLECTION

**Sample Type:**

Heparinized whole blood or bone marrow. Bone marrow biopsy

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Stability (from collection to initiation):**

Room temperature 2 days

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

## PROCESSING

**Test Code:**

BTRI12: Blood

TRIS12: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Stability (from collection to initiation):**

Room temperature 2 days

**RESULT INTERPRETATION****Reference Interval:**

Absent

**ADMINISTRATIVE****CPT Codes:**

88271, 88275

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BTRI12: Blood

TRIS12: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Performed:**

Set up daily Monday - Friday

**Methodology:**

Fluorescent In-situ hybridization (FISH)

**Remarks:**

Mix blood and marrow aspirate samples well after collection. Keep at room temperature

**Collect:**

Dark green top (Sodium heparin)

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Heparinized whole blood or bone marrow. Bone marrow biopsy

**Preferred Volume:**

Whole blood: 2 mL

Bone marrow aspirate: 2 mL

Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Frozen, leaking or unlabeled samples

**Specimen Preparation:**

Keep at room temperature, do not centrifuge

**Reference Interval:**

Absent

**Synonyms:**

- TRIS12
- BTRI12

**Stability (from collection to initiation):**

Room temperature 2 days

**Reported:**

1-2 weeks

**CPT Codes:**

88271, 88275

**LDT or Modified FDA:**

Yes

# Trisomy 8 FISH

TRIS8, BTRI8

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization

**Reported:**

7-14 days

**Synonyms:**

- +8
- Cytogenetic analysis
- Karyotype
- Karyotyping
- TRIS8
- BTRI8

## COLLECTION

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Collect:**

Blood & bone marrow aspirate: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics. Dark Green top also acceptable

Bone marrow core: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Whole blood: 2 mL  
 Bone marrow aspirate: 2 mL  
 ?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
 Bone marrow aspirate: 1 mL  
 ?Bone marrow biopsy: 1 cm

**Remarks:**

Bone marrow is the preferred specimen, but heparinized peripheral blood may be submitted if a large number of malignant cells are present.

Collect bone marrow in a syringe, transfer to Dark Green top vacutainer and gently invert the tube several times for good mixing.

If a dry tap is obtained, consult the Laboratory Medicine resident in Hematology regarding the possible submission of a green top tube of peripheral blood.

Contact Hematology if the specimen is more than 24 hours old.

**Stability (from collection to initiation):**

48 hours

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

## PROCESSING

**Test Code:**

BTRI8: Blood  
 TRIS8: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Preferred Volume:**

Whole blood: 2 mL  
 Bone marrow aspirate: 2 mL  
 ?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL  
 Bone marrow aspirate: 1 mL  
 ?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Stability (from collection to initiation):**

48 hours

**RESULT INTERPRETATION****Reference Interval:**

Not detected

**ADMINISTRATIVE****CPT Codes:**

88275, 88271

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21773-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BTRI8: Blood  
 TRIS8: Bone marrow

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization

**Remarks:**

Bone marrow is the preferred specimen, but heparinized peripheral blood may be submitted if a large number of malignant cells are present.

Collect bone marrow in a syringe, transfer to Dark Green top vacutainer and gently invert the tube several times for good mixing.

If a dry tap is obtained, consult the Laboratory Medicine resident in Hematology regarding the possible submission of a green top tube of peripheral blood.

Contact Hematology if the specimen is more than 24 hours old.

**Collect:**

Blood & bone marrow aspirate: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics. Dark Green top also acceptable

Bone marrow core: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Heparinized whole blood, bone marrow, bone core

**Preferred Volume:**

Whole blood: 2 mL  
 Bone marrow aspirate: 2 mL  
 ?Bone marrow biopsy: 2 cm

**Minimum Volume:**

Whole blood: 1 mL

Bone marrow aspirate: 1 mL

?Bone marrow biopsy: 1 cm

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Reference Interval:**

Not detected

**Synonyms:**

- +8
- Cytogenetic analysis
- Karyotype
- Karyotyping
- TRIS8
- BTR18

**Stability (from collection to initiation):**

48 hours

**Reported:**

7-14 days

**CPT Codes:**

88275, 88271

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

21773-7

# Tropheryma whipplei PCR

WHIPP

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

PCR

**Reported:**

3-5 days

**Additional Information:**

A positive result strongly suggests a diagnosis of Whipple disease.

A negative result does not negate the presence of the organism or active disease, as false-negative results may occur due to inhibition of PCR, sequence variability underlying the primers and/or probes, or the presence of *Tropheryma whipplei* in quantities less than the limit of detection of the assay.

**Synonyms:**

- Whipple PCR

## COLLECTION

**Sample Type:**

Whole blood or CSF

**Collect:**

Lavender top tube or sterile container

**Amount to Collect:**

1.0 mL whole blood/0.5 CSF

**Preferred Volume:**

1.0 mL blood/0.5 mL CSF

**Minimum Volume:**

1.0 mL blood/0.5 mL CSF

**Stability (from collection to initiation):**

7 days ambient/refrigerated

## PROCESSING

**Test Code:**

WHIPP

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Aliquot specimen (CSF) or send original tube (blood) to CB refrigerated. Order Mayo test code TWRP (for CSF) or WHIPB (for blood). Send to Mayo refrigerated (either sample type).

**Preferred Volume:**

1.0 mL blood/0.5 mL CSF

**Minimum Volume:**

1.0 mL blood/0.5 mL CSF

**Stability (from collection to initiation):**

7 days ambient/refrigerated

## RESULT INTERPRETATION

**Additional Information:**

A positive result strongly suggests a diagnosis of Whipple disease.

A negative result does not negate the presence of the organism or active disease, as false-negative results may occur due to inhibition of PCR, sequence variability underlying the primers and/or probes, or the presence of *Tropheryma whipplei* in quantities less than the limit of detection of the assay.



**ADMINISTRATIVE****CPT Codes:**

87798-90

**LOINC Codes:**

42602-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

WHIPP

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

PCR

**Collect:**

Lavender top tube or sterile container

**Amount to Collect:**

1.0 mL whole blood/0.5 CSF

**Sample Type:**

Whole blood or CSF

**Preferred Volume:**

1.0 mL blood/0.5 mL CSF

**Minimum Volume:**

1.0 mL blood/0.5 mL CSF

**Specimen Preparation:**

Aliquot specimen (CSF) or send original tube (blood) to CB refrigerated. Order Mayo test code TWRP (for CSF) or WHIPB (for blood). Send to Mayo refrigerated (either sample type).

**Synonyms:**

- Whipple PCR

**Stability (from collection to initiation):**

7 days ambient/refrigerated

**Reported:**

3-5 days

**Additional Information:**

A positive result strongly suggests a diagnosis of Whipple disease.

A negative result does not negate the presence of the organism or active disease, as false-negative results may occur due to inhibition of PCR, sequence variability underlying the primers and/or probes, or the presence of *Tropheryma whippelii* in quantities less than the limit of detection of the assay.

**CPT Codes:**

87798-90

**LOINC Codes:**

42602-3

# Troponin I

LAB747

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Chemiluminescent microparticle immunoassay (CMIA)

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

The troponin I method is performed on the Abbott Architect i2000 or ci4100 platform. In the Abbott Architect assay, the 99th percentile in normals has been reported to be in the range of 0.013 to 0.04 micrograms/L (La'ulu S et al. Clinica Chimica Acta 411:1095-1101, 2010 and Cardinael S et al, Clinical Chemistry Laboratory Medicine 50:791-806, 2012). All troponin I results that exceed 0.04 micrograms/L in this assay are flagged as abnormal. The coefficient of variation of this troponin assay at a level of 0.04 micrograms/L is ~ 20% as confirmed by in house testing. The coefficient of variation at levels of 0.2 micrograms/L or more is < 5%. The clinical performance characteristics of the threshold cutoff of 0.04 micrograms/L in patients with suspected acute coronary syndrome has been described by Mills et al (JAMA 305:1210-1216, 2011).

This assay is not considered a high sensitivity troponin assay and is not capable of measuring the extremely low levels of troponin that circulate in most normal subjects. Serial sampling is recommended to help guide interpretation of troponin results and detect the temporal rise and fall of troponin levels characteristic of acute cardiac injury. Technical artifacts should be suspected in patients in whom an increased troponin level abruptly falls to normal much more quickly than would be expected, or in whom serial troponin levels are chronically elevated. Questionable results should be checked by repeating the assay after the sample has been carefully examined or respun as necessary to insure absence of possible fibrin strands or particulate material that could interfere in the assay. Repeat testing with a different troponin assay may be useful in cases where interference by heterophile antibodies or other immunoglobulins is suspected.

Troponin I is believed to be predominantly cleared by non-renal mechanisms and increased troponin I levels in renal failure patients may signify underlying cardiac damage (Ann Clin Biochem 2007; 44: 285-289). Renal failure patients with increased troponin I levels have been reported to be at greater cardiovascular risk than those with normal levels of troponin I (Ann Clin Biochem 2007; 44: 285-289).

**Note:** Spurious increases in troponin I can occur in samples that contain microclots/fibrin strands. Collection of a heparinized blood specimen is recommended to minimize the chance of microclot formation. Heterophile antibodies or other abnormal immunoglobulins may cause falsely increased or falsely decreased results; falsely low results may occur in patients with autoantibodies against cardiac troponins. Technical artifacts should be suspected in patients in whom an increased troponin level abruptly falls to normal much more quickly than would be expected, or in whom serial troponin levels are chronically elevated. If a spurious result is suspected, the laboratory can be notified to repeat the result using the same assay and/or a different troponin assay for confirmatory purposes.

**Synonyms:**

- TRPI

## COLLECTION

**Sample Type:**

Heparinized plasma or serum

**Label Abbreviation:**

TRPI

**Collect:**

Light Green top preferred; Red top or Gold top acceptable

**Note:** Plasma and serum samples should not be used interchangeably in the same patient

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.5 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 3 days hours, frozen 30 days

**PROCESSING****Test Code:**

TRPI

**Test Group:**

Troponin

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Specimen Preparation:**

Refrigerate plasma or serum

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.5 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 3 days hours, frozen 30 days

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

&lt; 0.05 ng/mL

**Critical Values:**

≥ 0.05 ng/mL.

Note: The first elevated troponin for a patient will be called. Subsequent elevated Troponin levels for the same patient in the next 72 hours after the initial report will not be called.

**Additional Information:**

The troponin I method is performed on the Abbott Architect i2000 or ci4100 platform. In the Abbott Architect assay, the 99th percentile in normals has been reported to be in the range of 0.013 to 0.04 micrograms/L (La'ulu S et al. Clinica Chimica Acta 411:1095-1101, 2010 and Cardinael S et al, Clinical Chemistry Laboratory Medicine 50:791-806, 2012). All troponin I results that exceed 0.04 micrograms/L in this assay are flagged as abnormal. The coefficient of variation of this troponin assay at a level of 0.04 micrograms/L is ~ 20% as confirmed by in house testing. The coefficient of variation at levels of 0.2 micrograms/L or more is < 5%. The clinical performance characteristics of the threshold cutoff of 0.04 micrograms/L in patients with suspected acute coronary syndrome has been described by Mills et al (JAMA 305:1210-1216, 2011).

This assay is not considered a high sensitivity troponin assay and is not capable of measuring the extremely low levels of troponin that circulate in most normal subjects. Serial sampling is recommended to help guide interpretation of troponin results and detect the temporal rise and fall of troponin levels characteristic of acute cardiac injury. Technical artifacts should be suspected in patients in whom an increased troponin level abruptly falls to normal much more quickly than would be expected, or in whom serial troponin levels are chronically elevated. Questionable results should be checked by repeating the assay after the sample has been carefully examined or respun as necessary to insure absence of possible fibrin strands or particulate material that could interfere in the assay. Repeat testing with a different troponin assay may be useful in cases where interference by heterophile antibodies or other immunoglobulins is suspected.

Troponin I is believed to be predominantly cleared by non-renal mechanisms and increased troponin I levels in renal failure patients may signify underlying cardiac damage (Ann Clin Biochem 2007; 44: 285-289). Renal failure patients with increased troponin I levels have been reported to be at greater cardiovascular risk than those with normal levels of troponin I (Ann Clin Biochem 2007; 44: 285-289).

**Note:** Spurious increases in troponin I can occur in samples that contain microclots/fibrin strands. Collection of a heparinized blood specimen is recommended to minimize the chance of microclot formation. Heterophile antibodies or other abnormal immunoglobulins may cause falsely increased or falsely decreased results; falsely low results may occur in patients with autoantibodies against cardiac troponins. Technical artifacts should be suspected in patients in whom an increased troponin level abruptly falls to normal much more quickly than would be expected, or in whom serial troponin levels are chronically elevated. If a spurious result is suspected, the laboratory can be notified to repeat the result using the same assay and/or a different troponin assay for confirmatory purposes.

**ADMINISTRATIVE****CPT Codes:**

84484

**LOINC Codes:**  
42757-5

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
TRPI

**Test Group:**  
Troponin

**Performing Lab:**  
Parnassus, Mission Bay & Mt. Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**  
Test available 24 hours per day 7 days per week

**Methodology:**  
Chemiluminescent microparticle immunoassay (CMIA)

**Collect:**  
Light Green top preferred; Red top or Gold top acceptable

**Note: Plasma and serum samples should not be used interchangeably in the same patient**

**Amount to Collect:**  
2 mL blood

**Sample Type:**  
Heparinized plasma or serum

**Preferred Volume:**  
1 mL plasma or serum

**Minimum Volume:**  
0.5 mL plasma or serum

**Specimen Preparation:**  
Refrigerate plasma or serum

**Units:**  
ng/mL

**Reference Interval:**  
< 0.05 ng/mL

**Critical Values:**  
≥ 0.05 ng/mL.

Note: The first elevated troponin for a patient will be called. Subsequent elevated Troponin levels for the same patient in the next 72 hours after the initial report will not be called.

**Synonyms:**

- TRPI

**Stability (from collection to initiation):**  
Room temperature 8 hours, refrigerated 3 days hours, frozen 30 days

**Reported:**  
STAT 1 hour, Routine 4 hours

**Additional Information:**

The troponin I method is performed on the Abbott Architect i2000 or ci4100 platform. In the Abbott Architect assay, the 99th percentile in normals has been reported to be in the range of 0.013 to 0.04 micrograms/L (La'ulu S et al. Clinica Chimica Acta 411:1095-1101, 2010 and Cardinael S et al, Clinical Chemistry Laboratory Medicine 50:791-806, 2012). All troponin I results that exceed 0.04 micrograms/L in this assay are flagged as abnormal. The coefficient of variation of this troponin assay at a level of 0.04 micrograms/L is ~ 20% as confirmed by in house testing. The coefficient of variation at levels of 0.2 micrograms/L or more is < 5%. The clinical performance characteristics of the threshold cutoff of 0.04 micrograms/L in patients with suspected acute coronary syndrome has been described by Mills et al (JAMA 305:1210-1216, 2011).

This assay is not considered a high sensitivity troponin assay and is not capable of measuring the extremely low levels of troponin that circulate in most normal subjects. Serial sampling is recommended to help guide interpretation of troponin results and detect the temporal rise and fall of troponin levels characteristic of acute cardiac injury. Technical artifacts should be suspected in patients in whom an increased troponin level abruptly falls to normal much more quickly than would be expected, or in whom serial troponin levels are chronically elevated. Questionable results should be checked by repeating the assay after the sample has been carefully examined or respun as necessary to insure absence of possible fibrin strands or particulate material that could interfere in the assay. Repeat testing with a different troponin assay may be useful in cases where interference by heterophile antibodies or other immunoglobulins is suspected.

Troponin I is believed to be predominantly cleared by non-renal mechanisms and increased troponin I levels in renal failure patients may signify underlying cardiac damage (Ann Clin Biochem 2007; 44: 285-289). Renal failure patients with increased troponin I levels have been reported to be at greater cardiovascular risk than those with normal levels of troponin I (Ann Clin Biochem 2007; 44: 285-289).

**Note:** Spurious increases in troponin I can occur in samples that contain microclots/fibrin strands. Collection of a heparinized blood specimen is recommended to minimize the chance of microclot formation. Heterophile antibodies or other abnormal immunoglobulins may cause falsely increased or falsely decreased results; falsely low results may occur in patients with autoantibodies against cardiac troponins. Technical artifacts should be suspected in patients in whom an increased troponin level abruptly falls to normal much more quickly than would be expected, or in whom serial troponin levels are chronically elevated. If a spurious result is suspected, the laboratory can be notified to repeat the result using the same assay and/or a different troponin assay for confirmatory purposes.

**CPT Codes:**

84484

**LOINC Codes:**

42757-5

# Trypanosoma cruzi IgG, purified antigen

LAB5442

## ORDERING

**Ordering Recommendations:**

Aid in the diagnosis of non-acute (chronic phase) Chagas disease (T. cruzi).

**Available Stat:**

No

**Performing Lab:**

Viracor

**Performed:**

Mon, Wed, Fri

**Methodology:**

Immunoassay

**Synonyms:**

- Chagas
- Chagas Antibody, IgG
- Tcruzi IgG Ab
- Trypanosoma cruzi Antibody, Total
- Chagas Disease
- Trypanosomiasis
- TCAB

## COLLECTION

**Sample Type:**

Plasma

**Label Abbreviation:**

TCAB

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

0.3 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 2 weeks, frozen at -20C 1 month.

**Unacceptable Conditions:**

Plasma. Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

## PROCESSING

**Test Code:**

TCAB

**Test Group:**

Trypanosoma

**Sendout:**

Yes

**Performing Lab:**

Viracor

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

**Preferred Volume:**

0.3 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Unacceptable Conditions:**

Plasma. Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 2 weeks, frozen at -20C 1 month.

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Interpretive Data:**

According to the CDC, at least two different serologic tests should be used to make the laboratory diagnosis of chronic Chagas Disease, as no single serologic test is sufficiently sensitive and specific. If results between the two assays are discrepant, repeat testing or testing by a third method may be helpful.

This assay should not be used for blood donor screening or associated re-entry protocols, or for screening Human Cell and Cellular Tissue-Based Products (HCT/Ps).

| Component                         | Unit Of Measure                               | Interpretation                                                                                                                                                                                                                                                                                                        |
|-----------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T. cruzi IgG,<br>Purified Antigen | 1.0 IV or less<br>1.1 IV<br>1.2 IV or greater | Negative - No significant level of Trypanosoma cruzi IgG antibody detected.<br>Equivocal - Questionable presence of Trypanosoma cruzi IgG antibody detected.<br>Repeat testing in 10-14 days may be helpful.<br>Positive - IgG antibodies to Trypanosoma cruzi detected, which may suggest current or past infection. |

**ADMINISTRATIVE****CPT Codes:**

86753-90 x2

**LOINC:**

- 59387-1

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Aid in the diagnosis of non-acute (chronic phase) Chagas disease (T. cruzi).

**Test Code:**

TCAB

**Test Group:**

Trypanosoma

**Performing Lab:**

Viracor

**Sendout:**

Yes

**Performed:**

Mon, Wed, Fri

**Methodology:**

Immunoassay

**Collect:**

Lavender top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

0.3 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Unacceptable Conditions:**

Plasma. Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

**Specimen Preparation:**

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

**Reference Interval:**

Negative

**Interpretive Data:**

According to the CDC, at least two different serologic tests should be used to make the laboratory diagnosis of chronic Chagas Disease, as no single serologic test is sufficiently sensitive and specific. If results between the two assays are discrepant, repeat testing or testing by a third method may be helpful.

This assay should not be used for blood donor screening or associated re-entry protocols, or for screening Human Cell and Cellular Tissue-Based Products (HCT/Ps).

| Component                         | Unit Of Measure                               | Interpretation                                                                                                                                                                                                                                                                                                        |
|-----------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T. cruzi IgG,<br>Purified Antigen | 1.0 IV or less<br>1.1 IV<br>1.2 IV or greater | Negative - No significant level of Trypanosoma cruzi IgG antibody detected.<br>Equivocal - Questionable presence of Trypanosoma cruzi IgG antibody detected.<br>Repeat testing in 10-14 days may be helpful.<br>Positive - IgG antibodies to Trypanosoma cruzi detected, which may suggest current or past infection. |

**Synonyms:**

- Chagas
- Chagas Antibody, IgG
- Tcruzi IgG Ab
- Trypanosoma cruzi Antibody, Total
- Chagas Disease
- Trypanosomiasis
- TCAB

**Stability (from collection to initiation):**

Room temperature 7 days, refrigerated 2 weeks, frozen at -20C 1 month.

**CPT Codes:**

86753-90 x2

**LOINC:**

- 59387-1

**Notes:**

T. cruzi IgG , Purified Antigen assay is performed using the Hemagen Chagas Kit.



# Trypanosoma cruzi PCR

P319

## ORDERING

**Ordering Recommendations:**

This assay is used in clinically indicated situations such as acute or congenital infections, post-transplant from a donor with confirmed T. cruzi infection, or risk of reactivation due to immunocompromise in patients with chronic Chagas disease. Serological testing is the preferred method to diagnose chronic infection in patients.

**Approval Required:**

CDC pre-approval is required for patients without a history of positive serology.

**Available Stat:**

No

**Performing Lab:**

CDC

**Methodology:**

Real-time Polymerase Chain Reaction (PCR)

**Reported:**

2 weeks

**Additional Information:**

Refer to Chagas Disease Molecular Detection at <https://www.cdc.gov/laboratory/specimen-submission/list.html>

**Synonyms:**

- Chagas

## COLLECTION

**Sample Type:**

EDTA-treated whole blood, unpreserved heart tissue, CSF

**Collect:**

Blood in EDTA (lavender top) tube, CSF or tissue in sterile container

**Minimum Volume:**

Blood: 2.2ml (infant 0.2 mL)

CSF: 0.2mL

**Remarks:**

Formalin-fixed specimens are not suitable for this test order. Please see Test Order CDC-10365 (Pathologic Evaluation of Tissues for Possible Infectious Etiologies) and contact [pathology@cdc.gov](mailto:pathology@cdc.gov) regarding testing of formalin-fixed specimens.

**Storage/Transport Temperature:**

Refrigerated

**Unacceptable Conditions:**

Samples received at CDC at room temperature.

## PROCESSING

**Test Code:**

P319

**Sendout:**

Yes

**Performing Lab:**

CDC

**Specimen Preparation:**

Ship samples Monday - Thursday, avoiding holidays, in Styrofoam container with cold packs. CDC form 50.34 must be included (download from CDC laboratory web page). All samples must be shipped in accordance with all applicable local, state and federal regulations.

**Minimum Volume:**

Blood: 2.2ml (infant 0.2 mL)

CSF: 0.2mL

**Unacceptable Conditions:**

Samples received at CDC at room temperature.

**Storage/Transport Temperature:**

Refrigerated

## RESULT INTERPRETATION

**Additional Information:**

Refer to Chagas Disease Molecular Detection at <https://www.cdc.gov/laboratory/specimen-submission/list.html>

**COMPLETE VIEW****Approval Required:**

CDC pre-approval is required for patients without a history of positive serology.

**Available Stat:**

No

**Ordering Recommendations:**

This assay is used in clinically indicated situations such as acute or congenital infections, post-transplant from a donor with confirmed *T. cruzi* infection, or risk of reactivation due to immunocompromise in patients with chronic Chagas disease. Serological testing is the preferred method to diagnose chronic infection in patients.

**Test Code:**

P319

**Performing Lab:**

CDC

**Sendout:**

Yes

**Methodology:**

Real-time Polymerase Chain Reaction (PCR)

**Remarks:**

Formalin-fixed specimens are not suitable for this test order. Please see Test Order CDC-10365 (Pathologic Evaluation of Tissues for Possible Infectious Etiologies) and contact [pathology@cdc.gov](mailto:pathology@cdc.gov) regarding testing of formalin-fixed specimens.

**Collect:**

Blood in EDTA (lavender top) tube, CSF or tissue in sterile container

**Sample Type:**

EDTA-treated whole blood, unpreserved heart tissue, CSF

**Minimum Volume:**

Blood: 2.2ml (infant 0.2 mL)

CSF: 0.2mL

**Unacceptable Conditions:**

Samples received at CDC at room temperature.

**Specimen Preparation:**

Ship samples Monday - Thursday, avoiding holidays, in Styrofoam container with cold packs. CDC form 50.34 must be included (download from CDC laboratory web page). All samples must be shipped in accordance with all applicable local, state and federal regulations.

**Synonyms:**

- Chagas

**Storage/Transport Temperature:**

Refrigerated

**Reported:**

2 weeks

**Additional Information:**

Refer to Chagas Disease Molecular Detection at <https://www.cdc.gov/laboratory/specimen-submission/list.html>

# Trypanosome Exam

P409

## ORDERING

**Approval Required:**

No approval required for microscopic exam.

For *T. cruzi* PCR to be sent to CDC: Approval from CDC is required if no serologic testing has been performed. Use test code P319 Microbiology Test Not Listed.

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Monday - Friday, dayshift only. Samples for *T. cruzi* PCR that are received after noon on Thursday will be sent to CDC the following Monday.

**Methodology:**

Microscopy (Giemsa stain of thick and thin smears)

**Reported:**

1-3 days

**Additional Information:**

This test is offered for the causative agent of Chagas disease. Sensitivity of direct smear is limited to severe acute stage, reactivation, or detection in recipients of organs from donors with chronic Chagas disease.

Physician may also request Microbiology to send sample to CDC for *T. cruzi* PCR

For African trypanosomiasis (sleeping sickness), thick and thin smears of blood, CSF, or aspirates of lymph node and trypanosomal chancres can be examined.

CDC offers clinical consultation, but not testing, for suspect African trypanosomiasis.

**Synonyms:**

- *Trypanosoma cruzi*, Chagas disease

**Supplemental Test Request Form Required:**

Yes (PCR to CDC only)

## COLLECTION

**Sample Type:**

EDTA whole blood, CSF  
Heart biopsy in sterile saline or FFPE

**Collect:**

Blood: Lavender or Dark Green top  
CSF: CSF tube or sterile collection tube  
Heart biopsy for CDC PCR Testing: Sterile collection tube with saline or FFPE material

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Blood: 3 mL  
CSF: 1 mL  
Heart biopsy for CDC PCR Testing: 3 cubic mm (fresh or from FFPE material)

**Minimum Volume:**

Blood (Adult): 2.5 mL  
Blood (Pediatric): 0.5 mL  
CSF: 0.5 mL  
Heart biopsy for CDC PCR Testing: 2.5 cubic mm (fresh or from FFPE material)

**Remarks:**

Collect blood prior to anti-parasitic therapy.

Contact parasitologist in Microbiology (x31268) prior to collection to discuss appropriate sample type and collection instructions.

Collect and deliver the specimen directly to the laboratory within 30 minutes of collection Monday-Thursday before 12:30 pm.

Include travel/residence history on requisition.

**Stability (from collection to initiation):**

24 hours (samples >24 hours should not be rejected for PCR sendout)

**Storage/Transport Temperature:**

Refrigerated

**PROCESSING****Test Code:**

P409

**Test Group:**

Trypanosoma

**Sendout:**

Physician may request sample to be sent to CDC for *T. cruzi* PCR testing. Use test code P319 Microbiology Test Not Listed. Approval required if no serologic testing has been performed.

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Store samples in refrigerator. Send to Microbiology refrigerated

**For PCR to CDC:** Ship Monday-Thursday, overnight to avoid weekend deliveries. Ship sample on cold packs, except ship paraffin embedded tissue at ambient temperature.

Request provider to complete page 2 of CDC Specimen Submission Form 50.34, which is available at <http://www.cdc.gov/laboratory/specimen-submission/form.html>

**Preferred Volume:**

Blood: 3 mL

CSF: 1 mL

Heart biopsy for CDC PCR Testing: 3 cubic mm (fresh or from FFPE material)

**Minimum Volume:**

Blood (Adult): 2.5 mL

Blood (Pediatric): 0.5 mL

CSF: 0.5 mL

Heart biopsy for CDC PCR Testing: 2.5 cubic mm (fresh or from FFPE material)

**Stability (from collection to initiation):**

24 hours (samples >24 hours should not be rejected for PCR sendout)

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

No Trypanosoma species seen/detected

**Critical Values:**

Positive result from normally sterile sites

**Additional Information:**

This test is offered for the causative agent of Chagas disease. Sensitivity of direct smear is limited to severe acute stage, reactivation, or detection in recipients of organs from donors with chronic Chagas disease.

Physician may also request Microbiology to send sample to CDC for *T. cruzi* PCR

For African trypanosomiasis (sleeping sickness), thick and thin smears of blood, CSF, or aspirates of lymph node and trypanosomal chancres can be examined.

CDC offers clinical consultation, but not testing, for suspect African trypanosomiasis.

**ADMINISTRATIVE**

**CPT Codes:**  
87207

## COMPLETE VIEW

### Approval Required:

No approval required for microscopic exam.

For T. cruzi PCR to be sent to CDC: Approval from CDC is required if no serologic testing has been performed. Use test code P319 Microbiology Test Not Listed.

### Available Stat:

No

### Test Code:

P409

### Test Group:

Trypanosoma

### Performing Lab:

Microbiology

### Sendout:

Physician may request sample to be sent to CDC for T. cruzi PCR testing. Use test code P319 Microbiology Test Not Listed. Approval required if no serologic testing has been performed.

### Performed:

Monday - Friday, dayshift only. Samples for T. cruzi PCR that are received after noon on Thursday will be sent to CDC the following Monday.

### Methodology:

Microscopy (Giemsa stain of thick and thin smears)

### Remarks:

Collect blood prior to anti-parasitic therapy.

Contact parasitologist in Microbiology (x31268) prior to collection to discuss appropriate sample type and collection instructions.

Collect and deliver the specimen directly to the laboratory within 30 minutes of collection Monday-Thursday before 12:30 pm.

Include travel/residence history on requisition.

### Collect:

Blood: Lavender or Dark Green top

CSF: CSF tube or sterile collection tube

Heart biopsy for CDC PCR Testing: Sterile collection tube with saline or FFPE material

### Amount to Collect:

See preferred volume.

### Sample Type:

EDTA whole blood, CSF

Heart biopsy in sterile saline or FFPE

### Preferred Volume:

Blood: 3 mL

CSF: 1 mL

Heart biopsy for CDC PCR Testing: 3 cubic mm (fresh or from FFPE material)

### Minimum Volume:

Blood (Adult): 2.5 mL

Blood (Pediatric): 0.5 mL

CSF: 0.5 mL

Heart biopsy for CDC PCR Testing: 2.5 cubic mm (fresh or from FFPE material)

### Specimen Preparation:

Store samples in refrigerator. Send to Microbiology refrigerated

**For PCR to CDC:** Ship Monday-Thursday, overnight to avoid weekend deliveries. Ship sample on cold packs, except ship paraffin embedded tissue at ambient temperature.

Request provider to complete page 2 of CDC Specimen Submission Form 50.34, which is available at <http://www.cdc.gov/laboratory/specimen-submission/form.html>

### Reference Interval:

No Trypanosoma species seen/detected

### Critical Values:

Positive result from normally sterile sites

**Synonyms:**

- Trypanosoma cruzi, Chagas disease

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

24 hours (samples >24 hours should not be rejected for PCR sendout)

**Reported:**

1-3 days

**Additional Information:**

This test is offered for the causative agent of Chagas disease. Sensitivity of direct smear is limited to severe acute stage, reactivation, or detection in recipients of organs from donors with chronic Chagas disease.

Physician may also request Microbiology to send sample to CDC for T. cruzi PCR

For African trypanosomiasis (sleeping sickness), thick and thin smears of blood, CSF, or aspirates of lymph node and trypanosomal chancres can be examined.

CDC offers clinical consultation, but not testing, for suspect African trypanosomiasis.

**CPT Codes:**

87207

**Supplemental Test Request Form Required:**

Yes (PCR to CDC only)

# Tryptase Total

LAB5546

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Fluoroenzyme Immunoassay

**Additional Information:**

Tryptase concentrations are increased with immediate hypersensitivity (anaphylaxis), acute allergen challenge, and mastocytosis.

When it is necessary to distinguish mature tryptase from total tryptase, an order for a miscellaneous outside lab test (MOLT) can be sent requesting an assay for a tryptase level from the clinical laboratory at Virginia Commonwealth University which reports out both mature trypase and total tryptase in their assay.

<http://www.catalog.pathology.vcu.edu/CatalogPage.aspx?ID=102621314#>

phone (804) 828-9685.

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

TTRP

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen 1 month.

## PROCESSING

**Test Code:**

TTRP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot serum and freeze. Ship frozen to China Basin.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen 1 month.

## RESULT INTERPRETATION

**Units:**

ng/mL

**Reference Interval:**

2-10 ng/mL

**Additional Information:**

Tryptase concentrations are increased with immediate hypersensitivity (anaphylaxis), acute allergen challenge, and mastocytosis.

When it is necessary to distinguish mature tryptase from total tryptase, an order for a miscellaneous outside lab test (MOLT) can be sent requesting an assay for a tryptase level from the clinical laboratory at Virginia Commonwealth University which reports out both mature trypase and total tryptase in their assay.

<http://www.catalog.pathology.vcu.edu/CatalogPage.aspx?ID=102621314#>

phone (804) 828-9685.

**ADMINISTRATIVE****CPT Codes:**

83520-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

TTRP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Fluoroenzyme Immunoassay

**Collect:**

Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Aliquot serum and freeze. Ship frozen to China Basin.

**Units:**

ng/mL

**Reference Interval:**

2-10 ng/mL

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 5 days, frozen 1 month.

**Additional Information:**

Tryptase concentrations are increased with immediate hypersensitivity (anaphylaxis), acute allergen challenge, and mastocytosis.

When it is necessary to distinguish mature tryptase from total tryptase, an order for a miscellaneous outside lab test (MOLT) can be sent requesting an assay for a tryptase level from the clinical laboratory at Virginia Commonwealth University which reports out both mature trypase and total tryptase in their assay.

<http://www.catalog.pathology.vcu.edu/CatalogPage.aspx?ID=102621314#>

phone (804) 828-9685.

**CPT Codes:**

83520-90



# Tularemia Agglutinins

LAB8641

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

Direct Agglutination

**Reported:**

Test performed daily. Turnaround time: 3-5 days.

**Additional Information:**

Tularemia antibody titers  $\geq 1:20$  are of diagnostic significance. However, titers in this range may also indicate previous infection. Antibody begins to appear 2-3 weeks post-onset and generally peaks at approximately 5 weeks into the disease. Based on the antibody production pattern, a second specimen will usually demonstrate a diagnostic four fold rise for patients with active disease.

**Synonyms:**

- Francisella
- Tularemia antibodies
- FTULA

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

FTULA

**Collect:**

Red top (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated 2 days, frozen at -20C 1 week

## PROCESSING

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Freeze sample at -20C. Order Quest # 35176X

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Refrigerated 2 days, frozen at -20C 1 week

## RESULT INTERPRETATION

**Units:**

Titer

**Reference Interval:**

Negative titer &lt; 20 Equivocal titer 20-80 Positive titer &gt; 80

**Additional Information:**

Tularemia antibody titers  $\geq 1:20$  are of diagnostic significance. However, titers in this range may also indicate previous infection. Antibody begins to appear 2-3 weeks post-onset and generally peaks at approximately 5 weeks into the disease. Based on the antibody production pattern, a second specimen will usually demonstrate a diagnostic four fold rise for patients with active disease.

**ADMINISTRATIVE****CPT Codes:**

86000-90

**LOINC Codes:**

23125-8

**COMPLETE VIEW****Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

Direct Agglutination

**Collect:**

Red top (Gold top acceptable)

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Freeze sample at -20C. Order Quest # 35176X

**Units:**

Titer

**Reference Interval:**

Negative titer &lt; 20 Equivocal titer 20-80 Positive titer &gt; 80

**Synonyms:**

- Francisella
- Tularemia antibodies
- FTULA

**Stability (from collection to initiation):**

Refrigerated 2 days, frozen at -20C 1 week

**Reported:**

Test performed daily. Turnaround time: 3-5 days.

**Additional Information:**

Tularemia antibody titers  $\geq 1:20$  are of diagnostic significance. However, titers in this range may also indicate previous infection. Antibody begins to appear 2-3 weeks post-onset and generally peaks at approximately 5 weeks into the disease. Based on the antibody production pattern, a second specimen will usually demonstrate a diagnostic four fold rise for patients with active disease.

**CPT Codes:**

86000-90

**LOINC Codes:**

23125-8

# Type and Screen

TYSC

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Reported:**

STAT 1 hour, ASAP 2 hours, Routine 4 hours

**Additional Information:**

See also: ABO, Rh, and Antibody Screen.

**Reflex Testing:**

If antibodies potentially capable of causing Hemolytic Disease of the Newborn are found on the Prenatal screen, these will automatically be titrated at an additional charge.

Blood type confirmation (a one-time requirement) is required before blood products can be set up. To minimize delays in product availability, if the provider mistakenly places an order for a duplicate Type and Screen test, the Blood Bank will reflexively convert that order to a blood type confirmation test (test code CHEK).

**Synonyms:**

- Prenatal screening

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

See info for Preferred and Minimum sample volumes

**Preferred Volume:**

| Patient Age   | EDTA (Purple top) Volume            |
|---------------|-------------------------------------|
| < 4 mo        | Full Microtainer (0.8 mL)           |
| 4 mo - 1 year | 3 mL                                |
| 1 -18 years.  | 3-6 mL (3 mL OK for small children) |
| > 18 years    | 6 mL                                |

**Minimum Volume:**

| Patient Age | EDTA (Purple top) Volume  |
|-------------|---------------------------|
| < 4 mo      | Full Microtainer (0.8 mL) |
| 4 mo-1 year | 1 mL                      |
| 1-18 years  | 3 mL                      |
| >18 years   | 5 mL                      |

**Remarks:**

Use BLOOD BANK requisition. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

## PROCESSING

**Test Code:**

TYSC

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Blood Banks

**Preferred Volume:**

| Patient Age   | EDTA (Purple top) Volume            |
|---------------|-------------------------------------|
| < 4 mo        | Full Microtainer (0.8 mL)           |
| 4 mo - 1 year | 3 mL                                |
| 1 -18 years.  | 3-6 mL (3 mL OK for small children) |
| > 18 years    | 6 mL                                |

**Minimum Volume:**

| Patient Age | EDTA (Purple top) Volume  |
|-------------|---------------------------|
| < 4 mo      | Full Microtainer (0.8 mL) |
| 4 mo-1 year | 1 mL                      |
| 1-18 years  | 3 mL                      |
| >18 years   | 5 mL                      |

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

**RESULT INTERPRETATION****Additional Information:**

See also: ABO, Rh, and Antibody Screen.

**ADMINISTRATIVE****CPT Codes:**

86900, 86901, 86850

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

TYSC

**Performing Lab:**

Parnassus, Mission Bay and Mt. Zion Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Remarks:**

Use BLOOD BANK requisition. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

See info for Preferred and Minimum sample volumes

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

| Patient Age   | EDTA (Purple top) Volume            |
|---------------|-------------------------------------|
| < 4 mo        | Full Microtainer (0.8 mL)           |
| 4 mo - 1 year | 3 mL                                |
| 1 -18 years.  | 3-6 mL (3 mL OK for small children) |
| > 18 years    | 6 mL                                |

**Minimum Volume:**

| Patient Age | EDTA (Purple top) Volume  |
|-------------|---------------------------|
| < 4 mo      | Full Microtainer (0.8 mL) |
| 4 mo-1 year | 1 mL                      |
| 1-18 years  | 3 mL                      |
| >18 years   | 5 mL                      |

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

**Synonyms:**

- Prenatal screening

**Reported:**

STAT 1 hour, ASAP 2 hours, Routine 4 hours

**Reflex Testing:**

If antibodies potentially capable of causing Hemolytic Disease of the Newborn are found on the Prenatal screen, these will automatically be titered at an additional charge.

Blood type confirmation (a one-time requirement) is required before blood products can be set up. To minimize delays in product availability, if the provider mistakenly places an order for a duplicate Type and Screen test, the Blood Bank will reflexively convert that order to a blood type confirmation test (test code CHEK).

**Additional Information:**

See also: ABO, Rh, and Antibody Screen.

**CPT Codes:**

86900, 86901, 86850

# Type and Screen, Non-patient

## TSNP

### ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Reported:**

STAT 1 hour, ASAP 2 hours, Routine 4 hours

**Additional Information:**

Test is for use in neonatal transfusion only.

Typing and screening of blood for transfusion. If antibodies potentially capable of causing Hemolytic Disease of the Newborn are found on the Prenatal screen, these will automatically be titered at an additional charge.

See also: ABO, Rh, and Antibody Screen.

**Reflex Testing:**

Blood Type confirmation (a one-time requirement) is required before blood products can be set up. To minimize delays in product availability, if the provider mistakenly places an order for a duplicate Type and Screen test, the Blood Bank will reflexively convert that order to a Blood Type confirmation test (test code CHEK).

### COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

2 mL blood

**Remarks:**

Use BLOOD BANK requisition

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

### PROCESSING

**Test Code:**

TSNP

**Performing Lab:**

Parnassus &amp; Mission Bay Blood Banks

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

2 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

### RESULT INTERPRETATION

**Additional Information:**

Test is for use in neonatal transfusion only.

Typing and screening of blood for transfusion. If antibodies potentially capable of causing Hemolytic Disease of the Newborn are found on the Prenatal screen, these will automatically be titered at an additional charge.

See also: ABO, Rh, and Antibody Screen.

**ADMINISTRATIVE****CPT Codes:**

86900, 86901, 86850

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

TSNP

**Performing Lab:**

Parnassus &amp; Mission Bay Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Remarks:**

Use BLOOD BANK requisition

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

2 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

**Reported:**

STAT 1 hour, ASAP 2 hours, Routine 4 hours

**Reflex Testing:**

Blood Type confirmation (a one-time requirement) is required before blood products can be set up. To minimize delays in product availability, if the provider mistakenly places an order for a duplicate Type and Screen test, the Blood Bank will reflexively convert that order to a Blood Type confirmation test (test code CHEK).

**Additional Information:**

Test is for use in neonatal transfusion only.

Typing and screening of blood for transfusion. If antibodies potentially capable of causing Hemolytic Disease of the Newborn are found on the Prenatal screen, these will automatically be titrated at an additional charge.

See also: ABO, Rh, and Antibody Screen.

**CPT Codes:**

86900, 86901, 86850

# Type and Screen, Prenatal

ABPR

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Blood Banks

**Performed:**

Test available 24 hours per day 7 days per week

**Reported:**

STAT 1 hour, ASAP 2 hours, Routine 4 hours

**Additional Information:**

Typing and screening of blood for transfusion. If antibodies potentially capable of causing Hemolytic Disease of the Newborn are found on the Prenatal screen, these will automatically be titered at an additional charge.

See also: ABO, Rh, and Antibody Screen.

**Reflex Testing:**

Blood Type confirmation (a one-time requirement) is required before blood products can be set up. To minimize delays in product availability, if the provider mistakenly places an order for a duplicate Type and Screen test, the Blood Bank will reflexively convert that order to a Blood Type confirmation test (test code CHEK).

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top (6 mL size preferred)

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

2 mL blood

**Remarks:**

Use BLOOD BANK requisition. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

## PROCESSING

**Test Code:**

ABPR

**Performing Lab:**

Parnassus &amp; Mission Bay Blood Banks

**Preferred Volume:**

6 mL blood

**Minimum Volume:**

2 mL blood

**Unacceptable Conditions:**

Unsigned, mislabeled, unlabeled or hemolyzed sample.

## RESULT INTERPRETATION

**Additional Information:**

Typing and screening of blood for transfusion. If antibodies potentially capable of causing Hemolytic Disease of the Newborn are found on the Prenatal screen, these will automatically be titered at an additional charge.

See also: ABO, Rh, and Antibody Screen.

## ADMINISTRATIVE



**CPT Codes:**  
86900

## COMPLETE VIEW

**Available Stat:**  
Yes

**Test Code:**  
ABPR

**Performing Lab:**  
Parnassus & Mission Bay Blood Banks

**Performed:**  
Test available 24 hours per day 7 days per week

**Remarks:**  
Use BLOOD BANK requisition. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**  
Lavender top (6 mL size preferred)

**Amount to Collect:**  
6 mL blood

**Sample Type:**  
EDTA whole blood

**Preferred Volume:**  
6 mL blood

**Minimum Volume:**  
2 mL blood

**Unacceptable Conditions:**  
Unsigned, mislabeled, unlabeled or hemolyzed sample.

**Reported:**  
STAT 1 hour, ASAP 2 hours, Routine 4 hours

**Reflex Testing:**  
Blood Type confirmation (a one-time requirement) is required before blood products can be set up. To minimize delays in product availability, if the provider mistakenly places an order for a duplicate Type and Screen test, the Blood Bank will reflexively convert that order to a Blood Type confirmation test (test code CHEK).

**Additional Information:**  
Typing and screening of blood for transfusion. If antibodies potentially capable of causing Hemolytic Disease of the Newborn are found on the Prenatal screen, these will automatically be titrated at an additional charge.

See also: ABO, Rh, and Antibody Screen.

**CPT Codes:**  
86900

# Tyrosine, plasma

TYRO

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LCMS

**Reported:**

Set up at least 3x weekly. Turnaround time: 3-5 days.

## COLLECTION

**Patient Preparation:**

Collect specimen after an overnight fast (or at least 4 hours after a meal) if possible. Non-fasting samples are acceptable for pediatric patients

**Sample Type:**

Heparinized plasma

**Collect:**

Dark Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.4 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Remarks:**

Provide the patient's age and sex, a brief clinical history and tentative diagnosis, and a description of drug, infant formula or dietary therapy or X-rays in the previous three days.

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 7 days, frozen at -20C 30 days

## PROCESSING

**Test Code:**

TYRO

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate and immediately freeze plasma at -20C. Order Quest # 30791P

**Preferred Volume:**

0.4 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated 7 days, frozen at -20C 30 days

## RESULT INTERPRETATION

**Units:** $\mu\text{mol/L}$ **Reference Interval:**0-30 days: 33-160  $\mu\text{mol/L}$ 31 days-23 months: 24-125  $\mu\text{mol/L}$ 2-17 years: 31-108  $\mu\text{mol/L}$  $\geq 18$  years: 38-96  $\mu\text{mol/L}$ 

## ADMINISTRATIVE

**CPT Codes:**  
84510-90

**LOINC Codes:**  
20660-7

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
TYRO

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
LCMS

**Patient Preparation:**  
Collect specimen after an overnight fast (or at least 4 hours after a meal) if possible. Non-fasting samples are acceptable for pediatric patients

**Remarks:**  
Provide the patient's age and sex, a brief clinical history and tentative diagnosis, and a description of drug, infant formula or dietary therapy or X-rays in the previous three days.

**Collect:**  
Dark Green top

**Amount to Collect:**  
1 mL blood

**Sample Type:**  
Heparinized plasma

**Preferred Volume:**  
0.4 mL plasma

**Minimum Volume:**  
0.2 mL plasma

**Specimen Preparation:**  
Separate and immediately freeze plasma at -20C. Order Quest # 30791P

**Units:**  
 $\mu\text{mol/L}$

**Reference Interval:**  
0-30 days: 33-160  $\mu\text{mol/L}$   
31 days-23 months: 24-125  $\mu\text{mol/L}$   
2-17 years: 31-108  $\mu\text{mol/L}$   
 $\geq 18$  years: 38-96  $\mu\text{mol/L}$

**Stability (from collection to initiation):**  
Room temperature unacceptable, refrigerated 7 days, frozen at -20C 30 days

**Reported:**  
Set up at least 3x weekly. Turnaround time: 3-5 days.

**CPT Codes:**  
84510-90

**LOINC Codes:**  
20660-7

# UCSF Genomics Blood Draw

GMLEXP

## ORDERING

**Available Stat:**

No

**Performing Lab:**

UCSF Genomic Medicine Lab

**Additional Information:**

Specimen sent to GML @ Mt Zion

**Synonyms:**

- GML Peripheral blood draw
- PGx blood
- Pharmacogenomics blood

## COLLECTION

**Sample Type:**

Blood

**Collect:**

EDTA (lavender top)

**Amount to Collect:**

3 mL

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

Blood is stable refrigerated for 1 week. Please refrigerate samples over the weekend or holidays at 4°C for next business day pick up.

## PROCESSING

**Test Code:**

GMLEXP

**Performing Lab:**

UCSF Genomic Medicine Lab

**Specimen Preparation:**

Blood sent on the courier to Central Processing Mt Zion.

Upon receipt, place samples in refrigerator in refrigerated cooler attention to CCGL @ Mount Zion.

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

Blood is stable refrigerated for 1 week. Please refrigerate samples over the weekend or holidays at 4°C for next business day pick up.

## RESULT INTERPRETATION

**Additional Information:**

Specimen sent to GML @ Mt Zion

## ADMINISTRATIVE

**CPT Codes:**

36415

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

GMLEXP

**Performing Lab:**

UCSF Genomic Medicine Lab

**Collect:**

EDTA (lavender top)

**Amount to Collect:**

3 mL

**Sample Type:**

Blood

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Specimen Preparation:**

Blood sent on the courier to Central Processing Mt Zion.

Upon receipt, place samples in refrigerator in refrigerated cooler attention to CCGL @ Mount Zion.

**Synonyms:**

- GML Peripheral blood draw
- PGx blood
- Pharmacogenomics blood

**Stability (from collection to initiation):**

Blood is stable refrigerated for 1 week. Please refrigerate samples over the weekend or holidays at 4°C for next business day pick up.

**Additional Information:**

Specimen sent to GML @ Mt Zion

**CPT Codes:**

36415

# UCSF Platelet Refractory Testing Orders

ILPRA1

## ORDERING

**Approval Required:**

Yes. Please contact Blood Bank.

**Available Stat:**

YES; Monday-Friday, provided sample is collected before 6 AM. Please order as STAT. TAT is  $\leq$  3 business days.

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Reported:**

Test run Monday - Friday. TAT for STAT order is  $\leq$  3 business days.

**Additional Information:**

This is an order set used to work up patients who are refractory to platelet transfusions. The order set includes the HLA antibody testing - Class I PRA test (<https://www.testmenu.com/UCSFCLinLab/Tests/812056>), with one difference; this test is performed STAT (not batched) when ordered for patients with suspected platelet refractoriness secondary to HLA alloimmunization. For detailed information on evaluating refractoriness to platelet transfusion, as well as how and when to utilize this order set, please refer to the UCSF Transfusion Guidelines' section on HLA-matched/Cross Matched Platelets for Platelet Refractoriness (<https://clinlab.ucsf.edu/transfusion-medicine-guide#Platelets>).

## COLLECTION

**Sample Type:**

Serum

**Collect:**

One full red top tube for antibody testing and one full ACD tube for HLA typing.

**Amount to Collect:**

12 ml whole blood

**Preferred Volume:**

6 ml whole blood

**Minimum Volume:**

1.25 ml whole blood

**Remarks:**

This order set should be ordered directly through the APEX order set Platelet Refractory Testing Orders' Please refer to the UCSF Transfusion Guidelines' section on HLA-matched/Cross Matched Platelets for Platelet Refractoriness for information on how to utilize this order set (<https://clinlab.ucsf.edu/transfusion-medicine-guide#Platelets>).

The order set is composed of the following tests:

- HLA Class I Typing - Intermediate Resolution
- HLA Class I Typing - Intermediate Resolution (Blood Draw ONLY)
- HLA Antibody - Class I Single Antigen
- HLA Antibody - Class I Single Antigen (Blood Draw ONLY)

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours.

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

## PROCESSING

**Test Code:**

ILPRA1

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Specimen Preparation:**

Keep sample at room temperature. Do not refrigerate or centrifuge

**Preferred Volume:**

6 ml whole blood

**Minimum Volume:**

1.25 ml whole blood

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours.

**RESULT INTERPRETATION****Additional Information:**

This is an order set used to work up patients who are refractory to platelet transfusions. The order set includes the HLA antibody testing - Class I PRA test (<https://www.testmenu.com/UCSFClinLab/Tests/812056>), with one difference; this test is performed STAT (not batched) when ordered for patients with suspected platelet refractoriness secondary to HLA alloimmunization. For detailed information on evaluating refractoriness to platelet transfusion, as well as how and when to utilize this order set, please refer to the UCSF Transfusion Guidelines' section on HLA-matched/Cross Matched Platelets for Platelet Refractoriness (<https://clinlab.ucsf.edu/transfusion-medicine-guide#Platelets>).

**COMPLETE VIEW****Approval Required:**

Yes. Please contact Blood Bank.

**Available Stat:**

YES; Monday-Friday, provided sample is collected before 6 AM. Please order as STAT. TAT is <= 3 business days.

**Test Code:**

ILPRA1

**Performing Lab:**

Immunogenetics & Transplantation Laboratory (ITL)

**Methodology:**

Luminex-based

**Remarks:**

This order set should be ordered directly through the APEX order set Platelet Refractory Testing Orders' Please refer to the UCSF Transfusion Guidelines' section on HLA-matched/Cross Matched Platelets for Platelet Refractoriness for information on how to utilize this order set (<https://clinlab.ucsf.edu/transfusion-medicine-guide#Platelets>).

The order set is composed of the following tests:

- HLA Class I Typing - Intermediate Resolution
- HLA Class I Typing - Intermediate Resolution (Blood Draw ONLY)
- HLA Antibody - Class I Single Antigen
- HLA Antibody - Class I Single Antigen (Blood Draw ONLY)

**Collect:**

One full red top tube for antibody testing and one full ACD tube for HLA typing.

**Amount to Collect:**

12 ml whole blood

**Sample Type:**

Serum

**Preferred Volume:**

6 ml whole blood

**Minimum Volume:**

1.25 ml whole blood

**Unacceptable Conditions:**

Hemolyzed sample and or presence of substances that can interfere with the assay (high background).

**Specimen Preparation:**

Keep sample at room temperature. Do not refrigerate or centrifuge

**Stability (from collection to initiation):**

If kept at ambient temperature, can be good for up to 72 hours.

**Reported:**

Test run Monday - Friday. TAT for STAT order is <= 3 business days.

**Additional Information:**

This is an order set used to work up patients who are refractory to platelet transfusions. The order set includes the HLA antibody testing - Class I PRA test (<https://www.testmenu.com/UCSFClinLab/Tests/812056>), with one difference; this test is performed STAT (not batched) when ordered for patients with suspected platelet refractoriness secondary to HLA alloimmunization. For detailed information on evaluating refractoriness to platelet transfusion, as well as how and when to utilize this order set, please refer to the UCSF Transfusion Guidelines' section on HLA-matched/Cross Matched Platelets for Platelet Refractoriness (<https://clinlab.ucsf.edu/transfusion-medicine-guide#Platelets>).

# UCSF500 Gene Panel Ordering Information

## ORDERING

**Available Stat:**

No

**Performing Lab:**

UCSF Clinical Cancer Genomics Lab (CCGL)

**Performed:**

Run twice per week, day shift only

**Methodology:**

Targeted next-generation sequencing (NovaSeq)

**Reported:**

14 - 21 days

**Additional Information:**

The test was validated by the UCSF Clinical Cancer Genomics Laboratory (CCGL) to confirm performance characteristics, in compliance with current guidelines for clinical implementation.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- U500, UCSF500, UCSF 500 Cancer Gene Panel

## COLLECTION

**Collect:**

Blood or bone marrow in EDTA (lavender top, 3 cc preferred) Formalin-fixed paraffin embedded tissue (5-10 unstained slides at 10 µm thickness, or FFPE tissue block) Buccal swabs Fresh skin biopsy (1-2 mm punch)

**Remarks:**

UCSF Clinicians — Inpatient and Ambulatory Providers are now able to place orders electronically in APeX. Order panels UC500 Solid Tumor Testing and UC500 Leukemia Testing have been created with detailed instructions on ordering guidelines. APeX will allow you to order TUMOR only, as well as paired TUMOR:NORMAL tests. Blood draws can be ordered through APeX - Peripheral blood draw for CCGL (PBCGL).

Non UCSF Clinicians - use the UCSF500 paper requisition form, contact ccgl@ucsf.edu or 415-502-3252.

For any questions related to the ordering process, please contact ccgl@ucsf.edu or 415-502-3252.

## PROCESSING

**Performing Lab:**

UCSF Clinical Cancer Genomics Lab (CCGL)

**Specimen Preparation:**

Do not freeze blood or bone marrow samples. Ship samples to CCGL at Mt Zion as soon as possible.

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

The test was validated by the UCSF Clinical Cancer Genomics Laboratory (CCGL) to confirm performance characteristics, in compliance with current guidelines for clinical implementation.

## ADMINISTRATIVE

**CPT Codes:**

81455

**LDT or Modified FDA:**

Yes

## COMPLETE VIEW

**Available Stat:**

No



**Performing Lab:**

UCSF Clinical Cancer Genomics Lab (CCGL)

**Performed:**

Run twice per week, day shift only

**Methodology:**

Targeted next-generation sequencing (NovaSeq)

**Remarks:**

UCSF Clinicians — Inpatient and Ambulatory Providers are now able to place orders electronically in APeX. Order panels UC500 Solid Tumor Testing and UC500 Leukemia Testing have been created with detailed instructions on ordering guidelines. APeX will allow you to order TUMOR only, as well as paired TUMOR:NORMAL tests. Blood draws can be ordered through APeX - Peripheral blood draw for CCGL (PBCGL).

Non UCSF Clinicians - use the UCSF500 paper requisition form, contact ccgl@ucsf.edu or 415-502-3252.

For any questions related to the ordering process, please contact ccgl@ucsf.edu or 415-502-3252.

**Collect:**

Blood or bone marrow in EDTA (lavender top, 3 cc preferred) Formalin-fixed paraffin embedded tissue (5-10 unstained slides at 10 µm thickness, or FFPE tissue block) Buccal swabs Fresh skin biopsy (1-2 mm punch)

**Specimen Preparation:**

Do not freeze blood or bone marrow samples. Ship samples to CCGL at Mt Zion as soon as possible.

**Reference Interval:**

Negative

**Synonyms:**

- U500, UCSF500, UCSF 500 Cancer Gene Panel

**Reported:**

14 - 21 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

The test was validated by the UCSF Clinical Cancer Genomics Laboratory (CCGL) to confirm performance characteristics, in compliance with current guidelines for clinical implementation.

**CPT Codes:**

81455

**LDT or Modified FDA:**

Yes

# UDP Glucuronosyltransferase 1A1

UGT1A1

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Batched assay performed once every 2 weeks

**Methodology:**

PCR and Fragment analysis

**Reported:**

10-14 days

**Additional Information:**

Irinotecan is used for the treatment of metastatic carcinoma of the colon or rectum. It causes severe neutropenia and diarrhea in 20-35% of patients undergoing chemotherapy. The ability to predict toxicity in treated patients is an important consideration.

UGT1A1 catalyzes the inactivation of SN-38, the active and toxic metabolite of irinotecan. The 7TA repeat length polymorphism (termed \*28 allele) in the UGT1A1 promoter is associated with decreased UGT1A1 gene expression levels, resulting in lower than normal UGT1A1 enzymatic activity and accumulation of SN-38, the active irinotecan metabolite.

About 15% of North Americans are homozygous for the \*28/\*28 genotype and thus cancer patients carrying this variant exhibit irinotecan related toxicity and would require lower doses of irinotecan than patients carrying the 6 TA repeat (\*1 allele). The clinical significance of the rare 5 and 8 TA repeats, termed \*36 and \*37 allele, respectively, in predicting irinotecan toxicities is not well established.

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Synonyms:**

- Irinotecan
- UGT1A1
- UGT 1A1

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Remarks:**

Avoid hemolysis. Due to stability issues these samples should only be collected at UCSF Monday through noon Friday.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Stability (from collection to initiation):**

Refrigerated, 1 month.

**Unacceptable Conditions:**

Insufficient sample received.

**Rejection Criteria:**

Insufficient sample received. Serum, citrated or heparinized plasma received. Samples > 5 days old when received

## PROCESSING

**Test Code:**

UGT1A1

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Specimen Preparation:**

Do not freeze blood. Refrigerate sample if storage is required.

Ship to China Basin Molecular Diagnostics

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Insufficient sample received.

**Rejection Criteria:**

Insufficient sample received. Serum, citrated or heparinized plasma received. Samples > 5 days old when received

**Stability (from collection to initiation):**

Refrigerated, 1 month.

**RESULT INTERPRETATION****Reference Interval:**

Wildtype \*1/\*1

Most common normal allele is 6 repeats (= \*1)

**Additional Information:**

Irinotecan is used for the treatment of metastatic carcinoma of the colon or rectum. It causes severe neutropenia and diarrhea in 20-35% of patients undergoing chemotherapy. The ability to predict toxicity in treated patients is an important consideration.

UGT1A1 catalyzes the inactivation of SN-38, the active and toxic metabolite of irinotecan. The 7TA repeat length polymorphism (termed \*28 allele) in the UGT1A1 promoter is associated with decreased UGT1A1 gene expression levels, resulting in lower than normal UGT1A1 enzymatic activity and accumulation of SN-38, the active irinotecan metabolite.

About 15% of North Americans are homozygous for the \*28/\*28 genotype and thus cancer patients carrying this variant exhibit irinotecan related toxicity and would require lower doses of irinotecan than patients carrying the 6 TA repeat (\*1 allele). The clinical significance of the rare 5 and 8 TA repeats, termed \*36 and \*37 allele, respectively, in predicting irinotecan toxicities is not well established.

**ADMINISTRATIVE****CPT Codes:**

81350

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

51951-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

UGT1A1

**Performing Lab:**

Medical Genomics - Molecular Diagnostics

**Performed:**

Batched assay performed once every 2 weeks

**Methodology:**

PCR and Fragment analysis

**Remarks:**

Avoid hemolysis. Due to stability issues these samples should only be collected at UCSF Monday through noon Friday.

Do not collect sample in heparin. Keep sample refrigerated for overnight or longer storage.

**Collect:**

Lavender top

**Amount to Collect:**

3 mL

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL

**Minimum Volume:**

1 mL

**Rejection Criteria:**

Insufficient sample received. Serum, citrated or heparinized plasma received. Samples > 5 days old when received

**Unacceptable Conditions:**

Insufficient sample received.

**Specimen Preparation:**

Do not freeze blood. Refrigerate sample if storage is required.

Ship to China Basin Molecular Diagnostics

**Reference Interval:**

Wildtype \*1/\*1

Most common normal allele is 6 repeats (= \*1)

**Synonyms:**

- Irenotecan
- UGT1A1
- UGT 1A1

**Stability (from collection to initiation):**

Refrigerated, 1 month.

**Reported:**

10-14 days

**Reflex Testing:**

An interpretation of this test by a laboratory physician will automatically be performed and billed for separately.

**Additional Information:**

Irinotecan is used for the treatment of metastatic carcinoma of the colon or rectum. It causes severe neutropenia and diarrhea in 20-35% of patients undergoing chemotherapy. The ability to predict toxicity in treated patients is an important consideration.

UGT1A1 catalyzes the inactivation of SN-38, the active and toxic metabolite of irinotecan. The 7TA repeat length polymorphism (termed \*28 allele) in the UGT1A1 promoter is associated with decreased UGT1A1 gene expression levels, resulting in lower than normal UGT1A1 enzymatic activity and accumulation of SN-38, the active irinotecan metabolite.

About 15% of North Americans are homozygous for the \*28/\*28 genotype and thus cancer patients carrying this variant exhibit irinotecan related toxicity and would require lower doses of irinotecan than patients carrying the 6 TA repeat (\*1 allele). The clinical significance of the rare 5 and 8 TA repeats, termed \*36 and \*37 allele, respectively, in predicting irinotecan toxicities is not well established.

**CPT Codes:**

81350

**LDT or Modified FDA:**

Yes

**LOINC Codes:**

51951-2

# Universal Microbial DNA

P390

## ORDERING

**Approval Required:**

Infectious Disease consult recommended.  
CSF samples will be tested via metagenomics Next Generation Sequencing.  
BAL samples may be sent for Universal Fungal PCR.  
Sterile tissues and fluids may be sent for Universal Bacterial, Fungal, and/or AFB PCR.  
All other sample types should obtain approval by lab medicine.

**Available Stat:**

No

**Performing Lab:**

Univ. of Washington

**Methodology:**

PCR

**Additional Information:**

Universal microbial PCR can be used to detect infectious agents in sterile tissues and fluids. Specific PCR targets vary by pathogen type as listed: Universal bacterial PCR: 16S ribosomal DNA. Universal fungal PCR: 18S ribosomal DNA, Universal AFB PCR: rpoB and hsp65.

Identification of pathogens is typically successful when organisms are seen on stains, but cultures are negative due to prior antibiotic use or fastidious organisms. Testing of fresh tissue showing no organisms on stain but significant amount of inflammation / granulomas detects pathogens in fewer than 25% of cases. Formalin-fixed tissue should generally be sent only when organisms are seen on stains. Testing of tissue or fluids that do not show inflammation is not indicated.

**Synonyms:**

- Universal microbial PCR

## COLLECTION

**Sample Type:**

Fresh sterile tissue, or fluid (preferred), formalin-fixed paraffin embedded tissue

**Collect:**

Sterile tube

**Amount to Collect:**

Tissue: 5 cubic mm  
Fluid: 1 mL

**Preferred Volume:**

Tissue: 5 cubic mm  
Fluid: 1 mL

**Minimum Volume:**

Tissue: 3 cubic mm  
Fluid: 0.5 mL

**Remarks:**

Fresh sterile tissue or fluid should be submitted to the microbiology laboratory in a separate container, along with specimens for culture (bacterial, fungal and AFB). Test sensitivity is much lower for formalin-fixed paraffin-embedded tissues.

**Stability (from collection to initiation):**

Frozen 1 month

**Rejection Criteria:**

Citrated or heparinized solutions

## PROCESSING

**Test Code:**

P390

**Sendout:**

Yes

**Performing Lab:**

Univ. of Washington

**Specimen Preparation:**

Freeze fresh tissue and fluid at -70C and ship frozen (on dry ice).

Ship formalin fixed paraffin embedded tissue at room temperature.

**Preferred Volume:**

Tissue: 5 cubic mm

Fluid: 1 mL

**Minimum Volume:**

Tissue: 3 cubic mm

Fluid: 0.5 mL

**Rejection Criteria:**

Citrated or heparinized solutions

**Stability (from collection to initiation):**

Frozen 1 month

**RESULT INTERPRETATION****Reference Interval:**

Microbial DNA not detected

**Additional Information:**

Universal microbial PCR can be used to detect infectious agents in sterile tissues and fluids. Specific PCR targets vary by pathogen type as listed: Universal bacterial PCR: 16S ribosomal DNA. Universal fungal PCR: 18S ribosomal DNA, Universal AFB PCR: rpoB and hsp65.

Identification of pathogens is typically successful when organisms are seen on stains, but cultures are negative due to prior antibiotic use or fastidious organisms. Testing of fresh tissue showing no organisms on stain but significant amount of inflammation / granulomas detects pathogens in fewer than 25% of cases. Formalin-fixed tissue should generally be sent only when organisms are seen on stains. Testing of tissue or fluids that do not show inflammation is not indicated.

**COMPLETE VIEW****Approval Required:**

Infectious Disease consult recommended.

CSF samples will be tested via metagenomics Next Generation Sequencing.

BAL samples may be sent for Universal Fungal PCR.

Sterile tissues and fluids may be sent for Universal Bacterial, Fungal, and/or AFB PCR.

All other sample types should obtain approval by lab medicine.

**Available Stat:**

No

**Test Code:**

P390

**Performing Lab:**

Univ. of Washington

**Sendout:**

Yes

**Methodology:**

PCR

**Remarks:**

Fresh sterile tissue or fluid should be submitted to the microbiology laboratory in a separate container, along with specimens for culture (bacterial, fungal and AFB). Test sensitivity is much lower for formalin-fixed paraffin-embedded tissues.

**Collect:**

Sterile tube

**Amount to Collect:**

Tissue: 5 cubic mm

Fluid: 1 mL

**Sample Type:**

Fresh sterile tissue, or fluid (preferred), formalin-fixed paraffin embedded tissue

**Preferred Volume:**

Tissue: 5 cubic mm

Fluid: 1 mL

**Minimum Volume:**

Tissue: 3 cubic mm

Fluid: 0.5 mL

**Rejection Criteria:**

Citrated or heparinized solutions

**Specimen Preparation:**

Freeze fresh tissue and fluid at -70C and ship frozen (on dry ice).

Ship formalin fixed paraffin embedded tissue at room temperature.

**Reference Interval:**

Microbial DNA not detected

**Synonyms:**

- Universal microbial PCR

**Stability (from collection to initiation):**

Frozen 1 month

**Additional Information:**

Universal microbial PCR can be used to detect infectious agents in sterile tissues and fluids. Specific PCR targets vary by pathogen type as listed: Universal bacterial PCR: 16S ribosomal DNA. Universal fungal PCR: 18S ribosomal DNA, Universal AFB PCR: rpoB and hsp65.

Identification of pathogens is typically successful when organisms are seen on stains, but cultures are negative due to prior antibiotic use or fastidious organisms. Testing of fresh tissue showing no organisms on stain but significant amount of inflammation / granulomas detects pathogens in fewer than 25% of cases. Formalin-fixed tissue should generally be sent only when organisms are seen on stains. Testing of tissue or fluids that do not show inflammation is not indicated.

# Unstable Hemoglobin, Isopropanol screen

UHGBI

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Isopropanol precipitation

**Reported:**

Same day or next weekday

**Synonyms:**

- Isopropanol stability
- unstable hemoglobin

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

8 mL blood

**Preferred Volume:**

8 mL blood

**Minimum Volume:**

3 mL blood

**Remarks:**

Draw only between 0800-1200 hours Monday-Friday

**Stability (from collection to initiation):**

Refrigerated 1 week.

**Rejection Criteria:**

Frozen sample.

## PROCESSING

**Test Code:**

UHGBI

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Keep sample refrigerated. Sample needs to be at China Basin for 4 PM Quest pick-up the same day it is collected.

**Preferred Volume:**

8 mL blood

**Minimum Volume:**

3 mL blood

**Rejection Criteria:**

Frozen sample.

**Stability (from collection to initiation):**

Refrigerated 1 week.

## RESULT INTERPRETATION

**Reference Interval:**

None detected

## ADMINISTRATIVE



**CPT Codes:**  
83068-90

**LOINC Codes:**  
41619-8

## COMPLETE VIEW

**Available Stat:**  
No

**Test Code:**  
UHGBI

**Performing Lab:**  
Quest

**Sendout:**  
Yes

**Methodology:**  
Isopropanol precipitation

**Remarks:**  
Draw only between 0800-1200 hours Monday-Friday

**Collect:**  
Lavender top

**Amount to Collect:**  
8 mL blood

**Sample Type:**  
EDTA whole blood

**Preferred Volume:**  
8 mL blood

**Minimum Volume:**  
3 mL blood

**Rejection Criteria:**  
Frozen sample.

**Specimen Preparation:**  
Keep sample refrigerated. Sample needs to be at China Basin for 4 PM Quest pick-up the same day it is collected.

**Reference Interval:**  
None detected

**Synonyms:**

- Isopropanol stability
- unstable hemoglobin

**Stability (from collection to initiation):**  
Refrigerated 1 week.

**Reported:**  
Same day or next weekday

**CPT Codes:**  
83068-90

**LOINC Codes:**  
41619-8

# Urea Clearance

LAB749

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Urease, Spectrophotometric

**Reported:**

4 hours

**Additional Information:**

In normal individuals, urea clearance ranges between 35% - 65% of the GFR depending on hydration status (Diseases of the Kidney and Urinary Tract, R.W Schrier, 8th edition, 2007).

Note: Clearances are often inaccurate because of incomplete urine collection. A 4- or 6-hour collection is likely to be more complete than the classic 24 hour test, but extrapolation of results from shortened collections may not be accurate.

An order for Urea Clearance includes the following parameters:

a. Urine Urea Nitrogen:  $(\text{Urine urea nitrogen mg/dL} \times \text{Total Vol in mL} \times 24) / (100,000 \times \text{hours of collection}) = \text{g/d}$

Note: Only Urine Urea Nitrogen will be reported if no serum sample is received.

b. Urea Clearance Uncorrected:  $(\text{Urine urea nitrogen mg/dL} \times \text{Total Volume mL}) / (60 \times \text{hours of collection} \times \text{serum urea nitrogen}) = \text{mL/min}$

c. Corrected Urea Clearance:  $(\text{Total Vol. in mL} \times \text{urine urea nitrogen mg/dL} \times 1.73) / (60 \times \text{hours of collection} \times \text{serum urea nitrogen} \times \text{surface area}) = \text{mL/min/1.73 m}^2$

**Synonyms:**

- URCL

## COLLECTION

**Sample Type:**
24 hour urine **AND** serum
**Label Abbreviation:**

URCL

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**AND** Gold top
**Amount to Collect:**

Entire 24 hour urine output

2 ml blood

**Preferred Volume:**

Urine: Complete collection

Serum: 1 mL

**Minimum Volume:**

Urine: Complete collection

Serum: 0.2 mL

**Remarks:**

Refrigerate the collection container during the collection period.

Submit serum (Gold top) drawn within 24 hours of urine collection-preferably within the interval of collection.

Include the patient's weight in kg and height in cm on the requisition if a corrected clearance is needed.

**Stability (from collection to initiation):**

Refrigerated 2 days.

**Unacceptable Conditions:**

Container not refrigerated during collection.

**PROCESSING****Test Code:**

URCL

**Test Group:**

Urea

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, & Saint Marys Chemistry

**Preferred Volume:**

Urine: Complete collection

Serum: 1 mL

**Minimum Volume:**

Urine: Complete collection

Serum: 0.2 mL

**Unacceptable Conditions:**

Container not refrigerated during collection.

**Stability (from collection to initiation):**

Refrigerated 2 days.

**RESULT INTERPRETATION****Units:**

mL/min/1.73 m<sup>2</sup>

**Reference Interval:**

See additional information

**Additional Information:**

In normal individuals, urea clearance ranges between 35% - 65% of the GFR depending on hydration status (Diseases of the Kidney and Urinary Tract, R.W Schrier, 8th edition, 2007).

Note: Clearances are often inaccurate because of incomplete urine collection. A 4- or 6-hour collection is likely to be more complete than the classic 24 hour test, but extrapolation of results from shortened collections may not be accurate.

An order for Urea Clearance includes the following parameters:

a. Urine Urea Nitrogen:  $(\text{Urine urea nitrogen mg/dL} \times \text{Total Vol in mL} \times 24) / (100,000 \times \text{hours of collection}) = \text{g/d}$

Note: Only Urine Urea Nitrogen will be reported if no serum sample is received.

b. Urea Clearance Uncorrected:  $(\text{Urine urea nitrogen mg/dL} \times \text{Total Volume mL}) / (60 \times \text{hours of collection} \times \text{serum urea nitrogen}) = \text{mL/min}$

c. Corrected Urea Clearance:  $(\text{Total Vol. in mL} \times \text{urine urea nitrogen mg/dL} \times 1.73) / (60 \times \text{hours of collection} \times \text{serum urea nitrogen} \times \text{surface area}) = \text{mL/min/1.73 m}^2$

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

URCL

**Test Group:**

Urea

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, & Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Urease, Spectrophotometric

**Remarks:**

Refrigerate the collection container during the collection period.

Submit serum (Gold top) drawn within 24 hours of urine collection-preferably within the interval of collection.

Include the patient's weight in kg and height in cm on the requisition if a corrected clearance is needed.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**AND** Gold top

**Amount to Collect:**

Entire 24 hour urine output

2 ml blood

**Sample Type:**

24 hour urine **AND** serum

**Preferred Volume:**

Urine: Complete collection

Serum: 1 mL

**Minimum Volume:**

Urine: Complete collection

Serum: 0.2 mL

**Unacceptable Conditions:**

Container not refrigerated during collection.

**Units:**

mL/min/1.73 m<sup>2</sup>

**Reference Interval:**

See additional information

**Synonyms:**

- URCL

**Stability (from collection to initiation):**

Refrigerated 2 days.

**Reported:**

4 hours

**Additional Information:**

In normal individuals, urea clearance ranges between 35% - 65% of the GFR depending on hydration status (Diseases of the Kidney and Urinary Tract, R.W Schrier, 8th edition, 2007).

Note: Clearances are often inaccurate because of incomplete urine collection. A 4- or 6-hour collection is likely to be more complete than the classic 24 hour test, but extrapolation of results from shortened collections may not be accurate.

An order for Urea Clearance includes the following parameters:

a. Urine Urea Nitrogen:  $(\text{Urine urea nitrogen mg/dL} \times \text{Total Vol in mL} \times 24) / (100,000 \times \text{hours of collection}) = \text{g/d}$

Note: Only Urine Urea Nitrogen will be reported if no serum sample is received.

b. Urea Clearance Uncorrected:  $(\text{Urine urea nitrogen mg/dL} \times \text{Total Volume mL}) / (60 \times \text{hours of collection} \times \text{serum urea nitrogen}) = \text{mL/min}$

c. Corrected Urea Clearance:  $(\text{Total Vol. in mL} \times \text{urine urea nitrogen mg/dL} \times 1.73) / (60 \times \text{hours of collection} \times \text{serum urea nitrogen} \times \text{surface area}) = \text{mL/min/1.73 m}^2$

# Urea Nitrogen, 24 hour (or timed) urine

LAB748

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Urease, Spectrophotometric

**Reported:**

Same or next day

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.357.

Output varies with diet.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Synonyms:**

- UNU

## COLLECTION

**Sample Type:**

Timed urine collection

**Label Abbreviation:**

UNU

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire urine output for collection period

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Remarks:**

Refrigerate the container during the period of the collection.

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 1 month

**Unacceptable Conditions:**

Container not refrigerated during collection.

## PROCESSING

**Test Code:**

UNU

**Test Group:**

Urea

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection.

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 1 month

**RESULT INTERPRETATION****Units:**

g/D

**Reference Interval:**

12-20 g/day

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.357.

Output varies with diet.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**ADMINISTRATIVE****CPT Codes:**

84540

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

UNU

**Test Group:**

Urea

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Urease, Spectrophotometric

**Remarks:**

Refrigerate the container during the period of the collection.

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container, Acid Wash Container

**Amount to Collect:**

Entire urine output for collection period

**Sample Type:**

Timed urine collection

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Unacceptable Conditions:**

Container not refrigerated during collection.

**Units:**

g/D

**Reference Interval:**

12-20 g/day

**Synonyms:**

- UNU

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 1 month

**Reported:**

Same or next day

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.357.

Output varies with diet.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**CPT Codes:**

84540

# Urea Nitrogen, Body Fluid

UNB

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Urease, Spectrophotometric

**Reported:**

4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

## COLLECTION

**Sample Type:**

Body Fluid

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Room temperature 24 hours, refrigerated 5 days, frozen at -20C 1 year

## PROCESSING

**Test Code:**

UNB

**Test Group:**

Urea

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Stability (from collection to initiation):**

Room temperature 24 hours, refrigerated 5 days, frozen at -20C 1 year

## RESULT INTERPRETATION

**Units:**

mg/dL

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

## ADMINISTRATIVE



**CPT Codes:**

84520

**LOINC Codes:**

3093-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

UNB

**Test Group:**

Urea

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Urease, Spectrophotometric

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

Clean, empty container OR red top (no additives)

Note: Do NOT collect in red top with clot activator (silicone coated).

**Amount to Collect:**

5 mL fluid

**Sample Type:**

Body Fluid

**Preferred Volume:**

1 mL fluid

**Minimum Volume:**

0.2 mL fluid

**Units:**

mg/dL

**Stability (from collection to initiation):**

Room temperature 24 hours, refrigerated 5 days, frozen at -20C 1 year

**Reported:**

4 hours

**Additional Information:**

Reference ranges for this assay have not been established in body fluids. Results should be interpreted in comparison to the concentration in blood or urine as appropriate and in conjunction with clinical context.

**CPT Codes:**

84520

**LOINC Codes:**

3093-2

# Urea Nitrogen, Plasma / Serum

LAB140

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center

Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center (Mon-Fri 0800-1630)  
Peninsula Outpatient Center (Mon-Fri 0800-1630)  
Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, & Saint Marys Chemistry: Urease, Spectrophotometric on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: Urease, Spectrophotometric on Roche cobas c311

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.357.

**Synonyms:**

- BUN
- SUN

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, St Francis, St Mary, Berkeley Outpatient Center, and Peninsula Outpatient Center:  
Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

## PROCESSING

**Test Code:**

BUN

**Test Group:**

Urea

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
Berkeley Outpatient Center

Peninsula Outpatient Center  
Saint Francis Chemistry  
Saint Marys Chemistry

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, St Francis, St Mary, Berkeley Outpatient Center, and Peninsula Outpatient Center:  
 Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; Saint Marys Chemistry

| Age                | mg/dL |
|--------------------|-------|
| 0 to 14 days       | 3-23  |
| 15 days to <1 year | 3-17  |
| 1 to <10 years     | 9-22  |
| 10 to <18 years    | 7-21  |
| >=18 years         | 7-25  |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/#/>

UCSF Clinical Labs verified the adult reference range stated in the Abbott Urea Nitrogen package insert (March 2017) by running 20 male and 20 female lab volunteers.

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | mg/dL |
|-------------|-------|
| >= 19 years | 6-23  |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche UREAL package insert by running 20 male and 20 female lab volunteers.

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.357.

**ADMINISTRATIVE****CPT Codes:**

84520

**LOINC Codes:**

3094-0

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

BUN

**Test Group:**

Urea

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Berkeley Outpatient Center

Peninsula Outpatient Center  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Parnassus, Mission Bay & Mt. Zion Chemistry: Test available 24 hours per day 7 days per week  
 Berkeley Outpatient Center (Mon-Fri 0800-1630)  
 Peninsula Outpatient Center (Mon-Fri 0800-1630)  
 Saint Francis Chemistry: Test available 24 hours per day 7 days per week  
 Saint Marys Chemistry: Test available 24 hours per day 7 days per week

**Methodology:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; Saint Marys Chemistry: Urease, Spectrophotometric on Abbott Architect

Berkeley Outpatient Center and Peninsula Outpatient Center: Urease, Spectrophotometric on Roche cobas c311

**Collect:**

Light green top preferred, Gold top acceptable

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Units:**

mg/dL

**Reference Interval:**

Parnassus, Mission Bay, Mt. Zion, Saint Francis, &amp; Saint Marys Chemistry

| Age                | mg/dL |
|--------------------|-------|
| 0 to 14 days       | 3-23  |
| 15 days to <1 year | 3-17  |
| 1 to <10 years     | 9-22  |
| 10 to <18 years    | 7-21  |
| >=18 years         | 7-25  |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/#/>

UCSF Clinical Labs verified the adult reference range stated in the Abbott Urea Nitrogen package insert (March 2017) by running 20 male and 20 female lab volunteers.

Berkeley Outpatient Center and Peninsula Outpatient Center

| Age         | mg/dL |
|-------------|-------|
| >= 19 years | 6-23  |

UCSF Clinical Labs at Berkeley Outpatient Center verified the adult reference range (>= 19 years) stated in the Roche UREAL package insert by running 20 male and 20 female lab volunteers.

**Synonyms:**

- BUN
- SUN

**Stability (from collection to initiation):**

Parnassus, Mission Bay, Mt. Zion, St Francis, St Mary, Berkeley Outpatient Center, and Peninsula Outpatient Center:  
 Room temperature 7 days, refrigerated 7 days, frozen at -20C 1 year

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.357.

**CPT Codes:**

84520

**LOINC Codes:**

3094-0

# Urea Nitrogen, random urine

LAB3047

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Urease, Spectrophotometric

**Reported:**

Same or next day

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.357.

Output varies with diet.

**Synonyms:**

- UNUR

## COLLECTION

**Sample Type:**

Random urine

**Label Abbreviation:**

UNUR

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 1 month

## PROCESSING

**Test Code:**

UNUR

**Test Group:**

Urea

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 1 month

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

See Additional Information

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.357.

Output varies with diet.

**ADMINISTRATIVE****CPT Codes:**

84540

**LOINC Codes:**

3095-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

UNUR

**Test Group:**

Urea

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, & Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Urease, Spectrophotometric

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.2 mL urine

**Units:**

mg/dL

**Reference Interval:**

See Additional Information

**Synonyms:**

- UNUR

**Stability (from collection to initiation):**

Room temperature 2 days, refrigerated 7 days, frozen at -20C 1 month

**Reported:**

Same or next day

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.357.

Output varies with diet.

**CPT Codes:**

84540

**LOINC Codes:**

3095-7

# Urea Reduction Ratio

URR

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Urease, Spectrophotometric

**Reported:**

4 hours

**Additional Information:**

Urea Reduction Ratio orders include the following parameters:

- Post Dialysis BUN (mg/dL)
- Urea Reduction Ratio:  $(\text{Pre-dialysis BUN} - \text{Post-dialysis BUN}) \times 100 / \text{Pre-dialysis BUN} = \%$
- Quick Kt/V (Jindal):  $[0.04 \times (\text{Pre-dialysis BUN} - \text{Post-dialysis BUN}) - 1.2] / (\text{Pre-dialysis BUN} \times 100)$

Quick Kt/V correlates with full Kt/V within the range 0.6 to 1.8

**Synonyms:**

- URR

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Gold top or Light green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week.

## PROCESSING

**Test Code:**

URR

**Test Group:**

Urea

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week.

## RESULT INTERPRETATION

**Units:**

%

**Additional Information:**

Urea Reduction Ratio orders include the following parameters:

- Post Dialysis BUN (mg/dL)
- Urea Reduction Ratio:  $(\text{Pre-dialysis BUN} - \text{Post-dialysis BUN}) \times 100 / \text{Pre-dialysis BUN} = \%$
- Quick Kt/V (Jindal):  $[0.04 \times (\text{Pre-dialysis BUN} - \text{Post-dialysis BUN}) - 1.2] / (\text{Pre-dialysis BUN} \times 100)$

Quick Kt/V correlates with full Kt/V within the range 0.6 to 1.8

**ADMINISTRATIVE****CPT Codes:**

84520

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

URR

**Test Group:**

Urea

**Performing Lab:**

Parnassus, Mission Bay and Mt Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Urease, Spectrophotometric

**Collect:**

Gold top or Light green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Units:**

%

**Synonyms:**

- URR

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week.

**Reported:**

4 hours

**Additional Information:**

Urea Reduction Ratio orders include the following parameters:

- Post Dialysis BUN (mg/dL)
- Urea Reduction Ratio:  $(\text{Pre-dialysis BUN} - \text{Post-dialysis BUN}) \times 100 / \text{Pre-dialysis BUN} = \%$
- Quick Kt/V (Jindal):  $[0.04 \times (\text{Pre-dialysis BUN} - \text{Post-dialysis BUN}) - 1.2] / (\text{Pre-dialysis BUN} \times 100)$

Quick Kt/V correlates with full Kt/V within the range 0.6 to 1.8

**CPT Codes:**

84520



# Ureaplasma / mycoplasma hominis culture

MYCOUREACULT

## ORDERING

**Approval Required:**

Yes, contact Microbiology at x3-1268 for non-genital samples.

**Available Stat:**

No

**Performing Lab:**

Quest

**Reported:**

10-15 days

**Synonyms:**

- Mycoplasma culture
- P319

## COLLECTION

**Sample Type:**

Cervical, vaginal or urethral swab; Urine; Sterile body fluids; Tissue; Wounds (swab); Respiratory (sputum, bronchial washing, tracheal aspirate, bronchial alveolar lavage, nasopharyngeal or throat swabs);

Collect swabs in UTM. Refer to Specimen Preparation for other sample types.

**Collect:**

Special medium (see collection instructions)

**Remarks:**

Specimens should be collected Monday through Friday only so that culture can be set up within 24 hours.

Collection kits, containing swabs and UTM medium, can be obtained from Moffitt-Long Microbiology Laboratory or Mount Zion Virology Laboratory.

All specimen types must be submitted in this medium. If a swab specimen is to be collected, use swab in this kit for specimen collection and bend or break swab to fit inside tube of UTM medium.

**Stability (from collection to initiation):**

Refrigerated 2 days, frozen 1 month

**Unacceptable Conditions:**

Swabs not submitted in UTM

Urine not placed in UTM within 24 hours of collection

## PROCESSING

**Test Code:**

MYCOUREACULT

**Test Group:**

Mycoplasma

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

At T319 prompt, enter code MYCUL

Centrifuge urine at 3000 rpm for 15 minutes. Suspend sediment in UTM. If the specimen is not centrifuged, submit a 1:1 volume of urine in UTM

Submit a 1:1 volume of sterile body fluids, tissue, respiratory (sputum, bronchial washing, tracheal aspirate, bronchial alveolar lavage) in UTM.

Respiratory samples are only acceptable from children under 1 year old.

**Unacceptable Conditions:**

Swabs not submitted in UTM

Urine not placed in UTM within 24 hours of collection

**Stability (from collection to initiation):**

Refrigerated 2 days, frozen 1 month

**RESULT INTERPRETATION****Reference Interval:**

Negative

**ADMINISTRATIVE****CPT Codes:**

87109-90

**LOINC Codes:**

29257-3

**COMPLETE VIEW****Approval Required:**

Yes, contact Microbiology at x3-1268 for non-genital samples.

**Available Stat:**

No

**Test Code:**

MYCOUREACULT

**Test Group:**

Mycoplasma

**Performing Lab:**

Quest

**Sendout:**

Yes

**Remarks:**

Specimens should be collected Monday through Friday only so that culture can be set up within 24 hours.

Collection kits, containing swabs and UTM medium, can be obtained from Moffitt-Long Microbiology Laboratory or Mount Zion Virology Laboratory.

All specimen types must be submitted in this medium. If a swab specimen is to be collected, use swab in this kit for specimen collection and bend or break swab to fit inside tube of UTM medium.

**Collect:**

Special medium (see collection instructions)

**Sample Type:**

Cervical, vaginal or urethral swab; Urine; Sterile body fluids; Tissue; Wounds (swab); Respiratory (sputum, bronchial washing, tracheal aspirate, bronchial alveolar lavage, nasopharyngeal or throat swabs);

Collect swabs in UTM. Refer to Specimen Preparation for other sample types.

**Unacceptable Conditions:**

Swabs not submitted in UTM

Urines not placed in UTM within 24 hours of collection

**Specimen Preparation:**

At T319 prompt, enter code MYCUL

Centrifuge urine at 3000 rpm for 15 minutes. Suspend sediment in UTM. If the specimen is not centrifuged, submit a 1:1 volume of urine in UTM

Submit a 1:1 volume of sterile body fluids, tissue, respiratory (sputum, bronchial washing, tracheal aspirate, bronchial alveolar lavage) in UTM.

Respiratory samples are only acceptable from children under 1 year old.

**Reference Interval:**

Negative

**Synonyms:**

- Mycoplasma culture
- P319

**Stability (from collection to initiation):**

Refrigerated 2 days, frozen 1 month

**Reported:**

10-15 days

**CPT Codes:**

87109-90

**LOINC Codes:**

29257-3

# Ureaplasma/Mycoplasma PCR

MYCOUREPNL

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

PCR

**Reported:**

5 days

**Synonyms:**

- M.hominis
- M.genitalium
- U.parvum
- U.urealyticum

## COLLECTION

**Sample Type:**

Vaginal swab (Aptima multitest transport media)  
Urethral swab (Aptima multitest or unisex transport media)  
Urine (Aptima urine transport media)  
Urine Female to be ordered as Micro Molt (M. Genitalium)

**Collect:**

Aptima transport media

**Amount to Collect:**

2mL urine

**Stability (from collection to initiation):**

14 days room tem, 14 days refrigerated, 30 days frozen

**Storage/Transport Temperature:**

Room temp

## PROCESSING

**Test Code:**

MYCOUREPNL

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Transfer 2mL urine to appropriate Aptima transport tube  
Quest test code: 91477

Specimens in universal transport media (UTM) may be sent to ARUP using test code 2011172 (Urine minimum volume 1mL). ARUP also accepts rectal and upper respiratory swabs in UTM, as well as BAL, Sputum, or ETA in sterile container. Ship frozen.

**Stability (from collection to initiation):**

14 days room tem, 14 days refrigerated, 30 days frozen

**Storage/Transport Temperature:**

Room temp

## RESULT INTERPRETATION

**Reference Interval:**

Not detected

## ADMINISTRATIVE

**CPT Codes:**

ARUP: 87798 x 4  
Quest: 87798 x 5

**LOINC Codes:**

ARUP: 31208-2, 69933-0, 51988-4, 68546-1, 69935-5  
Quest: 68546-1, 69935-5, 69933-0, 51988-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

MYCOUREPNL

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

PCR

**Collect:**

Aptima transport media

**Amount to Collect:**

2mL urine

**Sample Type:**

Vaginal swab (Aptima multitest transport media)  
Urethral swab (Aptima multitest or unisex transport media)  
Urine (Aptima urine transport media)  
Urine Female to be ordered as Micro Molt (M. Genitalium)

**Specimen Preparation:**

Transfer 2mL urine to appropriate Aptima transport tube  
Quest test code: 91477

Specimens in universal transport media (UTM) may be sent to ARUP using test code 2011172 (Urine minimum volume 1mL). ARUP also accepts rectal and upper respiratory swabs in UTM, as well as BAL, Sputum, or ETA in sterile container. Ship frozen.

**Reference Interval:**

Not detected

**Synonyms:**

- M.hominis
- M.genitalium
- U.parvum
- U.urealyticum

**Storage/Transport Temperature:**

Room temp

**Stability (from collection to initiation):**

14 days room tem, 14 days refrigerated, 30 days frozen

**Reported:**

5 days

**CPT Codes:**

ARUP: 87798 x 4  
Quest: 87798 x 5

**LOINC Codes:**

ARUP: 31208-2, 69933-0, 51988-4, 68546-1, 69935-5  
Quest: 68546-1, 69935-5, 69933-0, 51988-4

# Uric Acid, 24 hour (or timed) urine

LAB450

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, and Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Spectrophotometric (uricase)

**Reported:**

Same or next day

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.059.

To convert from mg/day to mmol/day, multiply mg/day by 0.0059.

Output varies with diet.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Synonyms:**

- UCAU

## COLLECTION

**Sample Type:**

Timed urine collection

**Label Abbreviation:**

UCAU

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container

**Amount to Collect:**

Entire urine output during collection period

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.25 mL urine

**Remarks:**

Keep collection container at room temperature during the period of collection.

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Stability (from collection to initiation):**

Room temperature 4 days at pH &gt;8, refrigerated 4 days, frozen at -20C 2 weeks

## PROCESSING

**Test Code:**

UCAU

**Test Group:**

Uric acid

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, and Saint Marys Chemistry

**Specimen Preparation:**

Mix 24-hour urine sample well and aliquot 1 mL.

Check pH of specimen using a pH test strip. Adjust specimen to pH > 8.0 by dropwise addition of sodium hydroxide (1M NaOH).

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.25 mL urine

**Stability (from collection to initiation):**

Room temperature 4 days at pH >8, refrigerated 4 days, frozen at -20C 2 weeks

**RESULT INTERPRETATION****Units:**

mg/day

**Reference Interval:**

250-750 mg/D

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.059.

To convert from mg/day to mmol/day, multiply mg/day by 0.0059.

Output varies with diet.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**ADMINISTRATIVE****CPT Codes:**

84560

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

UCAU

**Test Group:**

Uric acid

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, and Saint Marys Chemistry

**Performed:**

Test available 7 days per week from 8:00 AM to midnight only.

**Methodology:**

Spectrophotometric (uricase)

**Remarks:**

Keep collection container at room temperature during the period of collection.

Note that the minimum acceptable time period for a 'timed' collection is 6 hours.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**Collect:**

Preferred: Plain Container

Acceptable: Amber Container

**Amount to Collect:**

Entire urine output during collection period

**Sample Type:**

Timed urine collection

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.25 mL urine

**Specimen Preparation:**

Mix 24-hour urine sample well and aliquot 1 mL.

Check pH of specimen using a pH test strip. Adjust specimen to pH > 8.0 by dropwise addition of sodium hydroxide (1M NaOH).

**Units:**

mg/day

**Reference Interval:**

250-750 mg/D

**Synonyms:**

- UCAU

**Stability (from collection to initiation):**

Room temperature 4 days at pH >8, refrigerated 4 days, frozen at -20C 2 weeks

**Reported:**

Same or next day

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.059.

To convert from mg/day to mmol/day, multiply mg/day by 0.0059.

Output varies with diet.

Results of collections of less than 24 hour duration will be adjusted to reflect a '24 hour collection'. The limited time of collection as well as the need to adjust the values to be comparable to the '24 hour' normal ranges will inherently affect the accuracy of the results.

**CPT Codes:**

84560



# Uric Acid, Plasma / Serum

LAB141

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (uricase)

**Reported:**

4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.059

For patients on rasburicase therapy, it is recommended that Uric Acid, Rasburicase Therapy" (URICR) be ordered and samples be sent to the laboratory on ice and maintained at 4C until analysis to minimize in vitro degradation of uric acid that can occur due to sample transport (Lim E, Bennett P, Beilby J, Clinical Chemistry 2003;49:1417-1419). Uric acid samples in patients on rasburicase therapy should also be centrifuged cold and be kept refrigerated at 4C until testing. It is recommended that this sample handling procedure for uric acid be followed for up to 4 days after the last dose of rasburicase is administered.

According to some sources, "Although serum uric acid (SU) levels < 8 mg/dl are generally considered to be normal, serum levels > 6.8 mg/dl are above saturation level and may allow deposition of gouty crystals. A SU level of approximately 6.8 mg/dl is the concentration at which monosodium urate crystals begin to precipitate." Based on these considerations, some authorities recommend that a normal SU should be considered below 6.8 mg/dL (Schlesinger et al. J Rheumatol 2009;36:1287-9). During an acute gouty attack, as many as 14% of patients may have a SU ≤ 6 mg/dL and 32% may have SU of ≤ 8 mg/dL. Thus, a "normal" SU by either definition does not exclude an acute gouty attack.

In patients receiving catecholamine infusions (e.g., dopamine, dobutamine, norepinephrine, or epinephrine), falsely low serum/plasma uric acid results can occur with this uric acid assay when blood is sampled through an indwelling catheter. In these cases, accurate measurements of uric acid can be obtained by testing blood samples obtained by venipuncture instead of through an indwelling catheter (based on in-house studies and Saenger AK, Clinical Chemistry 2009, vol 55:9 1732-1736).

**Synonyms:**

- URIC

## COLLECTION

**Sample Type:**

Plasma or serum

**Label Abbreviation:**

URIC

**Collect:**

Light green top preferred, Gold top acceptable (on ice if patient receiving Rasburicase)

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Remarks:**

Collection after overnight fast preferred.

For patients on **rasburicase** therapy, it is recommended that the test "Uric Acid, Rasburicase Therapy" (URICR) be ordered.

It is recommended that this sample handling procedure for uric acid be followed for up to 4 days after the last dose of rasburicase is administered.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 7 days, frozen at -20C 6 months

**PROCESSING****Test Code:**

URIC

**Test Group:**

Uric acid

**Performing Lab:**

Parnassus, Mission Bay &amp; Mt. Zion Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Specimen Preparation:**

If **RASBURICASE THERAPY** is indicated on the requisition the sample must be centrifuged cold and be kept refrigerated at 4C until testing. Deliver spun sample on ice to Chemistry asap.

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 7 days, frozen at -20C 6 months

**RESULT INTERPRETATION****Units:**

mg/dL

**Reference Interval:**

Parnassus, Mission Bay, and Mt. Zion:

| Age                | Male (mg/dL) | Female (mg/dL) |
|--------------------|--------------|----------------|
| 0 to 14 days       | 2.8-12.7     | 2.8-12.7       |
| 15 days to <1 year | 1.6-6.3      | 1.6-6.3        |
| 1 to 11 years      | 1.8-4.9      | 1.8-4.9        |
| 12 to 18 years     | 2.6-7.6      | 2.6-5.9        |
| >18 years          | 3.9-8.2      | 2.9-6.6        |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,

<https://caliper.research.sickkids.ca/#/search>

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.059

For patients on rasburicase therapy, it is recommended that Uric Acid, Rasburicase Therapy" (URICR) be ordered and samples be sent to the laboratory on ice and maintained at 4C until analysis to minimize in vitro degradation of uric acid that can occur due to sample transport (Lim E, Bennett P, Beilby J, Clinical Chemistry 2003;49:1417-1419). Uric acid samples in patients on rasburicase therapy should also be centrifuged cold and be kept refrigerated at 4C until testing. It is recommended that this sample handling procedure for uric acid be followed for up to 4 days after the last dose of rasburicase is administered.

According to some sources, "Although serum uric acid (SU) levels < 8 mg/dl are generally considered to be normal, serum levels > 6.8 mg/dl are above saturation level and may allow deposition of gouty crystals. A SU level of approximately 6.8 mg/dl is the concentration at which monosodium urate crystals begin to precipitate." Based on these considerations, some authorities recommend that a normal SU should be considered below 6.8 mg/dL (Schlesinger et al .J Rheumatol 2009;36:1287-9). During an acute gouty attack, as many as 14% of patients may have a SU ≤ 6 mg/dL and 32% may have SU of ≤ 8 mg/dL. Thus, a "normal" SU by either definition does not exclude an acute gouty attack.

In patients receiving catecholamine infusions (e.g., dopamine, dobutamine, norepinephrine, or epinephrine), falsely low serum/plasma uric acid results can occur with this uric acid assay when blood is sampled through an indwelling catheter. In these cases, accurate measurements of uric acid can be obtained by testing blood samples obtained by venipuncture instead of through an indwelling catheter (based on in-house studies and Saenger AK, Clinical Chemistry 2009, vol 55:9 1732-1736).

**ADMINISTRATIVE****CPT Codes:**

84550

**LOINC Codes:**

3084-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

URIC

**Test Group:**

Uric acid

**Performing Lab:**

Parnassus, Mission Bay & Mt. Zion Chemistry  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (uricase)

**Remarks:**

Collection after overnight fast preferred.

For patients on **rasburicase** therapy, it is recommended that the test "Uric Acid, Rasburicase Therapy" (URICR) be ordered.

It is recommended that this sample handling procedure for uric acid be followed for up to 4 days after the last dose of rasburicase is administered.

**Collect:**

Light green top preferred, Gold top acceptable (on ice if patient receiving Rasburicase)

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Specimen Preparation:**

If **RASBURICASE THERAPY** is indicated on the requisition the sample must be centrifuged cold and be kept refrigerated at 4C until testing. Deliver spun sample on ice to Chemistry asap.

**Units:**

mg/dL

**Reference Interval:**

Parnassus, Mission Bay, and Mt. Zion:

| Age                | Male (mg/dL) | Female (mg/dL) |
|--------------------|--------------|----------------|
| 0 to 14 days       | 2.8-12.7     | 2.8-12.7       |
| 15 days to <1 year | 1.6-6.3      | 1.6-6.3        |
| 1 to 11 years      | 1.8-4.9      | 1.8-4.9        |
| 12 to 18 years     | 2.6-7.6      | 2.6-5.9        |
| >18 years          | 3.9-8.2      | 2.9-6.6        |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/#/search>

**Synonyms:**

- URIC

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 7 days, frozen at -20C 6 months

**Reported:**

4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.059

For patients on rasburicase therapy, it is recommended that Uric Acid, Rasburicase Therapy" (URICR) be ordered and samples be sent to the laboratory on ice and maintained at 4C until analysis to minimize in vitro degradation of uric acid that can occur due to sample transport (Lim E, Bennett P, Beilby J, Clinical Chemistry 2003;49:1417-1419). Uric acid samples in patients on rasburicase therapy should also be centrifuged cold and be kept refrigerated at 4C until testing. It is recommended that this sample handling procedure for uric acid be followed for up to 4 days after the last dose of rasburicase is administered.

According to some sources, "Although serum uric acid (SU) levels < 8 mg/dl are generally considered to be normal, serum levels > 6.8 mg/dl are above saturation level and may allow deposition of gouty crystals. A SU level of approximately 6.8 mg/dl is the concentration at which monosodium urate crystals begin to precipitate." Based on these considerations, some authorities recommend that that a normal SU should be considered below 6.8 mg/dL (Schlesinger et al .J Rheumatol 2009;36:1287-9). During an acute gouty attack, as many as 14% of patients may have a SU ≤ 6 mg/dL and 32% may have SU of ≤ 8 mg/dL. Thus, a "normal" SU by either definition does not exclude an acute gouty attack.

In patients receiving catecholamine infusions (e.g., dopamine, dobutamine, norepinephrine, or epinephrine), falsely low serum/plasma uric acid results can occur with this uric acid assay when blood is sampled through an indwelling catheter. In these cases, accurate measurements of uric acid can be obtained by testing blood samples obtained by venipuncture instead of through an indwelling catheter (based on in-house studies and Saenger AK, Clinical Chemistry 2009, vol 55:9 1732-1736).

**CPT Codes:**

84550

**LOINC Codes:**

3084-1

# Uric Acid, Plasma / Serum, Rasburicase Therapy

URICR

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay &amp; Mount Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (Uricase)

**Reported:**

4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.059

For patients on rasburicase therapy, it is recommended that samples be sent to the laboratory on ice and maintained at 4C until analysis to minimize in vitro degradation of uric acid that can occur due to sample transport (Lim E, Bennett P, Beilby J, Clinical Chemistry 2003;49:1417-1419). Uric acid samples in patients on rasburicase therapy should also be centrifuged cold and be kept refrigerated at 4C until testing. It is recommended that this sample handling procedure for uric acid be followed for up to 4 days after the last dose of rasburicase is administered.

According to some sources, "Although serum urate (SU) levels < 8 mg/dl are generally considered to be normal, serum levels > 6.8 mg/dl are above saturation level and may allow deposition of gouty crystals. A SU level of approximately 6.8 mg/dl is the concentration at which monosodium urate crystals begin to precipitate." Based on these considerations, some authorities recommend that a normal SU should be considered below 6.8 mg/dL (Schlesinger et al .J Rheumatol 2009;36:1287-9). During an acute gouty attack, as many as 14% of patients may have a SU <= 6 mg/dL and 32% may have SU of <= 8 mg/dL. Thus, a "normal" SU by either definition does not exclude an acute gouty attack.

In patients receiving catecholamine infusions (e.g., dopamine, dobutamine, norepinephrine, or epinephrine), falsely low serum/plasma uric acid results can occur with this uric acid assay when blood is sampled through an indwelling catheter. In these cases, accurate measurements of uric acid can be obtained by testing blood samples obtained by venipuncture instead of through an indwelling catheter (based on in-house studies and Saenger AK, Clinical Chemistry 2009, vol 55:9 1732-1736).

**Synonyms:**

- Urate
- Gout

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Light green top (on ice) preferred, Gold top (on ice) acceptable.

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Remarks:**
**Deliver to lab immediately on ICE**

It is recommended that this sample handling procedure for uric acid be followed for up to 4 days after the last dose of rasburicase is administered.

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 7 days, frozen at -20C 6 months

## PROCESSING

**Test Code:**

URICR

**Performing Lab:**

Parnassus, Mission Bay &amp; Mount Zion Chemistry

**Specimen Preparation:**

Provide immediately to Chemistry at Parnassus, Mission Bay or Mt Zion who will centrifuge and assay sample.

If specimen cannot be run at either site centrifuge immediately. Aliquot and freeze the plasma (-20C) immediately and send immediately to other site for testing

If sample is NOT delivered on ice, immediately transport sample to the testing section and inform them the specimen was NOT received on ice.

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 7 days, frozen at -20C 6 months

**RESULT INTERPRETATION****Reference Interval:**

| Age                | Male (mg/dL) | Female (mg/dL) |
|--------------------|--------------|----------------|
| 0 to 14 days       | 2.8-12.7     | 2.8-12.7       |
| 15 days to <1 year | 1.6-6.3      | 1.6-6.3        |
| 1 to 11 years      | 1.8-4.9      | 1.8-4.9        |
| 12 to 18 years     | 2.6-7.6      | 2.6-5.9        |
| >18 years          | 3.9-8.2      | 2.9-6.6        |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study, <https://caliper.research.sickkids.ca/#/search>

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.059

For patients on rasburicase therapy, it is recommended that samples be sent to the laboratory on ice and maintained at 4C until analysis to minimize in vitro degradation of uric acid that can occur due to sample transport (Lim E, Bennett P, Beilby J, Clinical Chemistry 2003;49:1417-1419). Uric acid samples in patients on rasburicase therapy should also be centrifuged cold and be kept refrigerated at 4C until testing. It is recommended that this sample handling procedure for uric acid be followed for up to 4 days after the last dose of rasburicase is administered.

According to some sources, "Although serum urate (SU) levels < 8 mg/dl are generally considered to be normal, serum levels > 6.8 mg/dl are above saturation level and may allow deposition of gouty crystals. A SU level of approximately 6.8 mg/dl is the concentration at which monosodium urate crystals begin to precipitate." Based on these considerations, some authorities recommend that that a normal SU should be considered below 6.8 mg/dL (Schlesinger et al .J Rheumatol 2009;36:1287-9). During an acute gouty attack, as many as 14% of patients may have a SU ≤ 6 mg/dL and 32% may have SU of ≤ 8 mg/dL. Thus, a "normal" SU by either definition does not exclude an acute gouty attack.

In patients receiving catecholamine infusions (e.g., dopamine, dobutamine, norepinephrine, or epinephrine), falsely low serum/plasma uric acid results can occur with this uric acid assay when blood is sampled through an indwelling catheter. In these cases, accurate measurements of uric acid can be obtained by testing blood samples obtained by venipuncture instead of through an indwelling catheter (based on in-house studies and Saenger AK, Clinical Chemistry 2009, vol 55:9 1732-1736).

**ADMINISTRATIVE****CPT Codes:**

84550

**LOINC Codes:**

3084-1

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

URICR

**Performing Lab:**

Parnassus, Mission Bay &amp; Mount Zion Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (Uricase)

**Remarks:**

**Deliver to lab immediately on ICE**

It is recommended that this sample handling procedure for uric acid be followed for up to 4 days after the last dose of rasburicase is administered.

**Collect:**

Light green top (on ice) preferred, Gold top (on ice) acceptable.

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

0.5 mL plasma or serum

**Minimum Volume:**

0.2 mL plasma or serum

**Specimen Preparation:**

Provide immediately to Chemistry at Parnassus, Mission Bay or Mt Zion who will centrifuge and assay sample.

If specimen cannot be run at either site centrifuge immediately. Aliquot and freeze the plasma (-20C) immediately and send immediately to other site for testing

If sample is NOT delivered on ice, immediately transport sample to the testing section and inform them the specimen was NOT received on ice.

**Reference Interval:**

| Age                | Male (mg/dL) | Female (mg/dL) |
|--------------------|--------------|----------------|
| 0 to 14 days       | 2.8-12.7     | 2.8-12.7       |
| 15 days to <1 year | 1.6-6.3      | 1.6-6.3        |
| 1 to 11 years      | 1.8-4.9      | 1.8-4.9        |
| 12 to 18 years     | 2.6-7.6      | 2.6-5.9        |
| >18 years          | 3.9-8.2      | 2.9-6.6        |

Pediatric ranges adopted from Canadian Laboratory Initiative on Reference Interval Database (CALIPER) study,  
<https://caliper.research.sickkids.ca/#/search>

**Synonyms:**

- Urate
- Gout

**Stability (from collection to initiation):**

Room temperature 3 days, refrigerated 7 days, frozen at -20C 6 months

**Reported:**

4 hours

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.059

For patients on rasburicase therapy, it is recommended that samples be sent to the laboratory on ice and maintained at 4C until analysis to minimize in vitro degradation of uric acid that can occur due to sample transport (Lim E, Bennett P, Beilby J, Clinical Chemistry 2003;49:1417-1419). Uric acid samples in patients on rasburicase therapy should also be centrifuged cold and be kept refrigerated at 4C until testing. It is recommended that this sample handling procedure for uric acid be followed for up to 4 days after the last dose of rasburicase is administered.

According to some sources, "Although serum urate (SU) levels < 8 mg/dl are generally considered to be normal, serum levels > 6.8 mg/dl are above saturation level and may allow deposition of gouty crystals. A SU level of approximately 6.8 mg/dl is the concentration at which monosodium urate crystals begin to precipitate." Based on these considerations, some authorities recommend that a normal SU should be considered below 6.8 mg/dL (Schlesinger et al .J Rheumatol 2009;36:1287-9). During an acute gouty attack, as many as 14% of patients may have a SU <= 6 mg/dL and 32% may have SU of <= 8 mg/dL. Thus, a "normal" SU by either definition does not exclude an acute gouty attack.

In patients receiving catecholamine infusions (e.g., dopamine, dobutamine, norepinephrine, or epinephrine), falsely low serum/plasma uric acid results can occur with this uric acid assay when blood is sampled through an indwelling catheter. In these cases, accurate measurements of uric acid can be obtained by testing blood samples obtained by venipuncture instead of through an indwelling catheter (based on in-house studies and Saenger AK, Clinical Chemistry 2009, vol 55:9 1732-1736).

**CPT Codes:**

84550

**LOINC Codes:**

3084-1



# Uric Acid, random urine

LAB3063

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (uricase)

**Reported:**

Same or next day

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.059.

To convert results from mg/day to mmol/day, multiply mg/day by 0.0059

Output varies with diet.

**Synonyms:**

- UAUR

## COLLECTION

**Sample Type:**

Random urine

**Label Abbreviation:**

UAUR

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.25 mL urine

**Stability (from collection to initiation):**

Room temperature 4 days at pH &gt;8, refrigerated 4 days, frozen at -20C 2 weeks

## PROCESSING

**Test Code:**

UAUR

**Test Group:**

Uric acid

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, &amp; Saint Marys Chemistry

**Specimen Preparation:**

Check pH of specimen using a pH test strip. Adjust specimen to pH &gt; 8.0 by dropwise addition of sodium hydroxide (1M NaOH).

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.25 mL urine

**Stability (from collection to initiation):**

Room temperature 4 days at pH &gt;8, refrigerated 4 days, frozen at -20C 2 weeks

## RESULT INTERPRETATION

**Units:**

mg/dL

**Reference Interval:**

Output varies with diet.

Random urine collections normalized to urinary creatinine may be of clinical use.

**Pediatric Reference Ranges of Uric Acid/Creatinine:**

| Age (years) | 5th Percentile (mg/mg) | 95th Percentile (mg/mg) |
|-------------|------------------------|-------------------------|
| 0-0.5       | >1.189                 | <2.378                  |
| 0.5-1       | >1.040                 | <2.229                  |
| 1-2         | >0.743                 | <2.080                  |
| 2-3         | >0.698                 | <1.932                  |
| 3-5         | >0.594                 | <1.635                  |
| 5-7         | >0.446                 | <1.189                  |
| 7-10        | >0.386                 | <0.832                  |
| 10-14       | >0.297                 | <0.654                  |
| 14-17       | >0.297                 | <0.594                  |

Matos V, Van Melle G, Werner D et al: Urinary oxalate and urate to creatinine ratios in a healthy pediatric population. Am J Kidney Dis 1999; Aug;34(2):e1

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.059.

To convert results from mg/day to mmol/day, multiply mg/day by 0.0059

Output varies with diet.

**ADMINISTRATIVE****CPT Codes:**

84560

**LOINC Codes:**

3086-6

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

UAUR

**Test Group:**

Uric acid

**Performing Lab:**

Parnassus, Mission Bay, Saint Francis, & Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Spectrophotometric (uricase)

**Collect:**

Urine cup

**Amount to Collect:**

20 mL urine

**Sample Type:**

Random urine

**Preferred Volume:**

1 mL urine

**Minimum Volume:**

0.25 mL urine

**Specimen Preparation:**

Check pH of specimen using a pH test strip. Adjust specimen to pH > 8.0 by dropwise addition of sodium hydroxide (1M NaOH).

**Units:**

mg/dL

**Reference Interval:**

Output varies with diet.

Random urine collections normalized to urinary creatinine may be of clinical use.

**Pediatric Reference Ranges of Uric Acid/Creatinine:**

| Age (years) | 5th Percentile (mg/mg) | 95th Percentile (mg/mg) |
|-------------|------------------------|-------------------------|
| 0-0.5       | >1.189                 | <2.378                  |
| 0.5-1       | >1.040                 | <2.229                  |
| 1-2         | >0.743                 | <2.080                  |
| 2-3         | >0.698                 | <1.932                  |
| 3-5         | >0.594                 | <1.635                  |
| 5-7         | >0.446                 | <1.189                  |
| 7-10        | >0.386                 | <0.832                  |
| 10-14       | >0.297                 | <0.654                  |
| 14-17       | >0.297                 | <0.594                  |

Matos V, Van Melle G, Werner D et al: Urinary oxalate and urate to creatinine ratios in a healthy pediatric population. Am J Kidney Dis 1999; Aug;34(2):e1

**Synonyms:**

- UAUR

**Stability (from collection to initiation):**

Room temperature 4 days at pH >8, refrigerated 4 days, frozen at -20C 2 weeks

**Reported:**

Same or next day

**Additional Information:**

To convert mg/dL to mmol/L (SI units) multiply by 0.059.

To convert results from mg/day to mmol/day, multiply mg/day by 0.0059

Output varies with diet.

**CPT Codes:**

84560

**LOINC Codes:**

3086-6

# Urinalysis with microscopy

UAWM, UMI, UAXC

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center

Peninsula Outpatient Center

**Performed:**Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)

Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Dipstick and microscopy

**Reported:**

2 hours

**Additional Information:**

Urinalysis samples should be delivered as soon as possible after collection. Delayed transport of an unpreserved urine may lead to loss of red cell casts and other formed elements. Refrigeration of urine inhibits bacterial growth, but does not prevent the lytic effects of low specific gravity or alkaline pH. Urine crystal formation may be induced by refrigeration.

Crystals are reported as "present", if found, other formed elements (e.g., casts) are semi-quantitated and reported as 1-5, 5-10 or > 10 per Low Power Field (LPF).

Microscopy will automatically be canceled if the dipstick test does not detect at least trace amounts of protein, esterase or hemoglobin.

On a UAXC order, culture proceeds under the following conditions:

There must be a positive urinalysis with microscopy criteria met:

1. Microscopy is added when either the "protein, blood, and/or WBC esterase" is positive.
2. Culture is reflexed when the WBC is >10/hpf.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Synonyms:**

- UA
- Urine sediment examination
- UAWM
- UMI
- UAXC

## COLLECTION

**Sample Type:**

Random urine

**Collect:**Urine cup  
BD Preservative Tube (Ref 365017)  
BD Preservative Conical Tube (Ref 364992)**Amount to Collect:**

See preferred volume

**Preferred Volume:**

20 mL urine

**Minimum Volume:**3 mL urine  
UAXC: 4 mL

**Remarks:**

First AM void preferred. Deliver sample to lab asap. Refrigerate samples if delivery is delayed. Testing is optimal when done within 1-2 hours of collection.

**Stability (from collection to initiation):**

2 hours at room temperature; 4 hours if refrigerated; 24 hours room temperature if in an acceptable BD preservative tube. For optimum results, the urine sample must be tested within 1-2 hours of collection, regardless of storage method.

**Unacceptable Conditions:**

Samples received beyond appropriate stability time

## PROCESSING

**Test Code:**

UAWM (Urinalysis with Microscopy)  
 UMI (for add on microscopic examination)  
 UAXC (Urinalysis with microscopy Reflex to Culture)

**Test Group:**

Urinalysis

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
 Berkeley Outpatient Center  
  
 Peninsula Outpatient Center

**Specimen Preparation:**

Deliver all urinalysis samples to Hematology as soon as possible after receipt. If collection time is unknown, use receipt time for stability. Sample suitability from 2-4 hours is decided in Hematology

**Preferred Volume:**

20 mL urine

**Minimum Volume:**

3 mL urine  
 UAXC: 4 mL

**Unacceptable Conditions:**

Samples received beyond appropriate stability time

**Stability (from collection to initiation):**

2 hours at room temperature; 4 hours if refrigerated; 24 hours room temperature if in an acceptable BD preservative tube. For optimum results, the urine sample must be tested within 1-2 hours of collection, regardless of storage method.

## RESULT INTERPRETATION

**Reference Interval:**

See Urinalysis, Macroscopic for dipstick testing normal ranges.

Microscopy normal ranges:

< 5 WBC/HPF  
 < 3 RBC/HPF

Data based on minimum sample size of 10 mL and may not be applicable to samples of less than 10 mL.

**Additional Information:**

Urinalysis samples should be delivered as soon as possible after collection. Delayed transport of an unpreserved urine may lead to loss of red cell casts and other formed elements. Refrigeration of urine inhibits bacterial growth, but does not prevent the lytic effects of low specific gravity or alkaline pH. Urine crystal formation may be induced by refrigeration.

Crystals are reported as "present", if found, other formed elements (e.g., casts) are semi-quantitated and reported as 1-5, 5-10 or > 10 per Low Power Field (LPF).

Microscopy will automatically be canceled if the dipstick test does not detect at least trace amounts of protein, esterase or hemoglobin.

On a UAXC order, culture proceeds under the following conditions:

There must be a positive urinalysis with microscopy criteria met:

1. Microscopy is added when either the "protein, blood, and/or WBC esterase" is positive.
2. Culture is reflexed when the WBC is >10/hpf.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Interpretive Data:**

On a UAXC order, culture proceeds under the following conditions:

There must be a positive urinalysis with microscopy

criteria met:

1. Microscopy is added when either the protein, blood, and/or WBC esterase" is positive.
2. Culture is reflexed when the WBC is >10/hpf.

**ADMINISTRATIVE****CPT Codes:**

81001 (UA w/micro)

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

UAWM (Urinalysis with Microscopy)

UMI (for add on microscopic examination)

UAXC (Urinalysis with microscopy Reflex to Culture)

**Test Group:**

Urinalysis

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center

Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week

Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)

Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Dipstick and microscopy

**Remarks:**

First AM void preferred. Deliver sample to lab asap. Refrigerate samples if delivery is delayed. Testing is optimal when done within 1-2 hours of collection.

**Collect:**

Urine cup

BD Preservative Tube (Ref 365017)

BD Preservative Conical Tube (Ref 364992)

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

20 mL urine

**Minimum Volume:**

3 mL urine

UAXC: 4 mL

**Unacceptable Conditions:**

Samples received beyond appropriate stability time

**Specimen Preparation:**

Deliver all urinalysis samples to Hematology as soon as possible after receipt. If collection time is unknown, use receipt time for stability. Sample suitability from 2-4 hours is decided in Hematology

**Reference Interval:**

See Urinalysis, Macroscopic for dipstick testing normal ranges.

Microscopy normal ranges:

< 5 WBC/HPF

< 3 RBC/HPF

Data based on minimum sample size of 10 mL and may not be applicable to samples of less than 10 mL.

**Interpretive Data:**

On a UAXC order, culture proceeds under the following conditions:

There must be a positive urinalysis with microscopy

criteria met:

1. Microscopy is added when either the protein, blood, and/or WBC esterase" is positive.
2. Culture is reflexed when the WBC is >10/hpf.

**Synonyms:**

- UA
- Urine sediment examination
- UAWM
- UMI
- UAXC

**Stability (from collection to initiation):**

2 hours at room temperature; 4 hours if refrigerated; 24 hours room temperature if in an acceptable BD preservative tube.

For optimum results, the urine sample must be tested within 1-2 hours of collection, regardless of storage method.

**Reported:**

2 hours

**Additional Information:**

Urinalysis samples should be delivered as soon as possible after collection. Delayed transport of an unpreserved urine may lead to loss of red cell casts and other formed elements Refrigeration of urine inhibits bacterial growth, but does not prevent the lytic effects of low specific gravity or alkaline pH. Urine crystal formation may be induced by refrigeration.

Crystals are reported as "present", if found, other formed elements (e.g., casts) are semi-quantitated and reported as 1-5, 5-10 or > 10 per Low Power Field (LPF).

Microscopy will automatically be canceled if the dipstick test does not detect at least trace amounts of protein, esterase or hemoglobin.

On a UAXC order, culture proceeds under the following conditions:

There must be a positive urinalysis with microscopy

criteria met:

1. Microscopy is added when either the "protein, blood, and/or WBC esterase" is positive.
2. Culture is reflexed when the WBC is >10/hpf.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

81001 (UA w/micro)

# Urinalysis, Macroscopic

UA, UAWM, UAXC

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology

Berkeley Outpatient Center

Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: Test available 24 hours per day 7 days per week

Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)

Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Parnassus, Mission Bay & Mt. Zion Hematology: Dipstick with automated reader

Berkeley Outpatient Center: Manual Dipstick

Peninsula Outpatient Center: Manual Dipstick

**Reported:**

STAT 1 hour, Routine 2 hours



**Additional Information:**

Urinalysis samples should be delivered as soon as possible after collection. Delayed transport of an unpreserved urine may lead to loss of red cell casts and other formed elements. Refrigeration of urine inhibits bacterial growth, but does not prevent the lytic effects of low specific gravity or alkaline pH. Urine crystal formation may be induced by refrigeration.

Note: Routine urinalysis in pediatric patients does not include testing for reducing substances, such as sugars galactose, lactose, fructose and maltose. If clinically indicated, this screening test for reducing substances may be ordered. Testing for congenital galactosemia is included in newborn screening programs in all 50 states in the U.S.

Specific Gravity: Reported as  $\leq 1.005$  to  $\geq 1.030$ ; the level found depends upon water intake; a fixed level around 1.010 which does not vary with the state of the patient's hydration suggests renal damage.

pH: Reported over the range of 5.0 to  $\geq 9.0$  and is diet-dependent; a level  $> 9.0$  suggests infection with a urea-splitting organism.

Bilirubin: Because false-positive results for bilirubin may occur due to the intrinsic coloration of urine, positive results are confirmed by a chemical method.

Hemoglobin: Dipstick testing does not distinguish between hemoglobin and myoglobin; if no RBCs are seen in a freshly collected specimen, the possibility of myoglobinuria due to rhabdomyolysis can be evaluated by measuring serum CK, which will be markedly elevated. Captopril may reduce the test sensitivity.

Note: Ascorbic acid in urine may cause a false negative hemoglobin result on the macroscopic urinalysis. If ascorbic acid is detected and the hemoglobin is negative, a microscopic urinalysis examination will be performed. If only a macroscopic examination (UA) was ordered on such samples the microscopic analysis will be reflexively ordered and separately charged for.

Nitrite: A positive urinary nitrite test is highly suggestive of a urinary infection, but in a low risk population may detect as few as 50% of infections found on culture, particularly if urinary frequency is high, the diet is low in nitrate substrate or, of course, if the organisms are not nitrite-producers.

Comparison of dipstick protein reading to 'scale' reading:

| Scale | Approx. Concentration |
|-------|-----------------------|
| Neg   | Neg                   |
| Trace | $< 30$ mg/dL          |
| 1+    | 30 mg/dL              |
| 2+    | 100 mg/dL             |
| 3+    | 300 mg/dL             |
| 4+    | $\geq 2000$ mg/dL     |

See also discussion of qualitative testing for preeclamptic patients under Protein, Total. Normal ranges for pH and Specific gravity from: Tietz Textbook of Clinical Chemistry, 4th ed., WB Saunders 2005

Urine ketones are not offered as a separate test. See Amino Acid, Quantitative, Urine

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Reflex Testing:**

Samples submitted with orders for Urinalysis with microscopic examination (UAWM) that are negative for Protein, Hemoglobin, Leukocyte esterase AND Ascorbic acid (Vit. C) will not be evaluated microscopically. The UAWM will be canceled and just the Macroscopic urinalysis (UA) will be charged.

Samples submitted with orders for Urine macroscopic only (UA) that are positive for ascorbic acid (Vit. C) but negative for hemoglobin will be evaluated microscopically to rule out the presence of red cells. The UA will be canceled and a Urinalysis with microscopic examination will be ordered and billed (See additional information)

For samples with submitted orders for Urinalysis with Microscopy Reflex to Culture, for a culture to proceed, there must be a positive urinalysis with microscopy criteria met:

1. Microscopy is added when either the protein, blood, and/or WBC esterase" is positive.
2. Culture is reflexed when the WBC is  $>10$ /hpf.

**Synonyms:**

- Urine dipstick
- Urine pH
- Specific gravity, urine
- Urine hemoglobin
- Urine protein
- Urine glucose
- Urine nitrate
- Urine Leukocyte esterase
- Urine ketones
- Urine bilirubin
- Qualitative sugar, urine
- Urobilinogen
- UAXC
- UA
- UAWM

**COLLECTION****Sample Type:**

Random urine

**Collect:**

Urine cup  
 BD Preservative Tube (Ref 365017)  
 BD Preservative Conical Tube (Ref 364992)

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

20 mL urine

**Minimum Volume:**

Macroscopic alone (UA): 2 mL urine  
 With Microscopic (UAWM): 3 mL urine  
 UAXC: 4 mL

**Remarks:**

First AM void preferred. Deliver sample to lab asap. Refrigerate samples if delivery is delayed. Testing is optimal when done within 1-2 hours of collection.

**Stability (from collection to initiation):**

2 hours at room temperature; 4 hours if refrigerated; 24 hours room temperature if in an acceptable BD preservative tube. For optimum results, the urine sample must be tested within 1-2 hours of collection, regardless of storage method.

**Unacceptable Conditions:**

Samples received beyond appropriate stability time.

**PROCESSING****Test Code:**

UA (macroscopic alone) or UAWM (with microscopy)  
 UAXC, (Urinalysis with Microscopy Reflex to Culture)

**Test Group:**

Urinalysis

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center

**Specimen Preparation:**

Deliver all urinalysis samples to Hematology as soon as possible after receipt. If collection time is unknown, use receipt time for stability. Sample suitability from 2-4 hours is decided in Hematology

**Preferred Volume:**

20 mL urine

**Minimum Volume:**

Macroscopic alone (UA): 2 mL urine  
 With Microscopic (UAWM): 3 mL urine  
 UAXC: 4 mL

**Unacceptable Conditions:**

Samples received beyond appropriate stability time.

**Stability (from collection to initiation):**

2 hours at room temperature; 4 hours if refrigerated; 24 hours room temperature if in an acceptable BD preservative tube.  
For optimum results, the urine sample must be tested within 1-2 hours of collection, regardless of storage method.

**RESULT INTERPRETATION**

**Units:**

- Protein: mg/dL
- Glucose: mg/dL
- Ketones: mg/dL
- Urobilinogen: mg/dL (EU/dL)

**Reference Interval:**

|                        |             |
|------------------------|-------------|
| Protein                | Negative    |
| Glucose                | Negative    |
| Ketones                | Negative    |
| Bilirubin              | Negative    |
| Hemoglobin (Myoglobin) | Negative    |
| Nitrite                | Negative    |
| Leukocyte Esterase     | Negative    |
| Urobilinogen           | Negative    |
| pH                     | 4.5-8.0     |
| Specific Gravity       | 1.002-1.030 |

**Additional Information:**

Urinalysis samples should be delivered as soon as possible after collection. Delayed transport of an unpreserved urine may lead to loss of red cell casts and other formed elements. Refrigeration of urine inhibits bacterial growth, but does not prevent the lytic effects of low specific gravity or alkaline pH. Urine crystal formation may be induced by refrigeration.

Note: Routine urinalysis in pediatric patients does not include testing for reducing substances, such as sugars galactose, lactose, fructose and maltose. If clinically indicated, this screening test for reducing substances may be ordered. Testing for congenital galactosemia is included in newborn screening programs in all 50 states in the U.S.

Specific Gravity: Reported as  $\leq 1.005$  to  $\geq 1.030$ ; the level found depends upon water intake; a fixed level around 1.010 which does not vary with the state of the patient's hydration suggests renal damage.

pH: Reported over the range of 5.0 to  $\geq 9.0$  and is diet-dependent; a level  $> 9.0$  suggests infection with a urea-splitting organism.

Bilirubin: Because false-positive results for bilirubin may occur due to the intrinsic coloration of urine, positive results are confirmed by a chemical method.

Hemoglobin: Dipstick testing does not distinguish between hemoglobin and myoglobin; if no RBCs are seen in a freshly collected specimen, the possibility of myoglobinuria due to rhabdomyolysis can be evaluated by measuring serum CK, which will be markedly elevated. Captopril may reduce the test sensitivity.

Note: Ascorbic acid in urine may cause a false negative hemoglobin result on the macroscopic urinalysis. If ascorbic acid is detected and the hemoglobin is negative, a microscopic urinalysis examination will be performed. If only a macroscopic examination (UA) was ordered on such samples the microscopic analysis will be reflexively ordered and separately charged for.

Nitrite: A positive urinary nitrite test is highly suggestive of a urinary infection, but in a low risk population may detect as few as 50% of infections found on culture, particularly if urinary frequency is high, the diet is low in nitrate substrate or, of course, if the organisms are not nitrite-producers.

Comparison of dipstick protein reading to 'scale' reading:

| Scale | Approx. Concentration |
|-------|-----------------------|
| Neg   | Neg                   |
| Trace | $< 30$ mg/dL          |
| 1+    | 30 mg/dL              |
| 2+    | 100 mg/dL             |
| 3+    | 300 mg/dL             |
| 4+    | $\geq 2000$ mg/dL     |

See also discussion of qualitative testing for preeclamptic patients under Protein, Total. Normal ranges for pH and Specific gravity from: Tietz Textbook of Clinical Chemistry, 4th ed., WB Saunders 2005

Urine ketones are not offered as a separate test. See Amino Acid, Quantitative, Urine

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

UA (macroscopic alone) or UAWM (with microscopy)  
UAXC, (Urinalysis with Microscopy Reflex to Culture)

**Test Group:**

Urinalysis

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: Test available 24 hours per day 7 days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)

Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Methodology:**

Parnassus, Mission Bay & Mt. Zion Hematology: Dipstick with automated reader  
 Berkeley Outpatient Center: Manual Dipstick

Peninsula Outpatient Center: Manual Dipstick

**Remarks:**

First AM void preferred. Deliver sample to lab asap. Refrigerate samples if delivery is delayed. Testing is optimal when done within 1-2 hours of collection.

**Collect:**

Urine cup  
 BD Preservative Tube (Ref 365017)  
 BD Preservative Conical Tube (Ref 364992)

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

20 mL urine

**Minimum Volume:**

Macroscopic alone (UA): 2 mL urine  
 With Microscopic (UAWM): 3 mL urine  
 UAXC: 4 mL

**Unacceptable Conditions:**

Samples received beyond appropriate stability time.

**Specimen Preparation:**

Deliver all urinalysis samples to Hematology as soon as possible after receipt. If collection time is unknown, use receipt time for stability. Sample suitability from 2-4 hours is decided in Hematology

**Units:**

Protein: mg/dL  
 Glucose: mg/dL  
 Ketones: mg/dL  
 Urobilinogen: mg/dL (EU/dL)

**Reference Interval:**

|                        |             |
|------------------------|-------------|
| Protein                | Negative    |
| Glucose                | Negative    |
| Ketones                | Negative    |
| Bilirubin              | Negative    |
| Hemoglobin (Myoglobin) | Negative    |
| Nitrite                | Negative    |
| Leukocyte Esterase     | Negative    |
| Urobilinogen           | Negative    |
| pH                     | 4.5-8.0     |
| Specific Gravity       | 1.002-1.030 |

**Synonyms:**

- Urine dipstick
- Urine pH
- Specific gravity, urine
- Urine hemoglobin
- Urine protein
- Urine glucose
- Urine nitrate
- Urine Leukocyte esterase
- Urine ketones
- Urine bilirubin
- Qualitative sugar, urine
- Urobilinogen
- UAXC
- UA
- UAWM

**Stability (from collection to initiation):**

2 hours at room temperature; 4 hours if refrigerated; 24 hours room temperature if in an acceptable BD preservative tube.  
 For optimum results, the urine sample must be tested within 1-2 hours of collection, regardless of storage method.

**Reported:**

STAT 1 hour, Routine 2 hours

**Reflex Testing:**

Samples submitted with orders for Urinalysis with microscopic examination (UAWM) that are negative for Protein, Hemoglobin, Leukocyte esterase AND Ascorbic acid (Vit. C) will not be evaluated microscopically. The UAWM will be canceled and just the Macroscopic urinalysis (UA) will be charged.

Samples submitted with orders for Urine macroscopic only (UA) that are positive for ascorbic acid (Vit. C) but negative for hemoglobin will be evaluated microscopically to rule out the presence of red cells. The UA will be canceled and a Urinalysis with microscopic examination will be ordered and billed (See additional information)

For samples with submitted orders for Urinalysis with Microscopy Reflex to Culture, for a culture to proceed, there must be a positive urinalysis with microscopy criteria met:

1. Microscopy is added when either the protein, blood, and/or WBC esterase" is positive.
2. Culture is reflexed when the WBC is >10/hpf.

**Additional Information:**

Urinalysis samples should be delivered as soon as possible after collection. Delayed transport of an unpreserved urine may lead to loss of red cell casts and other formed elements Refrigeration of urine inhibits bacterial growth, but does not prevent the lytic effects of low specific gravity or alkaline pH. Urine crystal formation may be induced by refrigeration.

Note: Routine urinalysis in pediatric patients does not include testing for reducing substances, such as sugars galactose, lactose, fructose and maltose. If clinically indicated, this screening test for reducing substances may be ordered. Testing for congenital galactosemia is included in newborn screening programs in all 50 states in the U.S.

Specific Gravity: Reported as  $\leq 1.005$  to  $\geq 1.030$ ; the level found depends upon water intake; a fixed level around 1.010 which does not vary with the state of the patient's hydration suggests renal damage.

pH: Reported over the range of 5.0 to  $\geq 9.0$  and is diet-dependent; a level  $> 9.0$  suggests infection with a urea-splitting organism.

Bilirubin: Because false-positive results for bilirubin may occur due to the intrinsic coloration of urine, positive results are confirmed by a chemical method.

Hemoglobin: Dipstick testing does not distinguish between hemoglobin and myoglobin; if no RBCs are seen in a freshly collected specimen, the possibility of myoglobinuria due to rhabdomyolysis can be evaluated by measuring serum CK, which will be markedly elevated. Captopril may reduce the test sensitivity.

Note: Ascorbic acid in urine may cause a false negative hemoglobin result on the macroscopic urinalysis. If ascorbic acid is detected and the hemoglobin is negative, a microscopic urinalysis examination will be performed. If only a macroscopic examination (UA) was ordered on such samples the microscopic analysis will be reflexively ordered and separately charged for.

Nitrite: A positive urinary nitrite test is highly suggestive of a urinary infection, but in a low risk population may detect as few as 50% of infections found on culture, particularly if urinary frequency is high, the diet is low in nitrate substrate or, of course, if the organisms are not nitrite-producers.

Comparison of dipstick protein reading to 'scale' reading:

| Scale | Approx. Concentration |
|-------|-----------------------|
| Neg   | Neg                   |
| Trace | < 30 mg/dL            |
| 1+    | 30 mg/dL              |
| 2+    | 100 mg/dL             |
| 3+    | 300 mg/dL             |
| 4+    | $\geq 2000$ mg/dL     |

See also discussion of qualitative testing for preeclamptic patients under Protein, Total. Normal ranges for pH and Specific gravity from: Tietz Textbook of Clinical Chemistry, 4th ed., WB Saunders 2005

Urine ketones are not offered as a separate test. See Amino Acid, Quantitative, Urine

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

# Urine Culture

P059

## ORDERING

### Ordering Recommendations:

Order Urinalysis with reflex urin culture for most patients. The urine sample will be analyzed by urinalysis and set up for urine culture only if WBC > 10. Order Urine Culture with option for urinalysis restricted to high risk populations for patients meeting the following exception criteria:

- Pregnant women
- Positive point of care urinalysis
- Children < 24 months of age
- Neutropenic with ANC < 500 or anticipated to drop to < 500 in 24 hours
- Renal transplant within 3 months or needing augmented immunosuppression
- Inability to have inflammatory response in urinary tract due to immunocompromised state
- Patients undergoing urologic procedures in which mucosal bleeding is expected
- Suspected complete urinary tract obstruction
- Urine collected surgically

Stat Gram Stain can be performed for urines collected surgically as indicated by the order.

### Available Stat:

No

### Performing Lab:

Microbiology

### Performed:

Set up daily, day and evening shifts

### Methodology:

Aerobic culture

### Additional Information:

Colony counts are estimated based on the use of a calibrated 10 µl loop used to inoculate plates; each resultant colony represents approximately 100 CFU/mL. Therefore, an estimated colony count of 500 = 50,000 CFU/mL. It is important to note that the enumeration of colonies is only an estimate, particularly when the number of colonies on the plate exceeds 100 (10,000 CFU/mL).

Urine cultures showing positive results are retained for one week, should identification and/or susceptibility testing be desired.

### Reflex Testing:

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed.

Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

### Synonyms:

- Ur Cx

## COLLECTION

### Sample Type:

Random urine

### Collect:

Preferred: Vacutainer tube with Boric Acid preservative (PMM# 138260)  
Urine cup (clean catch)

### Amount to Collect:

See preferred volume

### Preferred Volume:

10 mL urine

### Remarks:

Submit voided urine in a cup with a screw-on lid. Use a boric acid vacutainer to collect culture specimens from bladder catheter. Urines collected surgically can have stat Gram Stain performed as indicated by the order.

### Stability (from collection to initiation):

Refrigerated 24 hours

### Unacceptable Conditions:

More than one midstream or indwelling catheter urine in 48 hours  
Urines received in Red Top Serum vacutainer

**PROCESSING****Test Code:**

P059

**Test Group:**

Bacterial Culture

**Performing Lab:**

Microbiology

**Preferred Volume:**

10 mL urine

**Unacceptable Conditions:**

More than one midstream or indwelling catheter urine in 48 hours

Urines received in Red Top Serum vacutainer

**Stability (from collection to initiation):**

Refrigerated 24 hours

**RESULT INTERPRETATION****Additional Information:**

Colony counts are estimated based on the use of a calibrated 10 µl loop used to inoculate plates; each resultant colony represents approximately 100 CFU/mL. Therefore, an estimated colony count of 500 = 50,000 CFU/mL. It is important to note that the enumeration of colonies is only an estimate, particularly when the number of colonies on the plate exceeds 100 (10,000 CFU/mL).

Urine cultures showing positive results are retained for one week, should identification and/or susceptibility testing be desired.

**ADMINISTRATIVE****CPT Codes:**

87086 (culture &amp; colony count), 87088 (Culture, Colony count, ID)

**LOINC Codes:**

630-4

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Order Urinalysis with reflex urin culture for most patients. The urine sample will be analyzed by urinalysis and set up for urine culture only if WBC > 10. Order Urine Culture with option for urinalysis restricted to high risk populations for patients meeting the following exception criteria:

Pregnant women

Positive point of care urinalysis

Children &lt; 24 months of age

Neutropenic with ANC &lt; 500 or anticipated to drop to &lt; 500 in 24 hours

Renal transplant within 3 months or needing augmented immunosuppression

Inability to have inflammatory response in urinary tract due to immunocompromised state

Patients undergoing urologic procedures in which mucosal bleeding is expected

Suspected complete urinary tract obstruction

Urine collected surgically

Stat Gram Stain can be performed for urines collected surgically as indicated by the order.

**Test Code:**

P059

**Test Group:**

Bacterial Culture

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Aerobic culture



**Remarks:**

Submit voided urine in a cup with a screw-on lid. Use a boric acid vacutainer to collect culture specimens from bladder catheter. Urines collected surgically can have stat Gram Stain performed as indicated by the order.

**Collect:**

Preferred: Vacutainer tube with Boric Acid preservative (PMM# 138260)  
Urine cup (clean catch)

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

10 mL urine

**Unacceptable Conditions:**

More than one midstream or indwelling catheter urine in 48 hours  
Urines received in Red Top Serum vacutainer

**Synonyms:**

- Ur Cx

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed.

Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

**Additional Information:**

Colony counts are estimated based on the use of a calibrated 10 µl loop used to inoculate plates; each resultant colony represents approximately 100 CFU/mL. Therefore, an estimated colony count of 500 = 50,000 CFU/mL. It is important to note that the enumeration of colonies is only an estimate, particularly when the number of colonies on the plate exceeds 100 (10,000 CFU/mL).

Urine cultures showing positive results are retained for one week, should identification and/or susceptibility testing be desired.

**CPT Codes:**

87086 (culture & colony count), 87088 (Culture, Colony count, ID)

**LOINC Codes:**

630-4

# Urine Culture and Gram stain (restricted to surgical collection)

P059S

## ORDERING

**Ordering Recommendations:**

Urine collected surgically and Gram stain may be used to modify treatment (intra-op / post-op administration of antibiotics).

Urine Culture and Gram Stain is restricted to surgical collection, other patients should have Urinalysis with reflex to urine culture ordered. See separate lab manual entry for Urine Culture.

**Available Stat:**

No (gram stain may be requested stat)

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Aerobic culture

**Additional Information:**

Colony counts are estimated based on the use of a calibrated 10 µl loop used to inoculate plates; each resultant colony represents approximately 100 CFU/mL. Therefore, an estimated colony count of 500 = 50,000 CFU/mL. It is important to note that the enumeration of colonies is only an estimate, particularly when the number of colonies on the plate exceeds 100 (10,000 CFU/mL).

Urine cultures showing positive results are retained for one week, should identification and/or susceptibility testing be desired.

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed.

Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

**Synonyms:**

- Ur Cx Gram

## COLLECTION

**Sample Type:**

Random urine

**Collect:**

Preferred: Vacutainer tube with Boric Acid preservative (PMM# 138260)

Urine cup (clean catch)

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

10 mL urine

**Remarks:**

Submit voided urine in a cup with a screw-on lid. Use a boric acid vacutainer to collect culture specimens from bladder catheter. Urines collected surgically can have stat Gram Stain performed as indicated by the order.

**Stability (from collection to initiation):**

Unpreserved: Refrigerated 24 hours

Preserved: Room temperature 48 hours

**Unacceptable Conditions:**

More than one midstream or indwelling catheter urine in 48 hours

Urines received in Red Top Serum vacutainer

## PROCESSING

**Test Code:**

P059S

**Test Group:**

Bacterial Culture

**Performing Lab:**

Microbiology

**Preferred Volume:**

10 mL urine

**Unacceptable Conditions:**

More than one midstream or indwelling catheter urine in 48 hours  
 Urines received in Red Top Serum vacutainer

**Stability (from collection to initiation):**

Unpreserved: Refrigerated 24 hours  
 Preserved: Room temperature 48 hours

**RESULT INTERPRETATION****Reference Interval:**

See Additional Information

**Additional Information:**

Colony counts are estimated based on the use of a calibrated 10 µl loop used to inoculate plates; each resultant colony represents approximately 100 CFU/mL. Therefore, an estimated colony count of 500 = 50,000 CFU/mL. It is important to note that the enumeration of colonies is only an estimate, particularly when the number of colonies on the plate exceeds 100 (10,000 CFU/mL).

Urine cultures showing positive results are retained for one week, should identification and/or susceptibility testing be desired.

**ADMINISTRATIVE****CPT Codes:**

87205; 87088

**COMPLETE VIEW****Available Stat:**

No (gram stain may be requested stat)

**Ordering Recommendations:**

Urine collected surgically and Gram stain may be used to modify treatment (intra-op / post-op administration of antibiotics).

Urine Culture and Gram Stain is restricted to surgical collection, other patients should have Urinalysis with reflex to urine culture ordered. See separate lab manual entry for Urine Culture.

**Test Code:**

P059S

**Test Group:**

Bacterial Culture

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Aerobic culture

**Remarks:**

Submit voided urine in a cup with a screw-on lid. Use a boric acid vacutainer to collect culture specimens from bladder catheter. Urines collected surgically can have stat Gram Stain performed as indicated by the order.

**Collect:**

Preferred: Vacutainer tube with Boric Acid preservative (PMM# 138260)  
 Urine cup (clean catch)

**Amount to Collect:**

See preferred volume

**Sample Type:**

Random urine

**Preferred Volume:**

10 mL urine

**Unacceptable Conditions:**

More than one midstream or indwelling catheter urine in 48 hours  
 Urines received in Red Top Serum vacutainer

**Reference Interval:**

See Additional Information

**Synonyms:**

- Ur Cx Gram

**Stability (from collection to initiation):**

Unpreserved: Refrigerated 24 hours

Preserved: Room temperature 48 hours

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed.

Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

**Additional Information:**

Colony counts are estimated based on the use of a calibrated 10 µl loop used to inoculate plates; each resultant colony represents approximately 100 CFU/mL. Therefore, an estimated colony count of 500 = 50,000 CFU/mL. It is important to note that the enumeration of colonies is only an estimate, particularly when the number of colonies on the plate exceeds 100 (10,000 CFU/mL).

Urine cultures showing positive results are retained for one week, should identification and/or susceptibility testing be desired.

**CPT Codes:**

87205; 87088

# Urine culture from screening Urinalysis

P049

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Aerobic culture

**Additional Information:**

Urine samples will be tested by urinalysis with microscopy, and those not meeting criteria will have the urine culture canceled. Providers can indicate on the test order whether the patient meets exception from screening urinalysis (immunocompromised or pediatric patients), or if the urine is invasively collected. In these situations, urine culture will be performed without urinalysis, which must be ordered separately.

Screening Urinalysis criteria for setting up Urine Culture:

Urine sample contains at least trace amounts of protein, esterase or hemoglobin AND Urine sample is positive for > 10 WBC per hpv on microscopy

Colony counts are estimated based on the use of a calibrated 10 µl loop used to inoculate plates; each resultant colony represents approximately 100 CFU/mL. Therefore, an estimated colony count of 500 = 50,000 CFU/mL. It is important to note that the enumeration of colonies is only an estimate, particularly when the number of colonies on the plate exceeds 100 (10,000 CFU/mL).

Urine cultures showing positive results are retained for one week, should identification and/or susceptibility testing be desired.

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed. Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

## COLLECTION

**Collect:**

Preferred: Vacutainer tube with Boric Acid preservative (PMM# 138260)  
Urine cup (clean catch)

**Remarks:**

Submit voided urine in a cup with a screw-on lid. Use a Boric Acid vacutainer to collect culture specimens from bladder catheter.

**Stability (from collection to initiation):**

Unpreserved: Refrigerated 24 hours  
Preserved: Room temperature 48 hours

**Unacceptable Conditions:**

More than one midstream or indwelling catheter urine in 48 hours  
Urines received in Red Top Serum vacutainer

## PROCESSING

**Test Code:**

P049

**Test Group:**

Bacterial culture

**Performing Lab:**

Microbiology

**Unacceptable Conditions:**

More than one midstream or indwelling catheter urine in 48 hours  
Urines received in Red Top Serum vacutainer

**Stability (from collection to initiation):**

Unpreserved: Refrigerated 24 hours  
Preserved: Room temperature 48 hours

## RESULT INTERPRETATION

**Additional Information:**

Urine samples will be tested by urinalysis with microscopy, and those not meeting criteria will have the urine culture canceled. Providers can indicate on the test order whether the patient meets exception from screening urinalysis (immunocompromised or pediatric patients), or if the urine is invasively collected. In these situations, urine culture will be performed without urinalysis, which must be ordered separately.

Screening Urinalysis criteria for setting up Urine Culture:

Urine sample contains at least trace amounts of protein, esterase or hemoglobin AND Urine sample is positive for > 10 WBC per hpf on microscopy

Colony counts are estimated based on the use of a calibrated 10 µl loop used to inoculate plates; each resultant colony represents approximately 100 CFU/mL. Therefore, an estimated colony count of 500 = 50,000 CFU/mL. It is important to note that the enumeration of colonies is only an estimate, particularly when the number of colonies on the plate exceeds 100 (10,000 CFU/mL).

Urine cultures showing positive results are retained for one week, should identification and/or susceptibility testing be desired.

## ADMINISTRATIVE

**CPT Codes:**

87086 (culture & colony count), 87088 (Culture, Colony count, ID)

**LOINC Codes:**

630-4

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P049

**Test Group:**

Bacterial culture

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Aerobic culture

**Remarks:**

Submit voided urine in a cup with a screw-on lid. Use a Boric Acid vacutainer to collect culture specimens from bladder catheter.

**Collect:**

Preferred: Vacutainer tube with Boric Acid preservative (PMM# 138260)  
Urine cup (clean catch)

**Unacceptable Conditions:**

More than one midstream or indwelling catheter urine in 48 hours  
Urines received in Red Top Serum vacutainer

**Stability (from collection to initiation):**

Unpreserved: Refrigerated 24 hours  
Preserved: Room temperature 48 hours

**Reflex Testing:**

If bacteria are detected that are not normal mixed flora they are automatically identified and susceptibility testing is performed. Full ID and/or susceptibility testing may be omitted upon request when sample is submitted for testing.

**Additional Information:**

Urine samples will be tested by urinalysis with microscopy, and those not meeting criteria will have the urine culture canceled. Providers can indicate on the test order whether the patient meets exception from screening urinalysis (immunocompromised or pediatric patients), or if the urine is invasively collected. In these situations, urine culture will be performed without urinalysis, which must be ordered separately.

Screening Urinalysis criteria for setting up Urine Culture:

Urine sample contains at least trace amounts of protein, esterase or hemoglobin AND Urine sample is positive for > 10 WBC per hpf on microscopy

Colony counts are estimated based on the use of a calibrated 10 µl loop used to inoculate plates; each resultant colony represents approximately 100 CFU/mL. Therefore, an estimated colony count of 500 = 50,000 CFU/mL. It is important to note that the enumeration of colonies is only an estimate, particularly when the number of colonies on the plate exceeds 100 (10,000 CFU/mL).

Urine cultures showing positive results are retained for one week, should identification and/or susceptibility testing be desired.

**CPT Codes:**

87086 (culture & colony count), 87088 (Culture, Colony count, ID)

**LOINC Codes:**

630-4

# Ustekinumab and Anti-Ustekinumab Antibody

LC4694

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

ECLIA

**Reported:**

11-15 days

**Synonyms:**

- Stelara
- STELARA ANTIBODIES

## COLLECTION

**Sample Type:**

Blood

**Label Abbreviation:**

USTK

**Collect:**

Red top or gold top

**Amount to Collect:**

6 mL blood

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1 mL serum

**Stability (from collection to initiation):**

Frozen: 14 days

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Gross lipemia or hemolysis

## PROCESSING

**Test Code:**

USTK

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Mayo Order: USTEK

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Gross lipemia or hemolysis

**Stability (from collection to initiation):**

Frozen: 14 days

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION



**Reference Interval:**

Ustekinumab:

Quantitation Limit: &lt;0.1 ug/mL

Results of 0.1 ug/mL or higher indicate detection of ustekinumab

In the presence of anti-ustekinumab antibodies, the ustekinumab drug level reflects the free, antibody-unbound fraction of ustekinumab in serum

Anti-Ustekinumab Antibody:

Quantitation Limit: &lt;40 ng/mL

Results of 40 ng/mL or higher indicate detection of anti-ustekinumab antibodies.

**Interpretive Data:**

Provides ustekinumab drug concentration and anti-ustekinumab antibodies in order to optimize treatment and facilitate clinical decision-making.

This assay may be helpful in any patients on ustekinumab therapy for Crohn's disease, psoriasis, or other autoimmune conditions.

**ADMINISTRATIVE****CPT Codes:**

80299, 82397

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

USTK

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

ECLIA

**Collect:**

Red top or gold top

**Amount to Collect:**

6 mL blood

**Sample Type:**

Blood

**Preferred Volume:**

3 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Gross lipemia or hemolysis

**Specimen Preparation:**

Mayo Order: USTEK

**Reference Interval:**

Ustekinumab:

Quantitation Limit: <0.1 ug/mL

Results of 0.1 ug/mL or higher indicate detection of ustekinumab

In the presence of anti-ustekinumab antibodies, the ustekinumab drug level reflects the free, antibody-unbound fraction of ustekinumab in serum

Anti-Ustekinumab Antibody:

Quantitation Limit: <40 ng/mL

Results of 40 ng/mL or higher indicate detection of anti-ustekinumab antibodies.

**Interpretive Data:**

Provides ustekinumab drug concentration and anti-ustekinumab antibodies in order to optimize treatment and facilitate clinical decision-making.

This assay may be helpful in any patients on ustekinumab therapy for Crohn's disease, psoriasis, or other autoimmune conditions.

**Synonyms:**

- Stelara
- STELARA ANTIBODIES

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Frozen: 14 days

**Reported:**

11-15 days

**CPT Codes:**

80299, 82397

# Vaginal smear for Bacterial vaginosis/yeast

P058

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily, day and evening shifts only

**Methodology:**

Gram stain and microscopy

**Reported:**

Same or next day

**Additional Information:**

Use of a scored Gram stain (Nugent score) to demonstrate whether there has been a shift in the vaginal flora from predominantly gram-positive *Lactobacillus* to a gram-negative flora is recommended for diagnosis of BV, rather than culture for *Gardnerella vaginalis* or other organism(s).

The primary reason for performing a Gram stain on vaginal secretions is to diagnose bacterial vaginosis, therefore, this test will be performed if a Gram stain is ordered.

The presence or absence of yeast, presence or absence of Clue cells, and Nugent score is reported.

Nugent score  $\geq 7$ , or Clue cells with Nugent score  $\geq 4$ , is consistent with the clinical diagnosis of bacterial vaginosis.

**Synonyms:**

- BV
- clue cells
- *G. vaginalis*
- *Gardnerella vaginalis*
- BVSMR

## COLLECTION

**Sample Type:**

Vaginal discharge

**Collect:**

E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems are also acceptable.

**Amount to Collect:**

Single swab

**Preferred Volume:**

Single swab

**Stability (from collection to initiation):**

Swabs: Room temperature 12 hours

## PROCESSING

**Test Code:**

P058

**Performing Lab:**

Microbiology

**Preferred Volume:**

Single swab

**Stability (from collection to initiation):**

Swabs: Room temperature 12 hours

## RESULT INTERPRETATION

**Units:**

Nugent score

**Reference Interval:**

Nugent score  $< 7$  without Clue cells or Nugent score  $< 4$  if Clue cells present

**Additional Information:**

Use of a scored Gram stain (Nugent score) to demonstrate whether there has been a shift in the vaginal flora from predominantly gram-positive *Lactobacillus* to a gram-negative flora is recommended for diagnosis of BV, rather than culture for *Gardnerella vaginalis* or other organism(s).

The primary reason for performing a Gram stain on vaginal secretions is to diagnose bacterial vaginosis, therefore, this test will be performed if a Gram stain is ordered.

The presence or absence of yeast, presence or absence of Clue cells, and Nugent score is reported.

Nugent score  $\geq 7$ , or Clue cells with Nugent score  $\geq 4$ , is consistent with the clinical diagnosis of bacterial vaginosis.

**ADMINISTRATIVE****CPT Codes:**

87205

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P058

**Performing Lab:**

Mirobiology

**Performed:**

Daily, day and evening shifts only

**Methodology:**

Gram stain and microscopy

**Collect:**

E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems are also acceptable.

**Amount to Collect:**

Single swab

**Sample Type:**

Vaginal discharge

**Preferred Volume:**

Single swab

**Units:**

Nugent score

**Reference Interval:**

Nugent score  $< 7$  without Clue cells or Nugent score  $< 4$  if Clue cells present

**Synonyms:**

- BV
- clue cells
- *G. vaginalis*
- *Gardnerella vaginalis*
- BVSMR

**Stability (from collection to initiation):**

Swabs: Room temperature 12 hours

**Reported:**

Same or next day

**Additional Information:**

Use of a scored Gram stain (Nugent score) to demonstrate whether there has been a shift in the vaginal flora from predominantly gram-positive *Lactobacillus* to a gram-negative flora is recommended for diagnosis of BV, rather than culture for *Gardnerella vaginalis* or other organism(s).

The primary reason for performing a Gram stain on vaginal secretions is to diagnose bacterial vaginosis, therefore, this test will be performed if a Gram stain is ordered.

The presence or absence of yeast, presence or absence of Clue cells, and Nugent score is reported.

Nugent score  $\geq 7$ , or Clue cells with Nugent score  $\geq 4$ , is consistent with the clinical diagnosis of bacterial vaginosis.

**CPT Codes:**

87205

# Vaginal Wet Mount

LAB4661

## ORDERING

**Ordering Recommendations:**

Deliver immediately to the laboratory.

**Available Stat:**

Yes

**Performing Lab:**

UCSF Hyde Hospital

UCSF Stanyan Hospital

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Microscopy

**Reported:**

STAT: 1 hour

Routine: 2 hours

**Additional Information:**

The sample should be delivered to the laboratory immediately after collection.

## COLLECTION

**Sample Type:**

Vaginal swab

**Collect:**

E-swab (liquid Amies elution medium) or Polyester (Dacron) swab.

Lubricant can interfere with slide analysis. Use the swabs provided in the Amies collection device together and swab the middle third of the lateral walls of the vagina. To prevent drying of the sample, place the swabs immediately in the Amies collection device.

**Stability (from collection to initiation):**

Amies transport swab (BBL): 24 hours @ Room Temperature

Swab in sterile normal saline: 20 minutes @ Room Temperature for optimal sensitivity for trichomonads.

## PROCESSING

**Test Code:**

WMT

**Performing Lab:**

UCSF Hyde Hospital

UCSF Stanyan Hospital

**Stability (from collection to initiation):**

Amies transport swab (BBL): 24 hours @ Room Temperature

Swab in sterile normal saline: 20 minutes @ Room Temperature for optimal sensitivity for trichomonads.

## RESULT INTERPRETATION

**Reference Interval:**

Negative

**Additional Information:**

The sample should be delivered to the laboratory immediately after collection.

## COMPLETE VIEW

**Available Stat:**

Yes

**Ordering Recommendations:**

Deliver immediately to the laboratory.

**Test Code:**

WMT

**Performing Lab:**

UCSF Hyde Hospital

UCSF Stanyan Hospital

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Microscopy

**Collect:**

E-swab (liquid Amies elution medium) or Polyester (Dacron) swab.

Lubricant can interfere with slide analysis. Use the swabs provided in the Amies collection device together and swab the middle third of the lateral walls of the vagina. To prevent drying of the sample, place the swabs immediately in the Amies collection device.

**Sample Type:**

Vaginal swab

**Reference Interval:**

Negative

**Stability (from collection to initiation):**

Amies transport swab (BBL): 24 hours @ Room Temperature

Swab in sterile normal saline: 20 minutes @ Room Temperature for optimal sensitivity for trichomonads.

**Reported:**

STAT: 1 hour

Routine: 2 hours

**Additional Information:**

The sample should be delivered to the laboratory immediately after collection.

# Valproic acid

LAB24

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Particle-enhanced turbidimetric inhibition immunoassay (PETINIA)

**Reported:**

Stat 1 hour, Routine 4 hours

Note: TAT for STAT samples drawn at Mt Zion, Saint Francis, and Saint Marys can be up to 3 hours.

**Synonyms:**

- Depakene
- Valproate
- Depakote
- VALP

## COLLECTION

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

VALP

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Remarks:**

Time to steady state: 2-3 days.

Collect trough samples 30 minutes before next dose.

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

## PROCESSING

**Test Code:**

VALP

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Specimen Preparation:**

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry. Request special STAT courier for STAT samples.

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week

## RESULT INTERPRETATION

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 50-125 mg/L

VPA therapeutic range of 50 - 125 mg/L was set based on recommendations in the literature and consultations with UCSF pharmacists and neurologists.

**Critical Values:**

&gt; 150 mg/L

**ADMINISTRATIVE****CPT Codes:**

80164

**LOINC Codes:**

4086-5

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

VALP

**Performing Lab:**

Parnassus &amp; Mission Bay Chemistry

**Performed:**

Test available 24 hours per day 7 days per week

**Methodology:**

Particle-enhanced turbidimetric inhibition immunoassay (PETINIA)

**Remarks:**

Time to steady state: 2-3 days.

Collect trough samples 30 minutes before next dose.

**Collect:**

Gold top or Light Green top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Specimen Preparation:**

Mount Zion, St. Francis, and St. Marys: Refrigerate serum or plasma and send to Parnassus Chemistry. Request special STAT courier for STAT samples.

**Units:**

mg/L

**Reference Interval:**

Therapeutic: 50-125 mg/L

VPA therapeutic range of 50 - 125 mg/L was set based on recommendations in the literature and consultations with UCSF pharmacists and neurologists.

**Critical Values:**

&gt; 150 mg/L

**Synonyms:**

- Depakene
- Valproate
- Depakote
- VALP

**Stability (from collection to initiation):**

Room temperature 8 hours, refrigerated 2 days, frozen at -20C 1 week



**Reported:**

Stat 1 hour, Routine 4 hours

Note: TAT for STAT samples drawn at Mt Zion, Saint Francis, and Saint Marys can be up to 3 hours.

**CPT Codes:**

80164

**LOINC Codes:**

4086-5

# Vancomycin

LAB40

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay and Mount Zion Chemistry  
 Saint Francis Chemistry  
 Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days a week

**Methodology:**

Particle-enhance turbidimetric inhibition immunoassay (PETINIA)

**Reported:**

1 day

**Additional Information:**

VANCOMYCIN TROUGH MONITORING

Vancomycin troughs are not recommended in patients in whom anticipated duration of therapy is short ( $\leq 3$  days)

Only trough levels should be obtained. Vancomycin peaks have no clinical significance. Trough levels should be obtained within 30 minutes before 4th dose of a new regimen or dosage change.

### INDICATIONS FOR VANCOMYCIN TROUGHS

Patients with unstable renal function or when serum Cr may not accurately reflect GFR i.e. patients  $> 70$ , reduced muscle mass (e.g. malnutrition, prolonged hospitalization, amputees, etc.)

Patients on continuous or intermittent hemodialysis (for intermittent HD draw a pre-dialysis level)

Patients with severely altered volumes of distribution (e.g. morbid obesity, significant edema, burns)

Initial and definitive therapy of suspected central nervous system infections, endocarditis, ventilator-associated pneumonia, bacteremia or osteomyelitis caused by MRSA.

### FREQUENCY OF VANCOMYCIN TROUGHS

Once weekly monitoring is reasonable in patients with stable renal function. (Data supporting safety of prolonged troughs of 15-20 mcg/ml is limited.)

Only a trough sample is recommended. If a peak level is deemed necessary, obtain the sample 60 min. after the end of the infusion.

Peak levels in the range of 30 - 40 mg/L may be expected with usual dosing. Toxicity may occur with vancomycin levels  $> 80$  mg/L.

Therapeutic trough 10-20 mg/L recommended typically. However, for patients with serious MRSA infections (central nervous system infections, endocarditis, ventilator-associated pneumonia, bacteremia or osteomyelitis) trough levels of 15-20 mg/mL and ID consult are recommended.

Note: some monoclonal proteins may cause falsely low vancomycin results. The presence of human anti-mouse antibodies or heterophile antibodies may also interfere with the vancomycin assay in some cases. Testing for vancomycin levels in parallel dilution studies and with a different assay may be useful in cases where interference by a monoclonal protein or abnormal immunoglobulin is suspected. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**Synonyms:**

- Vancocin
- VANC

## COLLECTION

**Sample Type:**

Serum or plasma

**Collect:**

Preferred: Light green top  
 Acceptable: Gold or red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Remarks:**

Time to steady state: 3 doses

Collect trough samples = 30 minutes prior to 4th or subsequent dose. For patients on hemodialysis collect prior to dialysis.

Note exact time of collection on requisition AND sample.

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 14 days

**PROCESSING****Test Code:**

VANC

**Performing Lab:**

Parnassus, Mission Bay and Mount Zion Chemistry

Saint Francis Chemistry

Saint Marys Chemistry

**Specimen Preparation:**

Refrigerate serum.

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 14 days

**RESULT INTERPRETATION****Units:**

mg/L

**Reference Interval:**

Therapeutic trough, standard cases: 10-20 mg/L

Therapeutic trough, exceptional cases: 15-20 mg/L

Source of reference range: UCSF Medical Center Adult Vancomycin Dosing and Monitoring Recommendations.

**Additional Information:****VANCOMYCIN TROUGH MONITORING**

Vancomycin troughs are not recommended in patients in whom anticipated duration of therapy is short ( $\leq 3$  days)

Only trough levels should be obtained. Vancomycin peaks have no clinical significance. Trough levels should be obtained within 30 minutes before 4th dose of a new regimen or dosage change.

**INDICATIONS FOR VANCOMYCIN TROUGHS**

Patients with unstable renal function or when serum Cr may not accurately reflect GFR i.e. patients  $> 70$ , reduced muscle mass (e.g. malnutrition, prolonged hospitalization, amputees, etc.)

Patients on continuous or intermittent hemodialysis (for intermittent HD draw a pre-dialysis level)

Patients with severely altered volumes of distribution (e.g. morbid obesity, significant edema, burns)

Initial and definitive therapy of suspected central nervous system infections, endocarditis, ventilator-associated pneumonia, bacteremia or osteomyelitis caused by MRSA.

**FREQUENCY OF VANCOMYCIN TROUGHS**

Once weekly monitoring is reasonable in patients with stable renal function. (Data supporting safety of prolonged troughs of 15-20 mcg/ml is limited.)

Only a trough sample is recommended. If a peak level is deemed necessary, obtain the sample 60 min. after the end of the infusion.

Peak levels in the range of 30 - 40 mg/L may be expected with usual dosing. Toxicity may occur with vancomycin levels  $> 80$  mg/L.

Therapeutic trough 10-20 mg/L recommended typically. However, for patients with serious MRSA infections (central nervous system infections, endocarditis, ventilator-associated pneumonia, bacteremia or osteomyelitis) trough levels of 15-20 mg/mL and ID consult are recommended.

Note: some monoclonal proteins may cause falsely low vancomycin results. The presence of human anti-mouse antibodies or heterophile antibodies may also interfere with the vancomycin assay in some cases. Testing for vancomycin levels in parallel dilution studies and with a different assay may be useful in cases where interference by a monoclonal protein or abnormal immunoglobulin is suspected. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**ADMINISTRATIVE****CPT Codes:**

80202

**LOINC Codes:**

4092-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VANC

**Performing Lab:**

Parnassus, Mission Bay and Mount Zion Chemistry  
Saint Francis Chemistry  
Saint Marys Chemistry

**Performed:**

Test available 24 hours per day 7 days a week

**Methodology:**

Particle-enhance turbidimetric inhibition immunoassay (PETINIA)

**Remarks:**

Time to steady state: 3 doses

Collect trough samples = 30 minutes prior to 4th or subsequent dose. For patients on hemodialysis collect prior to dialysis.

Note exact time of collection on requisition AND sample.

**Collect:**

Preferred: Light green top  
Acceptable: Gold or red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

0.5 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Specimen Preparation:**

Refrigerate serum.

**Units:**

mg/L

**Reference Interval:**

Therapeutic trough, standard cases: 10-20 mg/L  
Therapeutic trough, exceptional cases: 15-20 mg/L

Source of reference range: UCSF Medical Center Adult Vancomycin Dosing and Monitoring Recommendations.

**Synonyms:**

- Vancocin
- VANC

**Stability (from collection to initiation):**

Refrigerated 7 days, frozen at -20C 14 days

**Reported:**

1 day

**Additional Information:**

VANCOMYCIN TROUGH MONITORING

Vancomycin troughs are not recommended in patients in whom anticipated duration of therapy is short ( $\leq 3$  days)

Only trough levels should be obtained. Vancomycin peaks have no clinical significance. Trough levels should be obtained within 30 minutes before 4th dose of a new regimen or dosage change.

**INDICATIONS FOR VANCOMYCIN TROUGHS**

Patients with unstable renal function or when serum Cr may not accurately reflect GFR i.e. patients  $> 70$ , reduced muscle mass (e.g. malnutrition, prolonged hospitalization, amputees, etc.)

Patients on continuous or intermittent hemodialysis (for intermittent HD draw a pre-dialysis level)

Patients with severely altered volumes of distribution (e.g. morbid obesity, significant edema, burns)

Initial and definitive therapy of suspected central nervous system infections, endocarditis, ventilator-associated pneumonia, bacteremia or osteomyelitis caused by MRSA.

**FREQUENCY OF VANCOMYCIN TROUGHS**

Once weekly monitoring is reasonable in patients with stable renal function. (Data supporting safety of prolonged troughs of 15-20 mcg/ml is limited.)

Only a trough sample is recommended. If a peak level is deemed necessary, obtain the sample 60 min. after the end of the infusion.

Peak levels in the range of 30 - 40 mg/L may be expected with usual dosing. Toxicity may occur with vancomycin levels  $> 80$  mg/L.

Therapeutic trough 10-20 mg/L recommended typically. However, for patients with serious MRSA infections (central nervous system infections, endocarditis, ventilator-associated pneumonia, bacteremia or osteomyelitis) trough levels of 15-20 mg/mL and ID consult are recommended.

Note: some monoclonal proteins may cause falsely low vancomycin results. The presence of human anti-mouse antibodies or heterophile antibodies may also interfere with the vancomycin assay in some cases. Testing for vancomycin levels in parallel dilution studies and with a different assay may be useful in cases where interference by a monoclonal protein or abnormal immunoglobulin is suspected. See the lab manual's "A Guide on Drug Level Monitoring" (in the Chemistry Guide) for additional information.

**CPT Codes:**

80202

**LOINC Codes:**

4092-3

# Vanillylmandelic Acid (VMA), Urine

LAB12472

## ORDERING

**Ordering Recommendations:**

Initial test for the diagnosis and monitoring of neuroblastoma. Should be ordered concurrently with Homovanillic Acid (HVA), Urine (0080422). For random urine collections, order Vanillylmandelic Acid (VMA), Random Urine (3018861).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun, Tue, Wed, Thu, Fri, Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

1-5 days

**Synonyms:**

- 3-Methoxy-4-Hydroxy-Mandelic Acid
- 3-Methoxy-4-Hydroxymandelic Acid
- 4-Hydroxy-3-Methoxymandelic Acid
- VMA
- WMU24

## COLLECTION

**Patient Preparation:**

Abstain from medications for 72 hours prior to collection.

**Sample Type:**

Urine

**Label Abbreviation:**

WMU24

**Collect:**

24-hour urine. Refrigerate 24-hour specimens during collection.

**Preferred Volume:**

4 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 2 weeks

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Specimen types other than urine.

## PROCESSING

**Test Code:**

VMA

**ARUP Test Code:**

0080421

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 4 mL aliquot from a well-mixed 24-hour collection to an ARUP standard transport tube. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

**Preferred Volume:**

4 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Specimen types other than urine.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 2 weeks

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

| Components                           | Reference Interval               |             |               |
|--------------------------------------|----------------------------------|-------------|---------------|
| Creatinine, Urine - per 24h          | Age                              | Male (mg/d) | Female (mg/d) |
|                                      | 3-8 years                        | 140-700     | 140-700       |
|                                      | 9-12 years                       | 300-1300    | 300-1300      |
|                                      | 13-17 years                      | 500-2300    | 400-1600      |
|                                      | 18-50 years                      | 1000-2500   | 700-1600      |
|                                      | 51-80 years                      | 800-2100    | 500-1400      |
|                                      | 81 years and older               | 600-2000    | 400-1300      |
|                                      |                                  |             |               |
| Vanillylmandelic Acid - per 24h      | 18 years and older: 0.0-7.0 mg/d |             |               |
| Vanillylmandelic Acid - ratio to CRT | Age                              | mg/g CRT    |               |
|                                      | 0-2 years                        | 0-27        |               |
|                                      | 3-5 years                        | 0-13        |               |
|                                      | 6-17 years                       | 0-9         |               |
|                                      | 18 years and older               | 0-6         |               |

**Interpretive Data:**

Vanillylmandelic acid (VMA) results are expressed as a ratio to creatinine excretion (mg/g CRT). No reference interval is available for results reported in units of mg/L. Slight or moderate increases in catecholamine metabolites may be due to extreme anxiety, essential hypertension, intense physical exercise, or drug interactions. Significant increase of one or more catecholamine metabolites (several times the upper reference limit) is associated with an increased probability of a secreting neuroendocrine tumor.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

**ADMINISTRATIVE****CPT Codes:**

84585

**LOINC:**

- 30571-4
- 2162-6
- 19153-6
- 50948-9
- 35674-1
- 9624-8
- 3122-9
- 30211-7

**COMPLETE VIEW****Available Stat:**

No



**Ordering Recommendations:**

Initial test for the diagnosis and monitoring of neuroblastoma. Should be ordered concurrently with Homovanillic Acid (HVA), Urine (0080422). For random urine collections, order Vanillylmandelic Acid (VMA), Random Urine (3018861).

**Test Code:**

VMA

**ARUP Test Code:**

0080421

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun, Tue, Wed, Thu, Fri, Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Patient Preparation:**

Abstain from medications for 72 hours prior to collection.

**Collect:**

24-hour urine. Refrigerate 24-hour specimens during collection.

**Sample Type:**

Urine

**Preferred Volume:**

4 mL

**Minimum Volume:**

1 mL

**Unacceptable Conditions:**

Specimen types other than urine.

**Specimen Preparation:**

Transfer 4 mL aliquot from a well-mixed 24-hour collection to an ARUP standard transport tube. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

**Reference Interval:**

| Components                           | Reference Interval               |             |               |
|--------------------------------------|----------------------------------|-------------|---------------|
| Creatinine, Urine - per 24h          | Age                              | Male (mg/d) | Female (mg/d) |
|                                      | 3-8 years                        | 140-700     | 140-700       |
|                                      | 9-12 years                       | 300-1300    | 300-1300      |
|                                      | 13-17 years                      | 500-2300    | 400-1600      |
|                                      | 18-50 years                      | 1000-2500   | 700-1600      |
|                                      | 51-80 years                      | 800-2100    | 500-1400      |
|                                      | 81 years and older               | 600-2000    | 400-1300      |
| Vanillylmandelic Acid - per 24h      | 18 years and older: 0.0-7.0 mg/d |             |               |
| Vanillylmandelic Acid - ratio to CRT | Age                              | mg/g CRT    |               |
|                                      | 0-2 years                        | 0-27        |               |
|                                      | 3-5 years                        | 0-13        |               |
|                                      | 6-17 years                       | 0-9         |               |
|                                      | 18 years and older               | 0-6         |               |

**Interpretive Data:**

Vanillylmandelic acid (VMA) results are expressed as a ratio to creatinine excretion (mg/g CRT). No reference interval is available for results reported in units of mg/L. Slight or moderate increases in catecholamine metabolites may be due to extreme anxiety, essential hypertension, intense physical exercise, or drug interactions. Significant increase of one or more catecholamine metabolites (several times the upper reference limit) is associated with an increased probability of a secreting neuroendocrine tumor.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

**Synonyms:**

- 3-Methoxy-4-Hydroxy-Mandelic Acid
- 3-Methoxy-4-Hydroxymandelic Acid
- 4-Hydroxy-3-Methoxymandelic Acid
- VMA
- WMU24

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 2 weeks

**Reported:**

1-5 days

**CPT Codes:**

84585

**LOINC:**

- 30571-4
- 2162-6
- 19153-6
- 50948-9
- 35674-1
- 9624-8
- 3122-9
- 30211-7

**Notes:**

Moderately elevated VMA (vanillylmandelic acid) can be caused by a variety of factors such as essential hypertension, intense anxiety, intense physical exercise, and numerous drug interactions (including some over-the-counter medications and herbal products).

Medications that may interfere with catecholamines and their metabolites include amphetamines and amphetamine-like compounds, appetite suppressants, bromocriptine, buspirone, caffeine, chlorpromazine, clonidine, disulfiram, diuretics (in doses sufficient to deplete sodium), epinephrine, glucagon, guanethidine, histamine, hydrazine derivatives, imipramine, levodopa (L-dopa, Sinemet(R)), lithium, MAO inhibitors, melatonin, methyldopa (Aldomet(R)), morphine, nitroglycerin, nose drops, propafenone (Rythmol), radiographic agents, rauwolfia alkaloids (Reserpine), tricyclic antidepressants, and vasodilators. The effects of some drugs on catecholamine metabolite results may not be predictable.

# Varicella zoster virus Antibody, IgG serum

VZI

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Reported:**

1-4 days

**Additional Information:**Results are reported as Negative/Not Immune:  $< 1.00$  S/CO or Positive/Immune:  $\geq 1.00$  S/CO

**Note:** Treatment with Zoster immune globulin will result in a positive test result that will not reflect the patient's own immune reaction.

See also entries for Viral Culture and Viral Serology.

**Synonyms:**

- VZ
- VZV

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Remarks:**

Contact the laboratory (415-353-1712) if results are needed urgently to determine VZIG therapy of immunocompromised or pregnant patients.

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

## PROCESSING

**Test Code:**

VZI

**Test Group:**

Varicella-zoster

**Performing Lab:**

Immunology

**Specimen Preparation:**Freeze sample at  $-20^{\circ}\text{C}$ **Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

## RESULT INTERPRETATION

**Units:**

S/CO

**Reference Interval:**

Negative/Not Immune: &lt; 1.00

Positive/Immune: &gt;= 1.00

**Additional Information:**

Results are reported as Negative/Not Immune: &lt; 1.00 S/CO or Positive/Immune: &gt;= 1.00 S/CO

**Note:** Treatment with Zoster immune globulin will result in a positive test result that will not reflect the patient's own immune reaction.

See also entries for Viral Culture and Viral Serology.

**ADMINISTRATIVE****CPT Codes:**

86787

**LOINC Codes:**

15410-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VZI

**Test Group:**

Varicella-zoster

**Performing Lab:**

Immunology

**Performed:**

Monday-Friday (day shift)

**Methodology:**

Chemiluminescent Immunoassay

**Remarks:**

Contact the laboratory (415-353-1712) if results are needed urgently to determine VZIG therapy of immunocompromised or pregnant patients.

**Collect:**

Gold Top or Red Top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.2 mL serum

**Unacceptable Conditions:**

Grossly hemolyzed, lipemic or icteric samples

**Specimen Preparation:**

Freeze sample at -20 C

**Units:**

S/CO

**Reference Interval:**

Negative/Not Immune: &lt; 1.00

Positive/Immune: &gt;= 1.00

**Synonyms:**

- VZ
- VZV

**Reported:**

1-4 days

**Additional Information:**

Results are reported as Negative/Not Immune: < 1.00 S/CO or Positive/Immune: >= 1.00 S/CO

**Note:** Treatment with Zoster immune globulin will result in a positive test result that will not reflect the patient's own immune reaction.

See also entries for Viral Culture and Viral Serology.

**CPT Codes:**

86787

**LOINC Codes:**

15410-4

# Varicella zoster virus DNA

P339

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily

**Methodology:**

Nucleic acid amplification

**Reported:**

1 day

**Additional Information:**

Nucleic acid detection (PCR) is the method of choice for VZV detection in clinical samples.

**Synonyms:**

- VZV PCR
- VZ
- VZV
- VZV DNA

## COLLECTION

**Sample Type:**

Swab in UTM (from lesion, vesicle, wound, eye), plasma, CSF

**Collect:**

Collect: Flocked swab in Universal Transport Medium (UTM) or Viral Holding Media (VTM), preferred. Lavender top (blood), sterile tube (CSF)

**Amount to Collect:**

1 flocked swab, 1mL blood, 1mL CSF

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.25 mL

**Remarks:**

Unroof lesion and swab fluid of vesicle and base of lesion to obtain cells. Immediately place swab in UTM.

**Storage/Transport Temperature:**

Refrigerate 2-8 deg C up to 7 days, freeze -20 deg C up to 30 days

## PROCESSING

**Test Code:**

P339

**Test Group:**

Varicella-zoster

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Other source types (not plasma, CSF or swab in UTM) will be sent out to a reference lab for testing. Order should be kept as P339.

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.25 mL

**Storage/Transport Temperature:**

Refrigerate 2-8 deg C up to 7 days, freeze -20 deg C up to 30 days

## RESULT INTERPRETATION

**Reference Interval:**

Not detected

**Critical Values:**

VZV detected in CSF

**Additional Information:**

Nucleic acid detection (PCR) is the method of choice for VZV detection in clinical samples.

**ADMINISTRATIVE****CPT Codes:**

87798

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

P339

**Test Group:**

Varicella-zoster

**Performing Lab:**

Microbiology

**Performed:**

Daily

**Methodology:**

Nucleic acid amplification

**Remarks:**

Unroof lesion and swab fluid of vesicle and base of lesion to obtain cells. Immediately place swab in UTM.

**Collect:**

Collect: Flocked swab in Universal Transport Medium (UTM) or Viral Holding Media (VTM), preferred. Lavender top (blood), sterile tube (CSF)

**Amount to Collect:**

1 flocked swab, 1mL blood, 1mL CSF

**Sample Type:**

Swab in UTM (from lesion, vesicle, wound, eye), plasma, CSF

**Preferred Volume:**

0.5 mL

**Minimum Volume:**

0.25 mL

**Specimen Preparation:**

Other source types (not plasma, CSF or swab in UTM) will be sent out to a reference lab for testing. Order should be kept as P339.

**Reference Interval:**

Not detected

**Critical Values:**

VZV detected in CSF

**Synonyms:**

- VZV PCR
- VZ
- VZV
- VZV DNA

**Storage/Transport Temperature:**

Refrigerate 2-8 deg C up to 7 days, freeze -20 deg C up to 30 days

**Reported:**

1 day

**Additional Information:**

Nucleic acid detection (PCR) is the method of choice for VZV detection in clinical samples.

**CPT Codes:**

87798

**LDT or Modified FDA:**

Yes

# Varicella-Zoster Virus Antibody, IgG, CSF

LAB6004

## ORDERING

**Ordering Recommendations:**

Generally not recommended for the diagnosis of acute disease/encephalitis. May aid in diagnosing varicella-zoster virus vasculopathy.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Semi-Quantitative Chemiluminescent Immunoassay

**Reported:**

Within 24 hours

**Synonyms:**

- CSF VZV
- Herpes Zoster Antibodies CSF
- Varicella-Zoster Antibody CSF
- Varicella-zoster IgG CSF
- VZ AB IgG CSF
- VZ Ab, CSF
- VZGC

## COLLECTION

**Label Abbreviation:**

VZGC

**Collect:**

CSF.

**Stability (from collection to initiation):**

Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**Unacceptable Conditions:**

Contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.

## PROCESSING

**Test Code:**

VZGC

**ARUP Test Code:**

0054444

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 0.5 mL CSF to an ARUP standard transport tube. (Min: 0.3 mL)

**Unacceptable Conditions:**

Contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.

**Stability (from collection to initiation):**

Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

## RESULT INTERPRETATION



Reference Interval:

Effective October 7, 2024

|                |                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------|
| <=0.99<br>S/CO | Negative - No significant level of IgG antibody to varicella-zoster virus detected.                                          |
| >=1.00<br>S/CO | Positive - IgG antibody to varicella-zoster virus detected, which may indicate a current or past varicella-zoster infection. |

Interpretive Data:

The detection of antibodies to varicella-zoster in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

ADMINISTRATIVE

CPT Codes:

86787

LOINC:

- 58755-0

COMPLETE VIEW

Available Stat:

No

Ordering Recommendations:

Generally not recommended for the diagnosis of acute disease/encephalitis. May aid in diagnosing varicella-zoster virus vasculopathy.

Test Code:

VZGC

ARUP Test Code:

0054444

Performing Lab:

ARUP

Sendout:

Yes

Performed:

Sun-Sat

Methodology:

Semi-Quantitative Chemiluminescent Immunoassay

Collect:

CSF.

Unacceptable Conditions:

Contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.

Specimen Preparation:

Transfer 0.5 mL CSF to an ARUP standard transport tube. (Min: 0.3 mL)

Reference Interval:

Effective October 7, 2024

|                |                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------|
| <=0.99<br>S/CO | Negative - No significant level of IgG antibody to varicella-zoster virus detected.                                          |
| >=1.00<br>S/CO | Positive - IgG antibody to varicella-zoster virus detected, which may indicate a current or past varicella-zoster infection. |

Interpretive Data:

The detection of antibodies to varicella-zoster in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

**Synonyms:**

- CSF VZV
- Herpes Zoster Antibodies CSF
- Varicella-Zoster Antibody CSF
- Varicella-zoster IgG CSF
- VZ AB IgG CSF
- VZ Ab, CSF
- VZGC

**Storage/Transport Temperature:**

Refrigerated. Also acceptable: Frozen.

**Stability (from collection to initiation):**

Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Reported:**

Within 24 hours

**CPT Codes:**

86787

**LOINC:**

- 58755-0

# Varicella-Zoster Virus Antibody, IgM by ELISA (CSF)

LAB5689

## ORDERING

**Ordering Recommendations:**

Not recommended. Refer to Varicella-Zoster Virus by PCR (0060042) or Meningitis/Encephalitis Panel by PCR (2013305).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon-Fri

**Methodology:**

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

**Reported:**

1-5 days

**Synonyms:**

- Herpes Zoster
- Varicella Zoster Virus CSF IgM
- VZV CSF IgM
- VZMC

## COLLECTION

**Label Abbreviation:**

VZMC

**Collect:**

CSF.

**Stability (from collection to initiation):**

Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Bacterially contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.

## PROCESSING

**Test Code:**

VZMC

**ARUP Test Code:**

0054445

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.3 mL)

**Unacceptable Conditions:**

Bacterially contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.

**Stability (from collection to initiation):**

Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated.

## RESULT INTERPRETATION

**Reference Interval:**

|                     |                                                                                                                                                                                                                                         |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0.90 ISR or less    | Negative - No significant level of IgM antibody to varicella-zoster virus detected.                                                                                                                                                     |
| 0.91-1.09 ISR       | Equivocal - Repeat testing in 10-14 days may be helpful.                                                                                                                                                                                |
| 1.10 ISR or greater | Positive - Significant level of IgM antibody to varicella-zoster virus detected, which may indicate current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection. |

**Interpretive Data:**

The detection of antibodies to varicella-zoster in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

86787

**LOINC:**

- 31695-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Not recommended. Refer to Varicella-Zoster Virus by PCR (0060042) or Meningitis/Encephalitis Panel by PCR (2013305).

**Test Code:**

VZMC

**ARUP Test Code:**

0054445

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon-Fri

**Methodology:**

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

**Collect:**

CSF.

**Unacceptable Conditions:**

Bacterially contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.

**Specimen Preparation:**

Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.3 mL)

**Reference Interval:**

|                     |                                                                                                                                                                                                                                         |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0.90 ISR or less    | Negative - No significant level of IgM antibody to varicella-zoster virus detected.                                                                                                                                                     |
| 0.91-1.09 ISR       | Equivocal - Repeat testing in 10-14 days may be helpful.                                                                                                                                                                                |
| 1.10 ISR or greater | Positive - Significant level of IgM antibody to varicella-zoster virus detected, which may indicate current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection. |

**Interpretive Data:**

The detection of antibodies to varicella-zoster in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Herpes Zoster
- Varicella Zoster Virus CSF IgM
- VZV CSF IgM
- VZMC

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Reported:**

1-5 days

**CPT Codes:**

86787

**LOINC:**

- 31695-0

# Vascular Endothelial Growth Factor

LAB6224

## ORDERING

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Tue

**Methodology:**

Quantitative Chemiluminescent Immunoassay

**Reported:**

1-8 days

**Synonyms:**

- Vascular Endothelial Growth Factor ELISA
- VEGF
- VEGF Plasma

## COLLECTION

**Label Abbreviation:**

VEGF

**Collect:**Lavender (EDTA) or pink (K<sub>2</sub>EDTA).**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.3 mL plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: 4 hours; Refrigerated: 6 hours; Frozen: 6 months

**Storage/Transport Temperature:**

CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered.

**Unacceptable Conditions:**

Hemolyzed specimens.

## PROCESSING

**Test Code:**

VEGF

**ARUP Test Code:**

0092660

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.3 mL plasma

**Unacceptable Conditions:**

Hemolyzed specimens.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 4 hours; Refrigerated: 6 hours; Frozen: 6 months

**Storage/Transport Temperature:**

CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered.

**RESULT INTERPRETATION****Reference Interval:**

9-86 pg/mL

**Interpretive Data:**

This assay is performed using the QuantiGlo® Chemiluminescent EIA kit. Values obtained with different assay methods or kits cannot be used interchangeably.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

83520

**LOINC:**

- 34694-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VEGF

**ARUP Test Code:**

0092660

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Tue

**Methodology:**

Quantitative Chemiluminescent Immunoassay

**Collect:**Lavender (EDTA) or pink (K<sub>2</sub>EDTA).**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.3 mL plasma

**Unacceptable Conditions:**

Hemolyzed specimens.

**Specimen Preparation:**

Separate plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

**Reference Interval:**

9-86 pg/mL

**Interpretive Data:**

This assay is performed using the QuantiGlo® Chemiluminescent EIA kit. Values obtained with different assay methods or kits cannot be used interchangeably.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Vascular Endothelial Growth Factor ELISA
- VEGF
- VEGF Plasma

**Storage/Transport Temperature:**

CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 4 hours; Refrigerated: 6 hours; Frozen: 6 months

**Reported:**

1-8 days

**CPT Codes:**

83520

**LOINC:**

- 34694-0



# Vasoactive Intestinal Peptides

VIP

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Set up: Mon-Fri

**Methodology:**

Direct Enzyme Immunoassay/Enzyme Linked Immunosorbent Assay

**Reported:**

4-7 days

**Synonyms:**

- VIP

## COLLECTION

**Patient Preparation:**

Patient should be fasting 10-12 hours prior to collection of specimen.

Patient should not be on any antacid medication or medications that affect intestinal motility for at least 48 hours prior to collection.

**Sample Type:**

Plasma

**Collect:**

EDTA Lavender top

**Amount to Collect:**

20 mL blood

**Preferred Volume:**

10 ml plasma

**Minimum Volume:**

1 mL plasma

**Remarks:**

Pre-chill collection tube and transport immediately to lab on wet ice after collection.

Brown&amp;Toland patients must have samples collected in special kit. Contact laboratory at 415-353-1667.

**Stability (from collection to initiation):**

Room temperature: Unacceptable

Refrigerated: 24 hours

Frozen: 6 months

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Gross hemolysis, gross lipemic, received room temperature, received refrigerated.

## PROCESSING

**Test Code:**

VIP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Spin down and freeze immediately. Forward to CB frozen Order Quest test code 13986.

**Preferred Volume:**

10 ml plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Gross hemolysis, gross lipemic, received room temperature, received refrigerated.

**Stability (from collection to initiation):**

Room temperature: Unacceptable

Refrigerated: 24 hours

Frozen: 6 months

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

pg/mL

**Reference Interval:**

Up to 36 pg/mL

**ADMINISTRATIVE****CPT Codes:**

84586

**LOINC Codes:**

3125-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VIP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Set up: Mon-Fri

**Methodology:**

Direct Enzyme Immunoassay/Enzyme Linked Immunosorbent Assay

**Patient Preparation:**

Patient should be fasting 10-12 hours prior to collection of specimen.

Patient should not be on any antacid medication or medications that affect intestinal motility for at least 48 hours prior to collection.

**Remarks:**

Pre-chill collection tube and transport immediately to lab on wet ice after collection.

Brown&amp;Toland patients must have samples collected in special kit. Contact laboratory at 415-353-1667.

**Collect:**

EDTA Lavender top

**Amount to Collect:**

20 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

10 ml plasma

**Minimum Volume:**

1 mL plasma

**Unacceptable Conditions:**

Gross hemolysis, gross lipemic, received room temperature, received refrigerated.

**Specimen Preparation:**

Spin down and freeze immediately. Forward to CB frozen Order Quest test code 13986.

**Units:**

pg/mL

**Reference Interval:**

Up to 36 pg/mL

**Synonyms:**

- VIP

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: Unacceptable

Refrigerated: 24 hours

Frozen: 6 months

**Reported:**

4-7 days

**CPT Codes:**

84586

**LOINC Codes:**

3125-2

# VDRL, CSF

VDRL

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Immunology

**Performed:**

Wednesday (day shift)

**Reported:**

1-8 days

**Additional Information:**

For serum testing see RPR.

**Reflex Testing:**

Titers are automatically performed on all positive samples and separately billed for.

**Synonyms:**

- Venereal Disease Research Lab
- Syphilis
- T. pallidum
- Treponema pallidum

## COLLECTION

**Sample Type:**

CSF

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

0.5 mL CSF

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Stability (from collection to initiation):**

Refrigerated 4 days

## PROCESSING

**Test Code:**

VDRL

**Test Group:**

Syphilis

**Performing Lab:**

Immunology

**Specimen Preparation:**

Refrigerate CSF

**Preferred Volume:**

0.5 mL CSF

**Stability (from collection to initiation):**

Refrigerated 4 days

## RESULT INTERPRETATION

**Reference Interval:**

Non-reactive

**Additional Information:**

For serum testing see RPR.

## ADMINISTRATIVE

**CPT Codes:**

86592

**LOINC Codes:**

5290-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VDRL

**Test Group:**

Syphilis

**Performing Lab:**

Immunology

**Performed:**

Wednesday (day shift)

**Remarks:**

Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

See preferred volume

**Sample Type:**

CSF

**Preferred Volume:**

0.5 mL CSF

**Specimen Preparation:**

Refrigerate CSF

**Reference Interval:**

Non-reactive

**Synonyms:**

- Venereal Disease Research Lab
- Syphilis
- T. pallidum
- Treponema pallidum

**Stability (from collection to initiation):**

Refrigerated 4 days

**Reported:**

1-8 days

**Reflex Testing:**

Titers are automatically performed on all positive samples and separately billed for.

**Additional Information:**

For serum testing see RPR.

**CPT Codes:**

86592

**LOINC Codes:**

5290-2

# Vedolizumab Quantitation and Antibodies

LC3999

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Mayo

**Methodology:**

LC-MSMS/Electrochemiluminescent bridging immunoassay

**Reported:**

7-14 days

**Synonyms:**

- Entyvio
- VEDOZ
- VEMAB
- ENTYVIO

## COLLECTION

**Patient Preparation:**

For 12 hours before this test do not take multivitamins or dietary supplements containing biotin (vitamin B7), which is commonly found in hair, skin, and nail supplements and multivitamins.

**Sample Type:**

Blood

**Label Abbreviation:**

VEDOZ

**Collect:**

Red top or gold top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1.5 mL serum

**Minimum Volume:**

0.75 mL serum

**Stability (from collection to initiation):**

Refrigerated or frozen: 28 days

**Storage/Transport Temperature:**

Frozen

## PROCESSING

**Test Code:**

VEDOZ

**Sendout:**

Yes

**Performing Lab:**

Mayo

**Specimen Preparation:**

Aliquot and freeze. Send to China Basin frozen. Order Mayo test code "VEDOZ".

**Preferred Volume:**

1.5 mL serum

**Minimum Volume:**

0.75 mL serum

**Stability (from collection to initiation):**

Refrigerated or frozen: 28 days

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Reference Interval:**

VEDOLIZUMAB QUANTITATION:

Vedolizumab lower limit of quantitation=2.0 mcg/mL

VEDOLIZUMAB ANTIBODIES:

Antibodies to vedolizumab: &lt;9.8 ng/mL

**Interpretive Data:**

Assessing the unexpected loss of response to therapy with vedolizumab over time

An aid to achieving desired serum levels of vedolizumab

**ADMINISTRATIVE****CPT Codes:**

80280, 82397

**LOINC Codes:**

90794-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VEDOZ

**Performing Lab:**

Mayo

**Sendout:**

Yes

**Methodology:**

LC-MSMS/Electrochemiluminescent bridging immunoassay

**Patient Preparation:**

For 12 hours before this test do not take multivitamins or dietary supplements containing biotin (vitamin B7), which is commonly found in hair, skin, and nail supplements and multivitamins.

**Collect:**

Red top or gold top

**Amount to Collect:**

3 mL blood

**Sample Type:**

Blood

**Preferred Volume:**

1.5 mL serum

**Minimum Volume:**

0.75 mL serum

**Specimen Preparation:**

Aliquot and freeze. Send to China Basin frozen. Order Mayo test code "VEDOZ".

**Reference Interval:**

VEDOLIZUMAB QUANTITATION:

Vedolizumab lower limit of quantitation=2.0 mcg/mL

VEDOLIZUMAB ANTIBODIES:

Antibodies to vedolizumab: &lt;9.8 ng/mL

**Interpretive Data:**

Assessing the unexpected loss of response to therapy with vedolizumab over time

An aid to achieving desired serum levels of vedolizumab

**Synonyms:**

- Entyvio
- VEDOZ
- VEMAB
- ENTYVIO

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Refrigerated or frozen: 28 days

**Reported:**

7-14 days

**CPT Codes:**

80280, 82397

**LOINC Codes:**

90794-9



# Very Long-Chain and Branched-Chain Fatty Acids Profile

LAB99828

## ORDERING

### Ordering Recommendations:

Initial test to screen for disorders of peroxisomal biogenesis and/or function, including X-linked adrenoleukodystrophy and Zellweger syndrome. This test does not detect essential fatty acid deficiency and should not be used to evaluate nutritional status.

### Available Stat:

No

### Performing Lab:

ARUP

### Performed:

Tue, Thu

### Methodology:

Liquid Chromatography-Tandem Mass Spectrometry

### Reported:

2-9 days

### Additional Technical Information:

- [Additional Technical Information](#)

### Synonyms:

- VLCFA and BCFA
- VLCFA

## COLLECTION

### Patient Preparation:

Adults: Fasting specimen preferred.

Infants and children: Draw specimen prior to feeding or 2-3 hours after a meal.

### Sample Type:

Plasma

### Label Abbreviation:

VLCFA

### Collect:

Green (sodium or lithium heparin) or lavender (EDTA).

### Amount to Collect:

1 mL blood

### Preferred Volume:

0.5 mL plasma

### Minimum Volume:

0.2 mL plasma

### Remarks:

Clinical information is needed for appropriate interpretation. Additional required information includes age, gender, diet (e.g., TPN therapy), drug therapy, and family history. Biochemical Genetics Patient History Form is available on the ARUP Web site at <http://www.aruplab.com/patienthistory> or by contacting ARUP Client Services.

### Stability (from collection to initiation):

After separation from cells: Ambient: 24 hours; Refrigerated: 72 hours; Frozen: 1 month

### Storage/Transport Temperature:

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

### Unacceptable Conditions:

Room temperature specimens greater than 24 hours. Refrigerated specimens greater than 48 hours. Specimens exposed to more than one freeze/thaw cycle.

### Submit with Order:

- [Patient History for X-Linked Adrenoleukodystrophy \(ABCD1\) Genetic Testing](#)

## PROCESSING

### Test Code:

VLCFA

**ARUP Test Code:**  
2004250

**Sendout:**  
Yes

**Performing Lab:**  
ARUP

**Specimen Preparation:**

Separate plasma from cells. Transfer 0.5 mL plasma to an ARUP standard transport tube and freeze immediately. (Min: 0.2 mL)

**Preferred Volume:**  
0.5 mL plasma

**Minimum Volume:**  
0.2 mL plasma

**Unacceptable Conditions:**

Room temperature specimens greater than 24 hours. Refrigerated specimens greater than 48 hours. Specimens exposed to more than one freeze/thaw cycle.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 72 hours; Frozen: 1 month

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

## RESULT INTERPRETATION

**Reference Interval:**

| Component                             | 0-11 months                      | 1 year to 2 years                | 3 years to 6 years               | 7 years and older                |
|---------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Pristanic Acid                        | Less than 0.31 $\mu\text{mol/L}$ | Less than 0.55 $\mu\text{mol/L}$ | Less than 0.46 $\mu\text{mol/L}$ | Less than 0.26 $\mu\text{mol/L}$ |
| Phytanic Acid                         | 0.03-2.13 $\mu\text{mol/L}$      | 0.23-5.03 $\mu\text{mol/L}$      | 0.33-2.53 $\mu\text{mol/L}$      | 0.25- 2.07 $\mu\text{mol/L}$     |
| Ratio Pristanic Acid to Phytanic Acid | Less than 0.91                   | Less than 0.28                   | Less than 0.28                   | Less than 0.28                   |
| C22:0 Behenic Acid                    | 28.94-93.50 $\mu\text{mol/L}$    | 28.94-93.50 $\mu\text{mol/L}$    | 28.94-93.50 $\mu\text{mol/L}$    | 28.94-93.50 $\mu\text{mol/L}$    |
| C24:0 Tetracosanoic Acid              | 24.25-77.75 $\mu\text{mol/L}$    | 24.25-77.75 $\mu\text{mol/L}$    | 24.25-77.75 $\mu\text{mol/L}$    | 24.25-77.75 $\mu\text{mol/L}$    |
| C26:0 Hexacosanoic Acid               | 0.17-0.73 $\mu\text{mol/L}$      | 0.17-0.73 $\mu\text{mol/L}$      | 0.17-0.73 $\mu\text{mol/L}$      | 0.17-0.73 $\mu\text{mol/L}$      |
| Ratio C24:0 to C22:0                  | 0.64-1.02                        | 0.64-1.02                        | 0.64-1.02                        | 0.64-1.02                        |
| Ratio C26:0 to C22:0                  | 0.003-0.015                      | 0.003-0.015                      | 0.003-0.015                      | 0.003-0.015                      |

**Additional Technical Information:**

- [Additional Technical Information](#)

**Interpretive Data:**

Refer to report.

## ADMINISTRATIVE

**CPT Codes:**  
82726

**LOINC:**

- 30194-5
- 22671-2
- 30196-0
- 49263-7
- 30198-6
- 30195-2
- 22761-1
- 30550-8
- 30197-8

## COMPLETE VIEW

**Available Stat:**  
No

**Ordering Recommendations:**

Initial test to screen for disorders of peroxisomal biogenesis and/or function, including X-linked adrenoleukodystrophy and Zellweger syndrome. This test does not detect essential fatty acid deficiency and should not be used to evaluate nutritional status.

**Test Code:**

VLCFA

**ARUP Test Code:**

2004250

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Tue, Thu

**Methodology:**

Liquid Chromatography-Tandem Mass Spectrometry

**Patient Preparation:**

Adults: Fasting specimen preferred.

Infants and children: Draw specimen prior to feeding or 2-3 hours after a meal.

**Remarks:**

Clinical information is needed for appropriate interpretation. Additional required information includes age, gender, diet (e.g., TPN therapy), drug therapy, and family history. Biochemical Genetics Patient History Form is available on the ARUP Web site at <http://www.aruplab.com/patienthistory> or by contacting ARUP Client Services.

**Collect:**

Green (sodium or lithium heparin) or lavender (EDTA).

**Amount to Collect:**

1 mL blood

**Sample Type:**

Plasma

**Preferred Volume:**

0.5 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Unacceptable Conditions:**

Room temperature specimens greater than 24 hours. Refrigerated specimens greater than 48 hours. Specimens exposed to more than one freeze/thaw cycle.

**Specimen Preparation:**

Separate plasma from cells. Transfer 0.5 mL plasma to an ARUP standard transport tube and freeze immediately. (Min: 0.2 mL)

**Reference Interval:**

| Component                             | 0-11 months                      | 1 year to 2 years                | 3 years to 6 years               | 7 years and older                |
|---------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Pristanic Acid                        | Less than 0.31 $\mu\text{mol/L}$ | Less than 0.55 $\mu\text{mol/L}$ | Less than 0.46 $\mu\text{mol/L}$ | Less than 0.26 $\mu\text{mol/L}$ |
| Phytanic Acid                         | 0.03-2.13 $\mu\text{mol/L}$      | 0.23-5.03 $\mu\text{mol/L}$      | 0.33-2.53 $\mu\text{mol/L}$      | 0.25- 2.07 $\mu\text{mol/L}$     |
| Ratio Pristanic Acid to Phytanic Acid | Less than 0.91                   | Less than 0.28                   | Less than 0.28                   | Less than 0.28                   |
| C22:0 Behenic Acid                    | 28.94-93.50 $\mu\text{mol/L}$    | 28.94-93.50 $\mu\text{mol/L}$    | 28.94-93.50 $\mu\text{mol/L}$    | 28.94-93.50 $\mu\text{mol/L}$    |
| C24:0 Tetracosanoic Acid              | 24.25-77.75 $\mu\text{mol/L}$    | 24.25-77.75 $\mu\text{mol/L}$    | 24.25-77.75 $\mu\text{mol/L}$    | 24.25-77.75 $\mu\text{mol/L}$    |
| C26:0 Hexacosanoic Acid               | 0.17-0.73 $\mu\text{mol/L}$      | 0.17-0.73 $\mu\text{mol/L}$      | 0.17-0.73 $\mu\text{mol/L}$      | 0.17-0.73 $\mu\text{mol/L}$      |
| Ratio C24:0 to C22:0                  | 0.64-1.02                        | 0.64-1.02                        | 0.64-1.02                        | 0.64-1.02                        |
| Ratio C26:0 to C22:0                  | 0.003-0.015                      | 0.003-0.015                      | 0.003-0.015                      | 0.003-0.015                      |

**Interpretive Data:**

Refer to report.

**Synonyms:**

- VLCFA and BCFA
- VLCFA

**Storage/Transport Temperature:**

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 72 hours; Frozen: 1 month

**Reported:**

2-9 days

**Additional Technical Information:**

- [Additional Technical Information](#)

**CPT Codes:**

82726

**LOINC:**

- 30194-5
- 22671-2
- 30196-0
- 49263-7
- 30198-6
- 30195-2
- 22761-1
- 30550-8
- 30197-8

# Vibrio Culture

P159

## ORDERING

**Approval Required:**

Yes, consultation required for samples submitted > 72 hours after inpatient admission. Contact Microbiology at x31268

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, all shifts

**Methodology:**

Culture

**Reported:**

2-3 days

**Synonyms:**

- Stool culture
- Bacterial culture
- Vibrio Cx

## COLLECTION

**Sample Type:**

Stool

**Collect:**

Urine cup or C & S (Cary & Blair) transport medium

**Amount to Collect:**

5 mL

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh stool : 0.5 mL or size of pea, Stool in C & S (Cary & Blair) transport medium: 5 mL

**Remarks:**

Submit unpreserved stool to laboratory within 3 hours of collection.

If specimen will be submitted to the laboratory more than 3 hours after collection, or after 11 pm when Microbiology is closed, submit stool in C & S (Cary & Blair) Medium. Add stool to red line on vial and mix well with spoon.

C & S (Cary & Blair) Medium is available from Material Services . Outpatients can obtain these from the laboratories' draw stations. For patient collect samples, order PMM 68902 C & S Medium Cary Blair 2805-05-WB (with bag and instructions). PMM 49206 C & S Medium 2805-05 (without bag or instructions) also available.

**Stability (from collection to initiation):**

Unpreserved 3 hours, preserved 1 week

**Unacceptable Conditions:**

Unpreserved stool received > 3 hours after collection. More than two samples per day.

## PROCESSING

**Test Code:**

P159

**Performing Lab:**

Microbiology

**Specimen Preparation:**

If < 5mL stool received, add 3 parts Cary & Blair medium to 1 part stool.

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh stool : 0.5 mL or size of pea, Stool in C & S (Cary & Blair) transport medium: 5 mL

**Unacceptable Conditions:**

Unpreserved stool received > 3 hours after collection. More than two samples per day.

**Stability (from collection to initiation):**

Unpreserved 3 hours, preserved 1 week

**RESULT INTERPRETATION****Reference Interval:**No *Vibrio cholerae* isolated**Critical Values:**Inpatient results only. After hours outpatient results will be phoned the following morning. Positive for *Vibrio cholerae***ADMINISTRATIVE****CPT Codes:**

87046

**LOINC Codes:**

28549-4

**COMPLETE VIEW****Approval Required:**

Yes, consultation required for samples submitted &gt; 72 hours after inpatient admission. Contact Microbiology at x31268

**Available Stat:**

No

**Test Code:**

P159

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, all shifts

**Methodology:**

Culture

**Remarks:**

Submit unpreserved stool to laboratory within 3 hours of collection.

If specimen will be submitted to the laboratory more than 3 hours after collection, or after 11 pm when Microbiology is closed, submit stool in C & S (Cary & Blair) Medium. Add stool to red line on vial and mix well with spoon.

C & S (Cary & Blair) Medium is available from Material Services . Outpatients can obtain these from the laboratories' draw stations. For patient collect samples, order PMM 68902 C & S Medium Cary Blair 2805-05-WB (with bag and instructions). PMM 49206 C & S Medium 2805-05 (without bag or instructions) also available.

**Collect:**

Urine cup or C &amp; S (Cary &amp; Blair) transport medium

**Amount to Collect:**

5 mL

**Sample Type:**

Stool

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh stool : 0.5 mL or size of pea, Stool in C &amp; S (Cary &amp; Blair) transport medium: 5 mL

**Unacceptable Conditions:**

Unpreserved stool received &gt; 3 hours after collection. More than two samples per day.

**Specimen Preparation:**

If &lt; 5mL stool received, add 3 parts Cary &amp; Blair medium to 1 part stool.

**Reference Interval:**No *Vibrio cholerae* isolated**Critical Values:**Inpatient results only. After hours outpatient results will be phoned the following morning. Positive for *Vibrio cholerae***Synonyms:**

- Stool culture
- Bacterial culture
- *Vibrio* Cx

**Stability (from collection to initiation):**

Unpreserved 3 hours, preserved 1 week

**Reported:**

2-3 days

**CPT Codes:**

87046

**LOINC Codes:**

28549-4

# Viscosity, Serum

LAB765

## ORDERING

**Ordering Recommendations:**

Use to evaluate hyperviscosity syndrome associated with disorders such as polycythemia, macroglobulinemia, multiple myeloma, and leukemia.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun, Tue, Thu, Fri

**Methodology:**

Quantitative Viscometry

**Reported:**

1-4 days

**Synonyms:**

- Serum Viscosity
- VISCO

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

VISCO

**Collect:**

Serum separator or plain red tube.

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 7 days; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Clotted specimens.

## PROCESSING

**Test Code:**

VISCO

**ARUP Test Code:**

0020056

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Clotted specimens.



**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 7 days; Frozen: 1 month

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

| Components       | Reference Interval |
|------------------|--------------------|
| Viscosity, Serum | <1.51 cP           |

**Interpretive Data:**

Increased viscosity is associated with disorders such as monoclonal gammopathy, macroglobulinemia, and multiple myeloma. Significantly elevated viscosity (>3.0 cP) is associated with clinical symptoms of hyperviscosity syndrome.

**ADMINISTRATIVE****CPT Codes:**

85810

**LOINC:**

- 3128-6

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use to evaluate hyperviscosity syndrome associated with disorders such as polycythemia, macroglobulinemia, multiple myeloma, and leukemia.

**Test Code:**

VISCO

**ARUP Test Code:**

0020056

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun, Tue, Thu, Fri

**Methodology:**

Quantitative Viscometry

**Collect:**

Serum separator or plain red tube.

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Clotted specimens.

**Specimen Preparation:**

Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)

**Reference Interval:**

| Components       | Reference Interval |
|------------------|--------------------|
| Viscosity, Serum | <1.51 cP           |

**Interpretive Data:**

Increased viscosity is associated with disorders such as monoclonal gammopathy, macroglobulinemia, and multiple myeloma. Significantly elevated viscosity ( $>3.0$  cP) is associated with clinical symptoms of hyperviscosity syndrome.

**Synonyms:**

- Serum Viscosity
- VISCO

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: 24 hours; Refrigerated: 7 days; Frozen: 1 month

**Reported:**

1-4 days

**CPT Codes:**

85810

**LOINC:**

- 3128-6

# Vitamin A (Retinol), Serum or Plasma

LAB580

## ORDERING

**Ordering Recommendations:**

Use for nutritional assessment of vitamin A (retinol and retinyl palmitate) in serum or plasma.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography (HPLC)

**Reported:**

1-4 days

**Synonyms:**

- A Vitamin
- Retinol
- Retinyl palmitate
- VITMA

## COLLECTION

**Patient Preparation:**

Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection.

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

VITMA

**Collect:**

Green (sodium or lithium heparin), plasma separator tube, or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K<sub>2</sub>EDTA).

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: unacceptable; Refrigerated: 1 month; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Whole blood or body fluids other than serum or plasma.

## PROCESSING

**Test Code:**

VITMA

**ARUP Test Code:**

0080525

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum or plasma within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube immediately. (Min: 0.2 mL) Avoid hemolysis.

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Unacceptable Conditions:**

Whole blood or body fluids other than serum or plasma.

**Stability (from collection to initiation):**

After separation from cells: Ambient: unacceptable; Refrigerated: 1 month; Frozen: 1 year

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

| Components                    | Reference Interval       |                           |
|-------------------------------|--------------------------|---------------------------|
| Vitamin A (Retinol)           | <b>Age</b>               | <b>Reference Interval</b> |
|                               | 0-1 month                | 0.18-0.50 mg/L            |
|                               | 2 months-12 years        | 0.20-0.50 mg/L            |
|                               | 13-17 years              | 0.26-0.70 mg/L            |
|                               | 18 years and older       | 0.30-1.20 mg/L            |
| Vitamin A (Retinyl Palmitate) | 0-150 years: 0-0.10 mg/L |                           |

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

84590

**LOINC:**

- 2923-1
- 48767-8
- 38496-6

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use for nutritional assessment of vitamin A (retinol and retinyl palmitate) in serum or plasma.

**Test Code:**

VITMA

**ARUP Test Code:**

0080525

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography (HPLC)

**Patient Preparation:**

Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection.

**Collect:**

Green (sodium or lithium heparin), plasma separator tube, or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K<sub>2</sub>EDTA).

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Unacceptable Conditions:**

Whole blood or body fluids other than serum or plasma.

**Specimen Preparation:**

Separate serum or plasma within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube immediately. (Min: 0.2 mL) Avoid hemolysis.

**Reference Interval:**

| Components                    | Reference Interval       |                           |
|-------------------------------|--------------------------|---------------------------|
| Vitamin A (Retinol)           | <b>Age</b>               | <b>Reference Interval</b> |
|                               | 0-1 month                | 0.18-0.50 mg/L            |
|                               | 2 months-12 years        | 0.20-0.50 mg/L            |
|                               | 13-17 years              | 0.26-0.70 mg/L            |
|                               | 18 years and older       | 0.30-1.20 mg/L            |
| Vitamin A (Retinyl Palmitate) | 0-150 years: 0-0.10 mg/L |                           |

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- A Vitamin
- Retinol
- Retinyl palmitate
- VITMA

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: unacceptable; Refrigerated: 1 month; Frozen: 1 year

**Reported:**

1-4 days

**CPT Codes:**

84590

**LOINC:**

- 2923-1
- 48767-8
- 38496-6

**Notes:**

Serum retinol is typically maintained until hepatic stores are almost depleted. Values greater than 0.30 mg/L represent adequate liver stores, whereas values less than 0.10 mg/L indicate deficiency. Samples that come in contact with plastic tubing or have been exposed to excessive light may show low results.

Vitamin A toxicity occurs when retinol concentration exceeds the capacity of retinol binding protein (RBP). Individuals with compromised renal function can retain RBP and may, therefore, have moderate retinol elevations. Drugs which interfere with vitamin A analysis include probucol (Lorelco).

This assay does not measure other vitamin A metabolites such as retinaldehyde and retinoic acid.

# Vitamin B<sub>1</sub> (Thiamine), Whole Blood

LAB125

## ORDERING

**Ordering Recommendations:**

Use for nutritional assessment of vitamin B1 (thiamine).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography (HPLC)/Liquid Chromatography-Tandem Mass Spectrometry

**Reported:**

2-5 days

**Synonyms:**

- Thiamine Pyrophosphate
- Transketolase
- Beriberi
- B1 Vitamin
- TDP
- Thiamin Pyrophosphate
- Thiamine
- Thiamine Diphosphate
- TPP
- VITB1
- VIB1

## COLLECTION

**Sample Type:**

Whole blood (NO gel separator tubes)

**Label Abbreviation:**

VIB1

**Collect:**

Green (sodium or lithium heparin), lavender (EDTA), or pink (K2EDTA).

**Amount to Collect:**

3 mL blood (NO gel separator tubes)

**Minimum Volume:**

0.6 mL blood (NO gel separator tubes)

**Stability (from collection to initiation):**

Room Temperature: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Any specimen other than whole blood. Plasma separator tubes. Glass tubes. Clotted or nonfrozen specimens.

## PROCESSING

**Test Code:**

VIB1

**ARUP Test Code:**

0080388

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transfer 3 mL whole blood to an ARUP standard transport tube (Min: 0.6 mL) and freeze within 1 hour of collection.

**Minimum Volume:**

0.6 mL blood (NO gel separator tubes)

**Unacceptable Conditions:**

Any specimen other than whole blood. Plasma separator tubes. Glass tubes. Clotted or nonfrozen specimens.

**Stability (from collection to initiation):**

Room Temperature: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

nmol/L

**Reference Interval:**

70-180 nmol/L

**Interpretive Data:**

This assay measures the concentration of thiamine diphosphate (TDP), the primary active form of vitamin B1.

Approximately 90 percent of vitamin B1 present in whole blood is TDP. Thiamine and thiamine monophosphate, which comprise the remaining 10 percent, are not measured.

**ADMINISTRATIVE****CPT Codes:**

84425

**LOINC:**

- 74444-1

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use for nutritional assessment of vitamin B1 (thiamine).

**Test Code:**

VIB1

**ARUP Test Code:**

0080388

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography (HPLC)/Liquid Chromatography-Tandem Mass Spectrometry

**Collect:**

Green (sodium or lithium heparin), lavender (EDTA), or pink (K2EDTA).

**Amount to Collect:**

3 mL blood (NO gel separator tubes)

**Sample Type:**

Whole blood (NO gel separator tubes)

**Minimum Volume:**

0.6 mL blood (NO gel separator tubes)

**Unacceptable Conditions:**

Any specimen other than whole blood. Plasma separator tubes. Glass tubes. Clotted or nonfrozen specimens.

**Specimen Preparation:**

Transfer 3 mL whole blood to an ARUP standard transport tube (Min: 0.6 mL) and freeze within 1 hour of collection.

**Units:**

nmol/L

**Reference Interval:**

70-180 nmol/L

**Interpretive Data:**

This assay measures the concentration of thiamine diphosphate (TDP), the primary active form of vitamin B1. Approximately 90 percent of vitamin B1 present in whole blood is TDP. Thiamine and thiamine monophosphate, which comprise the remaining 10 percent, are not measured.

**Synonyms:**

- Thiamine Pyrophosphate
- Transketolase
- Beriberi
- B1 Vitamin
- TDP
- Thiamin Pyrophosphate
- Thiamine
- Thiamine Diphosphate
- TPP
- VITB1
- VIB1

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room Temperature: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

**Reported:**

2-5 days

**CPT Codes:**

84425

**LOINC:**

- 74444-1

**Notes:**

Whole blood is the preferred specimen for thiamine assessment. Approximately 80 percent of thiamine present in whole blood is found in red blood cells.



# Vitamin B12

LAB67

## ORDERING

**Available Stat:**

No

**Performing Lab:**

China Basin Chemistry

**Performed:**

Test available on day shift, 7 days per week.

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Reported:**

1-5 days

**Additional Information:**

NOTE: Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 11/13/2017. The Abbott Architect method reads approximately 14% higher than the Centaur method. Please note that the reference ranges have changed.

Abbott manufacturers B12 internal standards gravimetrically using Cyanoocobalamin (USP Reference Standard). The B12 calibrators are manufactured and tested against these internal standards.

To convert ng/L to pmol/L (SI units) multiply by 0.738.

Cobalamin in the plasma and cytosol is bound to several proteins, including intrinsic factor, transcobalamins I and II and haptocorrin. Biologically active cobalamin is carried by intrinsic factor in the gut and by transcobalamin II in plasma. Changes in the other binding proteins ("R proteins"), can alter total cobalamin without affecting normal biological activity. Similarly, some patients may be deficient in biologically active forms of cobalamin despite "normal" or borderline low total cobalamin. If the measured cobalamin level is inconsistent with the clinical presentation, additional testing for increased serum levels of methylmalonic acid may be helpful in confirming or rejecting a diagnosis of B12-deficiency in individuals with normal or borderline low levels of cobalamin.

NOTE: For patients at St Marys or St Francis only, the reference range for this testing was changed on 10/4/2025 to align with the reference range used at UCSF Health. The assay reagents (Abbott Architect) were not changed.

**Synonyms:**

- Cobalamin
- VB12

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

VB12

**Collect:**

Gold or Red top

**Amount to Collect:**

1 mL blood

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Room Temperature: 3 days  
Refrigerated (2-8°C): 7 days

Avoid more than 3 freeze-thaw cycles.

## PROCESSING

**Test Code:**

VB12

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Aliquot and refrigerate serum at 2C - 8C.

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Stability (from collection to initiation):**

Room Temperature: 3 days

Refrigerated (2-8°C): 7 days

Avoid more than 3 freeze-thaw cycles.

**RESULT INTERPRETATION****Units:**

ng/L

**Reference Interval:****Additional Information:**

NOTE: Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 11/13/2017. The Abbott Architect method reads approximately 14% higher than the Centaur method. Please note that the reference ranges have changed.

Abbott manufacturers B12 internal standards gravimetrically using Cyanoocobalamin (USP Reference Standard). The B12 calibrators are manufactured and tested against these internal standards.

To convert ng/L to pmol/L (SI units) multiply by 0.738.

Cobalamin in the plasma and cytosol is bound to several proteins, including intrinsic factor, transcobalamins I and II and haptocorrin. Biologically active cobalamin is carried by intrinsic factor in the gut and by transcobalamin II in plasma. Changes in the other binding proteins ("R proteins"), can alter total cobalamin without affecting normal biological activity. Similarly, some patients may be deficient in biologically active forms of cobalamin despite "normal" or borderline low total cobalamin. If the measured cobalamin level is inconsistent with the clinical presentation, additional testing for increased serum levels of methylmalonic acid may be helpful in confirming or rejecting a diagnosis of B12-deficiency in individuals with normal or borderline low levels of cobalamin.

NOTE: For patients at St Marys or St Francis only, the reference range for this testing was changed on 10/4/2025 to align with the reference range used at UCSF Health. The assay reagents (Abbott Architect) were not changed.

**ADMINISTRATIVE****CPT Codes:**

82607

**LOINC Codes:**

2132-9

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VB12

**Performing Lab:**

China Basin Chemistry

**Performed:**

Test available on day shift, 7 days per week.

**Methodology:**

Chemiluminescent Microparticle Immunoassay (Abbott Architect i2000)

**Collect:**

Gold or Red top

**Amount to Collect:**

1 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.3 mL serum

**Minimum Volume:**

0.15 mL serum

**Specimen Preparation:**

Aliquot and refrigerate serum at 2C - 8C.

**Units:**

ng/L

**Reference Interval:****Synonyms:**

- Cobalamin
- VB12

**Stability (from collection to initiation):**

Room Temperature: 3 days

Refrigerated (2-8°C): 7 days

Avoid more than 3 freeze-thaw cycles.

**Reported:**

1-5 days

**Additional Information:**

NOTE: Method changed from Siemens Centaur XP platform to Abbott Architect i2000 platform on 11/13/2017. The Abbott Architect method reads approximately 14% higher than the Centaur method. Please note that the reference ranges have changed.

Abbott manufacturers B12 internal standards gravimetrically using Cyanoocobalamin (USP Reference Standard). The B12 calibrators are manufactured and tested against these internal standards.

To convert ng/L to pmol/L (SI units) multiply by 0.738.

Cobalamin in the plasma and cytosol is bound to several proteins, including intrinsic factor, transcobalamins I and II and haptocorrin. Biologically active cobalamin is carried by intrinsic factor in the gut and by transcobalamin II in plasma. Changes in the other binding proteins ("R proteins"), can alter total cobalamin without affecting normal biological activity. Similarly, some patients may be deficient in biologically active forms of cobalamin despite "normal" or borderline low total cobalamin. If the measured cobalamin level is inconsistent with the clinical presentation, additional testing for increased serum levels of methylmalonic acid may be helpful in confirming or rejecting a diagnosis of B12-deficiency in individuals with normal or borderline low levels of cobalamin.

NOTE: For patients at St Marys or St Francis only, the reference range for this testing was changed on 10/4/2025 to align with the reference range used at UCSF Health. The assay reagents (Abbott Architect) were not changed.

**CPT Codes:**

82607

**LOINC Codes:**

2132-9

# Vitamin B2

LAB5620

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC with fluorometric detection

**Reported:**

4-7 days

**Additional Information:**

Vitamin B2 is involved in metabolism of fats, carbohydrates, and protein. The clinical manifestations of deficiency are non-specific. Clinical manifestations include mucocutaneous lesions of the mouth and skin, corneal vascularization, anemia, and personality changes.

**Synonyms:**

- Riboflavin
- DARK
- DECANT
- VIB2

## COLLECTION

**Sample Type:**

EDTA plasma

**Label Abbreviation:**

VIB2

**Collect:**

Lavender top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

Wrap tube in aluminum foil to protect from light

**Stability (from collection to initiation):**

Frozen 1 month

## PROCESSING

**Test Code:**

VIB2

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 36399

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Stability (from collection to initiation):**

Frozen 1 month

## RESULT INTERPRETATION

**Units:**

nmol/L

**Reference Interval:**

6.2-39.0 nmol/L

**Additional Information:**

Vitamin B2 is involved in metabolism of fats, carbohydrates, and protein. The clinical manifestations of deficiency are non-specific. Clinical manifestations include mucocutaneous lesions of the mouth and skin, corneal vascularization, anemia, and personality changes.

**ADMINISTRATIVE****CPT Codes:**

84252-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VIB2

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC with fluorometric detection

**Remarks:**

Wrap tube in aluminum foil to protect from light

**Collect:**

Lavender top

**Amount to Collect:**

4 mL blood

**Sample Type:**

EDTA plasma

**Preferred Volume:**

2 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Specimen Preparation:**

Aliquot and freeze. Transport to CB frozen. Order Quest test code 36399

**Units:**

nmol/L

**Reference Interval:**

6.2-39.0 nmol/L

**Synonyms:**

- Riboflavin
- DARK
- DECANT
- VIB2

**Stability (from collection to initiation):**

Frozen 1 month

**Reported:**

4-7 days

**Additional Information:**

Vitamin B2 is involved in metabolism of fats, carbohydrates, and protein. The clinical manifestations of deficiency are non-specific. Clinical manifestations include mucocutaneous lesions of the mouth and skin, corneal vascularization, anemia, and personality changes.

**CPT Codes:**

84252-90

# Vitamin B3

LAB5628

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

LC/MS/MS

**Reported:**

2- 6 days

**Additional Information:**

Nicotinic Acid occurs naturally in plants and animals and is also added to many foods as a vitamin supplement.

**Synonyms:**

- Niacin
- DARK
- DECANT
- VIB3

## COLLECTION

**Sample Type:**

Serum or EDTA plasma

**Label Abbreviation:**

VIB3

**Collect:**

Red top or Lavender top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

1 mL serum or plasma

**Stability (from collection to initiation):**

Frozen 1 month

## PROCESSING

**Test Code:**

VIB3

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze (Protected from light). Transport to CB frozen. Order Quest test code 91029.

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

1 mL serum or plasma

**Stability (from collection to initiation):**

Frozen 1 month

## RESULT INTERPRETATION

**Units:**

ng/mL

**Reference Interval:**

Due to the large variability in the metabolism of nicotinic acid, the dosing preparation used (immediate-release vs. extended release), and the mg doses used, the serum concentrations may range from <20 ng/mL to about 30,000 ng/mL. After oral administration of an immediate-release tablet, peak plasma concentrations occur in 4 to 5 hours. The plasma half-life of nicotinic acid is about one hour. In one study, fasting plasma concentrations were reported to be <20 ng/mL. In another study, it was reported that the administration of a single 1000 mg extended-release tablet resulted in mean nicotinic acid concentrations of <50 ng/mL.

Nicotinamide is a metabolite of nicotinic acid. Due to the large variability in the metabolism of nicotinic acid, plasma concentrations of this metabolite are variable. In one study, fasting plasma concentrations were reported to be approximately 40 ng/mL. In another study it was reported that the administration of single 1000 mg of extended-release tablet of nicotinic acid resulted in a mean peak nicotinamide concentration of 400 ng/mL between 5 and 10 hours post dose, decreasing to about 100 ng/mL by 16 hours post dose.

**Additional Information:**

Nicotinic Acid occurs naturally in plants and animals and is also added to many foods as a vitamin supplement.

**ADMINISTRATIVE****CPT Codes:**

84591-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VIB3

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Collect:**

Red top or Lavender top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum or EDTA plasma

**Preferred Volume:**

2 mL serum or plasma

**Minimum Volume:**

1 mL serum or plasma

**Specimen Preparation:**

Aliquot and freeze (Protected from light). Transport to CB frozen. Order Quest test code 91029.

**Units:**

ng/mL

**Reference Interval:**

Due to the large variability in the metabolism of nicotinic acid, the dosing preparation used (immediate-release vs. extended release), and the mg doses used, the serum concentrations may range from <20 ng/mL to about 30,000 ng/mL. After oral administration of an immediate-release tablet, peak plasma concentrations occur in 4 to 5 hours. The plasma half-life of nicotinic acid is about one hour. In one study, fasting plasma concentrations were reported to be <20 ng/mL. In another study, it was reported that the administration of a single 1000 mg extended-release tablet resulted in mean nicotinic acid concentrations of <50 ng/mL.

Nicotinamide is a metabolite of nicotinic acid. Due to the large variability in the metabolism of nicotinic acid, plasma concentrations of this metabolite are variable. In one study, fasting plasma concentrations were reported to be approximately 40 ng/mL. In another study it was reported that the administration of single 1000 mg of extended-release tablet of nicotinic acid resulted in a mean peak nicotinamide concentration of 400 ng/mL between 5 and 10 hours post dose, decreasing to about 100 ng/mL by 16 hours post dose.

**Synonyms:**

- Niacin
- DARK
- DECANT
- VIB3

**Stability (from collection to initiation):**

Frozen 1 month

**Reported:**

2- 6 days

**Additional Information:**

Nicotinic Acid occurs naturally in plants and animals and is also added to many foods as a vitamin supplement.

**CPT Codes:**

84591-90



# Vitamin B6

LAB120

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Liquid Chromatography, Tandem Mass Spectrometry

**Reported:**

Set up: Sun-Fri; Report available: 1-4 days

**Additional Information:**

To convert ng/mL to nmol/L (SI units) multiply by 4.046. Pyridoxine is the molecule most commonly referred to as 'Vit. B6', Pyridoxal-5'-phosphate is the active form of the vitamin.

This assay is specific for pyridoxal-5'-phosphate and does not cross react with other components of the vitamin B6 complex.

**Synonyms:**

- Pyridoxine
- DARK
- DECANT
- VIB6

## COLLECTION

**Patient Preparation:**

Overnight fasting is required.

**Sample Type:**

EDTA plasma - protected from light

**Label Abbreviation:**

VIB6

**Collect:**

Lavender top (preferably on ice)

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Remarks:**

Wrap the collection tube in aluminum foil to protect it from light during transport to the laboratory. The separation of cells must be completed within 6 hours.

**Stability (from collection to initiation):**

Room temperature: 6 hours

Refrigerated: 12 hours

Frozen -20°: 6 days

Frozen -70°: 42 days

**Storage/Transport Temperature:**

Frozen

**Unacceptable Conditions:**

Specimens left at room temperature over 6 hrs. Collected in tubes other than lavender top tubes.

**Rejection Criteria:**

Hemolysis, Lipemia, thawed plasma, specimens not protected from light. Shipped/store at refrigerated or room temperatures. Specimens left at room temperature over 6 hours. Collected in tubes other than lavender top tubes.

## PROCESSING

**Test Code:**

VIB6

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate cells within 6 hours by centrifugation at 2-8° C (2200-2500 rpm, 800-1000g) for 5-10 minutes. Transfer plasma to an amber polypropylene or polyethylene transport tube to protect from light. Alternately, neutral color polypropylene or polyethylene tubes can be used if wrapped in aluminum foil. Freeze the tubes at -10 to -30° C. Ship frozen to China Basin sendouts. Order Quest test # 926.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Unacceptable Conditions:**

Specimens left at room temperature over 6 hrs. Collected in tubes other than lavender top tubes.

**Rejection Criteria:**

Hemolysis, Lipemia, thawed plasma, specimens not protected from light. Shipped/store at refrigerated or room temperatures. Specimens left at room temperature over 6 hours. Collected in tubes other than lavender top tubes.

**Stability (from collection to initiation):**

Room temperature: 6 hours

Refrigerated: 12 hours

Frozen -20°: 6 days

Frozen -70°: 42 days

**Storage/Transport Temperature:**

Frozen

**RESULT INTERPRETATION****Units:**

ng/mL

**Reference Interval:**

2-17 years: 3.0-35 ng/mL

&gt; 17 years: 2.1-21.7 ng/mL

**Additional Information:**

To convert ng/mL to nmol/L (SI units) multiply by 4.046. Pyridoxine is the molecule most commonly referred to as 'Vit. B6', Pyridoxal-5'-phosphate is the active form of the vitamin.

This assay is specific for pyridoxal-5'-phosphate and does not cross react with other components of the vitamin B6 complex.

**ADMINISTRATIVE****CPT Codes:**

84207-90

**LOINC Codes:**

30552-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VIB6

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Liquid Chromatography, Tandem Mass Spectrometry

**Patient Preparation:**

Overnight fasting is required.

**Remarks:**

Wrap the collection tube in aluminum foil to protect it from light during transport to the laboratory. The separation of cells must be completed within 6 hours.

**Collect:**

Lavender top (preferably on ice)

**Amount to Collect:**

2 mL blood

**Sample Type:**

EDTA plasma - protected from light

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.5 mL plasma

**Rejection Criteria:**

Hemolysis, Lipemia, thawed plasma, specimens not protected from light. Shipped/store at refrigerated or room temperatures. Specimens left at room temperature over 6 hours. Collected in tubes other than lavender top tubes.

**Unacceptable Conditions:**

Specimens left at room temperature over 6 hrs. Collected in tubes other than lavender top tubes.

**Specimen Preparation:**

Separate cells within 6 hours by centrifugation at 2-8° C (2200-2500 rpm, 800-1000g) for 5-10 minutes. Transfer plasma to an amber polypropylene or polyethylene transport tube to protect from light. Alternately, neutral color polypropylene or polyethylene tubes can be used if wrapped in aluminum foil. Freeze the tubes at -10 to -30° C. Ship frozen to China Basin sendouts. Order Quest test # 926.

**Units:**

ng/mL

**Reference Interval:**

2-17 years: 3.0-35 ng/mL

&gt; 17 years: 2.1-21.7 ng/mL

**Synonyms:**

- Pyridoxine
- DARK
- DECANT
- VIB6

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room temperature: 6 hours

Refrigerated: 12 hours

Frozen -20°: 6 days

Frozen -70°: 42 days

**Reported:**

Set up: Sun-Fri; Report available: 1-4 days

**Additional Information:**

To convert ng/mL to nmol/L (SI units) multiply by 4.046. Pyridoxine is the molecule most commonly referred to as 'Vit. B6', Pyridoxal-5'-phosphate is the active form of the vitamin.

This assay is specific for pyridoxal-5'-phosphate and does not cross react with other components of the vitamin B6 complex.

**CPT Codes:**

84207-90

**LOINC Codes:**

30552-4

**Vitamin D, 1,25-Dihydroxy, Total**  
LAB6178

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Chemistry China Basin

**Performed:**  
Test performed once a week (Wednesday)

**Methodology:**  
Chemiluminescent Immunoassay - Diasorin Liaison XL

**Synonyms:**

- DHD
- calcitriol

**COLLECTION**

**Sample Type:**  
Serum

**Collect:**  
Gold top or Red top

**Amount to Collect:**  
3 mL blood

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
400 uL serum

**Stability (from collection to initiation):**  
Room Temperature: 7 days  
Refrigerated (2-8°C): 14 days  
Frozen (-20°C or colder): 6 months

**PROCESSING**

**Test Code:**  
VD125

**Performing Lab:**  
Chemistry China Basin

**Specimen Preparation:**  
Refrigerate serum aliquot.

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
400 uL serum

**Stability (from collection to initiation):**  
Room Temperature: 7 days  
Refrigerated (2-8°C): 14 days  
Frozen (-20°C or colder): 6 months

**RESULT INTERPRETATION**

**Units:**  
pg/mL

**Reference Interval:**

Pediatrics:

| Age             | Reference Interval (pg/mL) |
|-----------------|----------------------------|
| 0 to < 1 year   | 30 - 181                   |
| 1 to < 3 years  | 43 - 140                   |
| 3 to < 19 years | 42 - 95                    |

Adults: 20 - 79 pg/mL

Adult reference range adopted from vendor and verified in-house.

Pediatric reference interval adopted from: Higgins et al, Pediatric reference intervals for 1,25-dihydroxyvitamin D using the DiaSorin LIAISON XL assay in the healthy CALIPER cohort. Clin Chem Lab Med 2018; 56(6): 964-972.

**ADMINISTRATIVE****CPT Codes:**

82652

**LOINC Codes:**

1649-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VD125

**Performing Lab:**

Chemistry China Basin

**Performed:**

Test performed once a week (Wednesday)

**Methodology:**

Chemiluminescent Immunoassay - Diasorin Liaison XL

**Collect:**

Gold top or Red top

**Amount to Collect:**

3 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

400 uL serum

**Specimen Preparation:**

Refrigerate serum aliquot.

**Units:**

pg/mL

**Reference Interval:**

Pediatrics:

| Age             | Reference Interval (pg/mL) |
|-----------------|----------------------------|
| 0 to < 1 year   | 30 - 181                   |
| 1 to < 3 years  | 43 - 140                   |
| 3 to < 19 years | 42 - 95                    |

Adults: 20 - 79 pg/mL

Adult reference range adopted from vendor and verified in-house.

Pediatric reference interval adopted from: Higgins et al, Pediatric reference intervals for 1,25-dihydroxyvitamin D using the DiaSorin LIAISON XL assay in the healthy CALIPER cohort. Clin Chem Lab Med 2018; 56(6): 964-972.

**Synonyms:**

- DHD
- calcitriol

**Stability (from collection to initiation):**

Room Temperature: 7 days

Refrigerated (2-8°C): 14 days

Frozen (-20°C or colder): 6 months

**CPT Codes:**

82652

**LOINC Codes:**

1649-3

# Vitamin D, 25-Hydroxy

25HD

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus, Mission Bay and Mount Zion Chemistry

**Performed:**

Parnassus and Mission Bay: 24 hours per day, 7 days per week

Mount Zion: Monday - Friday (day shift)

**Methodology:**

Chemiluminescent microparticle immunoassay (Abbott Architect i2000 and ci4100)

**Additional Information:**

To convert µg/L to nmol/L (SI units) multiply by 2.496.

Normal range cutoffs for screening are based on the Institute of Medicine (IOM) Committee's 2011 Report on Dietary Reference Intakes for Calcium and Vitamin D. For a discussion of the controversy regarding normal range cutoffs and the IOM recommendations, see Rosen C, et al. J Clin Endocrinol Metab 97: 1146-1152, 2012.

**Synonyms:**

- 25-Hydroxycalciferol
- 25-OH-D
- Cholecalciferol Metabolite

## COLLECTION

**Sample Type:**

Plasma or serum

**Collect:**

Preferred: Light Green Top

Acceptable: Gold Top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.4 mL plasma or serum

**Stability (from collection to initiation):**

After separation from cells:

Refrigerated: 12 days

Frozen at -20°C: 1 year

## PROCESSING

**Test Code:**

25HD

**Performing Lab:**

Parnassus, Mission Bay and Mount Zion Chemistry

**Specimen Preparation:**

Refrigerate plasma or serum aliquot

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.4 mL plasma or serum

**Stability (from collection to initiation):**

After separation from cells:

Refrigerated: 12 days

Frozen at -20°C: 1 year

## RESULT INTERPRETATION

**Units:**

ng/mL

**Reference Interval:**

20 - 50 ng/mL

25-OHD values < 20 are considered to be insufficient and values < 10 - 12 are associated with vitamin D deficiency and risk for osteomalacia. Although values of 20 or more are generally considered to be sufficient, values in the range of 20 - 30 may be insufficient in certain high risk patient subgroups. There is no known benefit of values > 50, and values > 100 should be avoided because of possible risk of vitamin D toxicity.

**Additional Information:**

To convert µg/L to nmol/L (SI units) multiply by 2.496.

Normal range cutoffs for screening are based on the Institute of Medicine (IOM) Committee's 2011 Report on Dietary Reference Intakes for Calcium and Vitamin D. For a discussion of the controversy regarding normal range cutoffs and the IOM recommendations, see Rosen C, et al. J Clin Endocrinol Metab 97: 1146-1152, 2012.

**ADMINISTRATIVE****CPT Codes:**

82306

**LOINC Codes:**

49054-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

25HD

**Performing Lab:**

Parnassus, Mission Bay and Mount Zion Chemistry

**Performed:**

Parnassus and Mission Bay: 24 hours per day, 7 days per week

Mount Zion: Monday - Friday (day shift)

**Methodology:**

Chemiluminescent microparticle immunoassay (Abbott Architect i2000 and ci4100)

**Collect:**

Preferred: Light Green Top

Acceptable: Gold Top

**Amount to Collect:**

3 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.4 mL plasma or serum

**Specimen Preparation:**

Refrigerate plasma or serum aliquot

**Units:**

ng/mL

**Reference Interval:**

20 - 50 ng/mL

25-OHD values < 20 are considered to be insufficient and values < 10 - 12 are associated with vitamin D deficiency and risk for osteomalacia. Although values of 20 or more are generally considered to be sufficient, values in the range of 20 - 30 may be insufficient in certain high risk patient subgroups. There is no known benefit of values > 50, and values > 100 should be avoided because of possible risk of vitamin D toxicity.

**Synonyms:**

- 25-Hydroxycalciferol
- 25-OH-D
- Cholecalciferol Metabolite

**Stability (from collection to initiation):**

After separation from cells:

Refrigerated: 12 days

Frozen at -20°C: 1 year



**Additional Information:**

To convert µg/L to nmol/L (SI units) multiply by 2.496.

Normal range cutoffs for screening are based on the Institute of Medicine (IOM) Committee's 2011 Report on Dietary Reference Intakes for Calcium and Vitamin D. For a discussion of the controversy regarding normal range cutoffs and the IOM recommendations, see Rosen C, et al. J Clin Endocrinol Metab 97: 1146-1152, 2012.

**CPT Codes:**

82306

**LOINC Codes:**

49054-0

# Vitamin E, Serum or Plasma

LAB130

## ORDERING

**Ordering Recommendations:**

Use for nutritional assessment of vitamin E (alpha- and gamma-tocopherols).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Sun-Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography (HPLC)

**Reported:**

1-4 days

**Synonyms:**

- Vitamin E
- Alpha Tocopherol
- Alpha-Tocopherol
- E, Vitamin
- Gamma-Tocopherol
- Tocopherol
- VITE

## COLLECTION

**Patient Preparation:**

Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection.

**Sample Type:**

Serum or plasma

**Label Abbreviation:**

VITE

**Collect:**

Green (sodium or lithium heparin) or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K2EDTA).

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 month; Frozen at -20 degrees C: 1 year

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Whole blood or body fluids other than serum or plasma.

## PROCESSING

**Test Code:**

VITE

**ARUP Test Code:**

0080521

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate serum or plasma from cells within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL) Avoid hemolysis.

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Unacceptable Conditions:**

Whole blood or body fluids other than serum or plasma.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 month; Frozen at -20 degrees C: 1 year

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Units:**

mg/L

**Reference Interval:**

| Components                   | Reference Interval |                    |
|------------------------------|--------------------|--------------------|
| Vitamin E (Alpha-Tocopherol) | Age                | Reference Interval |
|                              | 0-1 month          | 1.0-3.5 mg/L       |
|                              | 2-5 months         | 2.0-6.0 mg/L       |
|                              | 6 months-1 year    | 3.5-8.0 mg/L       |
|                              | 2-12 years         | 5.5-9.0 mg/L       |
|                              | 13 years and older | 5.5-18.0 mg/L      |
| Vitamin E (Gamma-Tocopherol) | 0-6.0 mg/L         |                    |

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**ADMINISTRATIVE****CPT Codes:**

84446

**LOINC:**

- 11038-7
- 1823-4

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Use for nutritional assessment of vitamin E (alpha- and gamma-tocopherols).

**Test Code:**

VITE

**ARUP Test Code:**

0080521

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Sun-Sat

**Methodology:**

Quantitative High Performance Liquid Chromatography (HPLC)

**Patient Preparation:**

Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection.

**Collect:**

Green (sodium or lithium heparin) or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K2EDTA).

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum or plasma

**Preferred Volume:**

1 mL serum or plasma

**Minimum Volume:**

0.2 mL serum or plasma

**Unacceptable Conditions:**

Whole blood or body fluids other than serum or plasma.

**Specimen Preparation:**

Separate serum or plasma from cells within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL) Avoid hemolysis.

**Units:**

mg/L

**Reference Interval:**

| Components                   | Reference Interval |                    |
|------------------------------|--------------------|--------------------|
| Vitamin E (Alpha-Tocopherol) | Age                | Reference Interval |
|                              | 0-1 month          | 1.0-3.5 mg/L       |
|                              | 2-5 months         | 2.0-6.0 mg/L       |
|                              | 6 months-1 year    | 3.5-8.0 mg/L       |
|                              | 2-12 years         | 5.5-9.0 mg/L       |
|                              | 13 years and older | 5.5-18.0 mg/L      |
| Vitamin E (Gamma-Tocopherol) | 0-6.0 mg/L         |                    |

**Interpretive Data:**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**Synonyms:**

- Vitamin E
- Alpha Tocopherol
- Alpha-Tocopherol
- E, Vitamin
- Gamma-Tocopherol
- Tocopherol
- VITE

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 month; Frozen at -20 degrees C: 1 year

**Reported:**

1-4 days

**CPT Codes:**

84446

**LOINC:**

- 11038-7
- 1823-4

# Vitamin K

LAB1110

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

HPLC

**Additional Information:**

Vitamin K is a required co-factor for the synthesis of factors 2, 7, 9, and 10 and proteins C and S. Deficiencies of Vitamin K lead to bleeding. Warfarin acts as an anticoagulant because it is a Vitamin K antagonist.

**Synonyms:**

- DARK

## COLLECTION

**Patient Preparation:**

Overnight fast preferred.

**Sample Type:**

Plasma or serum

**Label Abbreviation:**

VITK

**Collect:**

Lavender top preferred

Gold or Red top acceptable

**Amount to Collect:**

8 mL blood

**Preferred Volume:**

4 mL plasma or serum

**Minimum Volume:**

2 mL plasma or serum

**Remarks:**

Wrap sample tube in aluminum foil to protect from light.

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated unacceptable, frozen at -20C 3 months

**Rejection Criteria:**

Thawed or refrigerated sample.

## PROCESSING

**Test Code:**

VITK

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Separate and freeze plasma at -20C in dark plastic transport tube or wrapped with aluminum foil. Ship frozen to China Basin. Order Quest # 36585X

**Preferred Volume:**

4 mL plasma or serum

**Minimum Volume:**

2 mL plasma or serum

**Rejection Criteria:**

Thawed or refrigerated sample.

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated unacceptable, frozen at -20C 3 months

**RESULT INTERPRETATION****Units:**

pg/mL

**Reference Interval:**

80-1160 pg/mL

**Additional Information:**

Vitamin K is a required co-factor for the synthesis of factors 2, 7, 9, and 10 and proteins C and S. Deficiencies of Vitamin K lead to bleeding. Warfarin acts as an anticoagulant because it is a Vitamin K antagonist.

**ADMINISTRATIVE****CPT Codes:**

84597-90

**LOINC Codes:**

3129-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VITK

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

HPLC

**Patient Preparation:**

Overnight fast preferred.

**Remarks:**

Wrap sample tube in aluminum foil to protect from light.

**Collect:**

Lavender top preferred

Gold or Red top acceptable

**Amount to Collect:**

8 mL blood

**Sample Type:**

Plasma or serum

**Preferred Volume:**

4 mL plasma or serum

**Minimum Volume:**

2 mL plasma or serum

**Rejection Criteria:**

Thawed or refrigerated sample.

**Specimen Preparation:**

Separate and freeze plasma at -20C in dark plastic transport tube or wrapped with aluminum foil. Ship frozen to China Basin. Order Quest # 36585X

**Units:**

pg/mL

**Reference Interval:**

80-1160 pg/mL

**Synonyms:**

- DARK

**Stability (from collection to initiation):**

Room temperature unacceptable, refrigerated unacceptable, frozen at -20C 3 months

**Additional Information:**

Vitamin K is a required co-factor for the synthesis of factors 2, 7, 9, and 10 and proteins C and S. Deficiencies of Vitamin K lead to bleeding. Warfarin acts as an anticoagulant because it is a Vitamin K antagonist.

**CPT Codes:**

84597-90

**LOINC Codes:**  
3129-4

# von Willebrand Factor Antigen

VWFAG

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus and Mission Bay Hematology

**Reported:**

Test run q1-2 weeks. Turnaround time: 3-10 days

**Additional Information:**

During infancy, vWF Antigen values can be greater than those observed in adults. Nevertheless, a value of approximately 40% was noted as the lower limit of normal for full term infants from birth to 6 months. (Reference: Andrew M. et al. Blood 1987 70:165).

Asymptomatic abnormalities of von Willebrand factor are common. The reference interval for von Willebrand Factor Antigen is set such that 2.5% of people will be below the limit of the reference range. Approximately 1 in 8000 people have symptomatic von Willebrand disease (VWD), which is usually associated with mucocutaneous bleeding.

Von Willebrand Factor Antigen levels should be correlated with patient and family bleeding history, as clinically indicated. The Ristocetin Cofactor Assay can be useful for assessing von Willebrand Factor Activity.

The presence of rheumatoid factor may lead to an over-estimation of the vWF level. The extremely rare presence of anti-bovine and/or anti-rabbit antibodies in certain patients may lead to an over-estimation of the vWF level

**Synonyms:**

- VWF:Ag
- Factor VIII-Related Antigen
- FVIII:RAg
- FVIII:VWAg
- VWAG
- VW
- VWF Antigen
- vwd

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (415-353-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

VWFAG

**Test Group:**

von Willebrand

**Performing Lab:**

Parnassus and Mission Bay Hematology



**Specimen Preparation:**

If this test is ordered with Factor VIII Activity and Ristocetin Cofactor on the same sample, enter VWP to request all three tests.

**Preferred Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**RESULT INTERPRETATION****Units:**

%

**Reference Interval:**

42-191%

See Additional Information

**Additional Information:**

During infancy, vWF Antigen values can be greater than those observed in adults. Nevertheless, a value of approximately 40% was noted as the lower limit of normal for full term infants from birth to 6 months. (Reference: Andrew M. et al. Blood 1987 70:165).

Asymptomatic abnormalities of von Willebrand factor are common. The reference interval for von Willebrand Factor Antigen is set such that 2.5% of people will be below the limit of the reference range. Approximately 1 in 8000 people have symptomatic von Willebrand disease (VWD), which is usually associated with mucocutaneous bleeding.

Von Willebrand Factor Antigen levels should be correlated with patient and family bleeding history, as clinically indicated. The Ristocetin Cofactor Assay can be useful for assessing von Willebrand Factor Activity.

The presence of rheumatoid factor may lead to an over-estimation of the vWF level. The extremely rare presence of anti-bovine and/or anti-rabbit antibodies in certain patients may lead to an over-estimation of the vWF level

**ADMINISTRATIVE****CPT Codes:**

85246

**LOINC Codes:**

41867-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VWFAG

**Test Group:**

von Willebrand

**Performing Lab:**

Parnassus and Mission Bay Hematology

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (415-353-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

If this test is ordered with Factor VIII Activity and Ristocetin Cofactor on the same sample, enter VWP to request all three tests.

**Units:**

%

**Reference Interval:**

42-191%

See Additional Information

**Synonyms:**

- VWF:Ag
- Factor VIII-Related Antigen
- FVIII:RAg
- FVIII:VWAg
- VWAG
- VW
- VWF Antigen
- vwd

**Reported:**

Test run q1-2 weeks. Turnaround time: 3-10 days

**Additional Information:**

During infancy, vWF Antigen values can be greater than those observed in adults. Nevertheless, a value of approximately 40% was noted as the lower limit of normal for full term infants from birth to 6 months. (Reference: Andrew M. et al. Blood 1987 70:165).

Asymptomatic abnormalities of von Willebrand factor are common. The reference interval for von Willebrand Factor Antigen is set such that 2.5% of people will be below the limit of the reference range. Approximately 1 in 8000 people have symptomatic von Willebrand disease (VWD), which is usually associated with mucocutaneous bleeding.

Von Willebrand Factor Antigen levels should be correlated with patient and family bleeding history, as clinically indicated. The Ristocetin Cofactor Assay can be useful for assessing von Willebrand Factor Activity.

The presence of rheumatoid factor may lead to an over-estimation of the vWF level. The extremely rare presence of anti-bovine and/or anti-rabbit antibodies in certain patients may lead to an over-estimation of the vWF level

**CPT Codes:**

85246

**LOINC Codes:**

41867-3

# von Willebrand Factor Multimers

LAB5526

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Electrophoresis

**Reported:**

3-5 days

**Additional Information:**

von Willebrand Disease is the most common hereditary bleeding disorder; it may also be acquired. von Willebrand Factor is necessary for platelet adhesion to injured endothelium. von Willebrand Factor Antigen, Multimeric Analysis is useful when type 2 disease is suspected and to further categorize disease.

The VWF Antigen, Multimeric Analysis will only be sent out if the ratio of Ristocetin Cofactor Activity to VWF Antigen is  $\leq 0.8$ . If the ratio is greater than 0.8, the test will be cancelled.

If the provider still wishes to proceed with the multimeric analysis despite a ratio  $> 0.8$ , please contact Parnassus Hematology at 415-353-1747 to discuss the request.

**Reflex Testing:**

When von Willebrand Factor (VWF) Antigen, Multimeric Analysis (VMULT) is ordered, it is necessary to also perform both the Ristocetin Cofactor Activity (RCOF) and VWF Antigen (VWFAG) tests. Therefore, if these two associated tests are not included with the initial order, they will be automatically added and billed.

In the rare instance a provider intends to order only the VMULT without the accompanying tests, please contact Parnassus Hematology at 415-353-1747 prior to ordering.

**Synonyms:**

- Factor VIII Multimers
- Factor VIII-Related Antigen Multimers
- FVIII:RM
- vW Multimers
- von Willebrand multimers
- von willebrand related multimers
- VW factor multimers
- Factor VIII-Related Multimers
- Factor 8 Multimers
- Factor 8-Related Antigen Multimers
- F8 vW Multimers
- Factor 8-Related Multimers
- VWM
- MULTIMERIC ANALYSIS
- VWF MULTIMER
- Q5168

## COLLECTION

**Sample Type:**

Citrated plasma

**Label Abbreviation:**

VWMULT

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Stability (from collection to initiation):**

Frozen 6 months

**PROCESSING****Test Code:**

VWMULT

**Test Group:**

von Willebrand

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Deliver specimen immediately to Hematology M524 for processing.

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Stability (from collection to initiation):**

Frozen 6 months

**RESULT INTERPRETATION****Reference Interval:**

Normal pattern

**Additional Information:**

von Willebrand Disease is the most common hereditary bleeding disorder; it may also be acquired. von Willebrand Factor is necessary for platelet adhesion to injured endothelium. von Willebrand Factor Antigen, Multimeric Analysis is useful when type 2 disease is suspected and to further categorize disease.

The VWF Antigen, Multimeric Analysis will only be sent out if the ratio of Ristocetin Cofactor Activity to VWF Antigen is  $\leq 0.8$ . If the ratio is greater than 0.8, the test will be cancelled.

If the provider still wishes to proceed with the multimeric analysis despite a ratio  $> 0.8$ , please contact Parnassus Hematology at 415-353-1747 to discuss the request.

**ADMINISTRATIVE****CPT Codes:**

85247-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VWMULT

**Test Group:**

von Willebrand

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Electrophoresis

**Collect:**

Blue top filled to full extent of vacuum

**Amount to Collect:**

2.7 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

1 mL plasma

**Minimum Volume:**

0.2 mL plasma

**Specimen Preparation:**

Deliver specimen immediately to Hematology M524 for processing.

**Reference Interval:**

Normal pattern

**Synonyms:**

- Factor VIII Multimers
- Factor VIII-Related Antigen Multimers
- FVIII:RM
- vW Multimers
- von Willebrand multimers
- von willebrand related multimers
- VW factor multimers
- Factor VIII-Related Multimers
- Factor 8 Multimers
- Factor 8-Related Antigen Multimers
- F8 vW Multimers
- Factor 8-Related Multimers
- VWM
- MULTIMERIC ANALYSIS
- VWF MULTIMER
- Q5168

**Stability (from collection to initiation):**

Frozen 6 months

**Reported:**

3-5 days

**Reflex Testing:**

When von Willebrand Factor (VWF) Antigen, Multimeric Analysis (VMULT) is ordered, it is necessary to also perform both the Ristocetin Cofactor Activity (RCOF) and VWF Antigen (VWFAG) tests. Therefore, if these two associated tests are not included with the initial order, they will be automatically added and billed.

In the rare instance a provider intends to order only the VMULT without the accompanying tests, please contact Parnassus Hematology at 415-353-1747 prior to ordering.

**Additional Information:**

von Willebrand Disease is the most common hereditary bleeding disorder; it may also be acquired. von Willebrand Factor is necessary for platelet adhesion to injured endothelium. von Willebrand Factor Antigen, Multimeric Analysis is useful when type 2 disease is suspected and to further categorize disease.

The VWF Antigen, Multimeric Analysis will only be sent out if the ratio of Ristocetin Cofactor Activity to VWF Antigen is  $\leq 0.8$ . If the ratio is greater than 0.8, the test will be cancelled.

If the provider still wishes to proceed with the multimeric analysis despite a ratio  $> 0.8$ , please contact Parnassus Hematology at 415-353-1747 to discuss the request.

**CPT Codes:**

85247-90

# von Willebrand Panel

VWP

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Parnassus Hematology

**Reported:**

Test run q1-2 weeks. Turnaround time: 1-4 weeks.

**Additional Information:**

This panel includes Factor VIII Activity, Ristocetin Cofactor, and Von Willebrand Factor Antigen.

For additional information, see entries for individual panel members.

**Synonyms:**

- vwd

## COLLECTION

**Sample Type:**

Citrated plasma

**Collect:**

Blue top filled to full extent of vacuum x2

**Amount to Collect:**

5.4 mL blood

**Preferred Volume:**

2 mL plasma

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (415-353-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## PROCESSING

**Test Code:**

VWP

**Test Group:**

von Willebrand

**Performing Lab:**

Parnassus Hematology

**Specimen Preparation:**

Freeze plasma in plastic at -20C.

Contains test codes: F8,VWFAG, RCOF

**Preferred Volume:**

2 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

## RESULT INTERPRETATION

**Additional Information:**

This panel includes Factor VIII Activity, Ristocetin Cofactor, and Von Willebrand Factor Antigen.

For additional information, see entries for individual panel members.

**ADMINISTRATIVE****CPT Codes:**

85240, 85245, 85246

**LOINC Codes:**

48593-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VWP

**Test Group:**

von Willebrand

**Performing Lab:**

Parnassus Hematology

**Remarks:**

1. Check the expiration date on the label of the blue top vacutainer before drawing the patient.
2. For blood collection in a sodium citrate blue top, the tube must be filled to above the Minimum Fill Indicator on the tube. It is crucial to wait and allow the tube to stop filling before removing it from the needle.
3. With use of a butterfly needle, draw about 1 cc using a separate blue top to remove air from tubing, discard the first tube and then draw a second blue top tube filled to the full extent of the vacuum.
4. Tubes should not be filled past the Maximum Fill dashed line by either using a syringe or removing the tube cap.

For patients with Hct's  $\geq 55\%$  please contact Hematology (415-353-1747) to obtain blue top tubes with adjusted citrate volumes in order to maintain the proper citrate to plasma ratio for coagulation studies.

**Collect:**

Blue top filled to full extent of vacuum x2

**Amount to Collect:**

5.4 mL blood

**Sample Type:**

Citrated plasma

**Preferred Volume:**

2 mL plasma

**Unacceptable Conditions:**

Samples collected in outdated blue top vacutainer. Over-filled or under-filled tubes may be rejected

**Specimen Preparation:**

Freeze plasma in plastic at -20C.

Contains test codes: F8,VWFAG, RCOF

**Synonyms:**

- vwd

**Reported:**

Test run q1-2 weeks. Turnaround time: 1-4 weeks.

**Additional Information:**

This panel includes Factor VIII Activity, Ristocetin Cofactor, and Von Willebrand Factor Antigen.

For additional information, see entries for individual panel members.

**CPT Codes:**

85240, 85245, 85246

**LOINC Codes:**

48593-8

**Voriconazole**  
LAB5319

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
China Basin Chemistry

**Performed:**  
Monday, Wednesday and Friday (excluding holidays)

In order to be run on Monday, Wednesday or Friday, samples have to be received by the lab by 5am that day.

**Methodology:**  
Liquid chromatography-tandem mass spectrometry (LC-MS/MS)

**Reported:**  
2-3 days

**Additional Information:**  
Voriconazole is a triazole antifungal agent. It has activity against a broad spectrum of clinically significant fungal pathogens in immunocompromised patients, including Candida, Aspergillus, Scedosporium and Fusarium species.

Voriconazole is predominantly metabolized in the liver by the cytochrome P450 enzyme system, mainly by the isozyme CYP2C19. Substantial inter- and intra-patient variation in the voriconazole exposure is observed, likely due to greater metabolism of the drug by certain population groups, reduced metabolism by those with hepatic impairment, and co-administration of other drugs that increase or decrease the systemic concentration of voriconazole.

Indications for voriconazole TDM

Voriconazole trough levels should be obtained in most patients, whether receiving the agent for prophylaxis or treatment of fungal infections. Trough samples should be obtained 3-5 days after:

- start of therapy
- change in dose
- change in route of administration
- change in potentially interacting drugs

Trough levels may also be obtained to investigate lack of response to therapy or for suspected toxicity.

| Voriconazole start/change date:                         | Sunday                                             | Monday   | Tuesday                                            | Wednesday | Thursday | Friday                                           | Saturday |
|---------------------------------------------------------|----------------------------------------------------|----------|----------------------------------------------------|-----------|----------|--------------------------------------------------|----------|
| Order voriconazole trough level before evening dose on: | Tuesday or Thursday if start/change is late Sunday | Thursday | Thursday or Sunday if start/change is late Tuesday | Sunday    | Sunday   | Sunday or Tuesday if start/change is late Friday | Tuesday  |

**Synonyms:**  
  
• VORIC

**COLLECTION**

**Sample Type:**  
Serum

**Label Abbreviation:**  
VORIC

**Collect:**  
Red top tube

Note: UCSF does not offer CSF testing. If required, this can be ordered as a MOLT from Quest.

**Amount to Collect:**  
2 mL blood

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
0.3 mL serum



**Remarks:**

Collect trough levels just before next dose. Peak levels:

IV: 15-30 minutes after end of infusion

IM: 45-60 minutes after injection

PO: 90 minutes after ingestion

**Stability (from collection to initiation):**

Refrigerated 3 months, frozen 2 years

**PROCESSING****Test Code:**

VORIC

**Performing Lab:**

China Basin Chemistry

**Specimen Preparation:**

Centrifuge blood and separate serum from cells as soon as possible. Keep sample refrigerated.

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Refrigerated 3 months, frozen 2 years

**RESULT INTERPRETATION****Units:**

µg/mL (mcg/mL)

**Reference Interval:**

Target range:

Adults (>= 18 years old)

Treatment/prophylaxis: steady-state trough range for most situations should be 2.0-6.0 µg/mL.

Pediatrics (< 18 years old)

Treatment/prophylaxis: steady-state trough range for most situations should be 1.0-5.5 µg/mL.

In adults, serum trough levels of >= 1.5-2.0 µg/mL are associated with greater likelihood of response in invasive fungal infections.

Serum trough levels of > 5.0-6.0 µg/mL have been reported to be associated with reversible neurological adverse events such as hallucinations and possibly hepatotoxicity.

For levels outside of the therapeutic range, consultation with ID or ID pharmacy is recommended.

Levels should be re-checked until a result in the therapeutic range is obtained, and after changes in doses/route/interacting drugs. For patients on long-term voriconazole on stable doses, consider checking surveillance levels every 3 months.

**References:**

Ashbee HR et al. Therapeutic drug monitoring of antifungal agents: guidelines from the British Society for Medical Mycology. J Antimicrob Chemother 2014;69:1162-1176

Chau MM et al. Consensus guidelines for optimizing antifungal drug delivery and monitoring to avoid toxicity and improve outcomes in patients with haematological malignancy, 2014. Inten Med Journal 2014;44:1364-1388

Lewis et al. Triazole antifungal therapeutic drug monitoring. European Conference on Infections in Leukemia. 2015.

Hamada et al. Practice Guidelines for therapeutic drug monitoring of voriconazole: a consensus review of the Japanese Society of Chemotherapy and the Japanese Society of Therapeutic Drug Monitoring. Journal of Infection and Chemotherapy. 2013; 19(3): 381-392.

**Additional Information:**

Voriconazole is a triazole antifungal agent. It has activity against a broad spectrum of clinically significant fungal pathogens in immunocompromised patients, including *Candida*, *Aspergillus*, *Scedosporium* and *Fusarium* species.

Voriconazole is predominantly metabolized in the liver by the cytochrome P450 enzyme system, mainly by the isozyme CYP2C19. Substantial inter- and intra-patient variation in the voriconazole exposure is observed, likely due to greater metabolism of the drug by certain population groups, reduced metabolism by those with hepatic impairment, and co-administration of other drugs that increase or decrease the systemic concentration of voriconazole.

**Indications for voriconazole TDM**

Voriconazole trough levels should be obtained in most patients, whether receiving the agent for prophylaxis or treatment of fungal infections. Trough samples should be obtained 3-5 days after:

- start of therapy
- change in dose
- change in route of administration
- change in potentially interacting drugs

Trough levels may also be obtained to investigate lack of response to therapy or for suspected toxicity.

| Voriconazole start/change date:                         | Sunday                                             | Monday   | Tuesday                                            | Wednesday | Thursday | Friday                                           | Saturday |
|---------------------------------------------------------|----------------------------------------------------|----------|----------------------------------------------------|-----------|----------|--------------------------------------------------|----------|
| Order voriconazole trough level before evening dose on: | Tuesday or Thursday if start/change is late Sunday | Thursday | Thursday or Sunday if start/change is late Tuesday | Sunday    | Sunday   | Sunday or Tuesday if start/change is late Friday | Tuesday  |

**ADMINISTRATIVE****CPT Codes:**

80285

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

VORIC

**Performing Lab:**

China Basin Chemistry

**Performed:**

Monday, Wednesday and Friday (excluding holidays)

In order to be run on Monday, Wednesday or Friday, samples have to be received by the lab by 5am that day.

**Methodology:**

Liquid chromatography-tandem mass spectrometry (LC-MS/MS)

**Remarks:**

Collect trough levels just before next dose. Peak levels:

IV: 15-30 minutes after end of infusion

IM: 45-60 minutes after injection

PO: 90 minutes after ingestion

**Collect:**

Red top tube

Note: UCSF does not offer CSF testing. If required, this can be ordered as a MOLT from Quest.

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Centrifuge blood and separate serum from cells as soon as possible. Keep sample refrigerated.

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

Target range:

Adults ( $\geq 18$  years old)

Treatment/prophylaxis: steady-state trough range for most situations should be 2.0-6.0 µg/mL.

Pediatrics ( $< 18$  years old)

Treatment/prophylaxis: steady-state trough range for most situations should be 1.0-5.5 µg/mL.

In adults, serum trough levels of  $\geq 1.5$ -2.0 µg/mL are associated with greater likelihood of response in invasive fungal infections.

Serum trough levels of  $> 5.0$ -6.0 µg/mL have been reported to be associated with reversible neurological adverse events such as hallucinations and possibly hepatotoxicity.

For levels outside of the therapeutic range, consultation with ID or ID pharmacy is recommended.

Levels should be re-checked until a result in the therapeutic range is obtained, and after changes in doses/route/interacting drugs. For patients on long-term voriconazole on stable doses, consider checking surveillance levels every 3 months.

**References:**

Ashbee HR et al. Therapeutic drug monitoring of antifungal agents: guidelines from the British Society for Medical Mycology. J Antimicrob Chemother 2014;69:1162-1176

Chau MM et al. Consensus guidelines for optimizing antifungal drug delivery and monitoring to avoid toxicity and improve outcomes in patients with haematological malignancy, 2014. Inten Med Journal 2014;44:1364-1388

Lewis et al. Triazole antifungal therapeutic drug monitoring. European Conference on Infections in Leukemia. 2015.

Hamada et al. Practice Guidelines for therapeutic drug monitoring of voriconazole: a consensus review of the Japanese Society of Chemotherapy and the Japanese Society of Therapeutic Drug Monitoring. Journal of Infection and Chemotherapy. 2013; 19(3): 381-392.

**Synonyms:**

- VORIC

**Stability (from collection to initiation):**

Refrigerated 3 months, frozen 2 years

**Reported:**

2-3 days

**Additional Information:**

Voriconazole is a triazole antifungal agent. It has activity against a broad spectrum of clinically significant fungal pathogens in immunocompromised patients, including Candida, Aspergillus, Scedosporium and Fusarium species.

Voriconazole is predominantly metabolized in the liver by the cytochrome P450 enzyme system, mainly by the isozyme CYP2C19. Substantial inter- and intra-patient variation in the voriconazole exposure is observed, likely due to greater metabolism of the drug by certain population groups, reduced metabolism by those with hepatic impairment, and co-administration of other drugs that increase or decrease the systemic concentration of voriconazole.

Indications for voriconazole TDM

Voriconazole trough levels should be obtained in most patients, whether receiving the agent for prophylaxis or treatment of fungal infections. Trough samples should be obtained 3-5 days after:

- start of therapy
- change in dose
- change in route of administration
- change in potentially interacting drugs

Trough levels may also be obtained to investigate lack of response to therapy or for suspected toxicity.

| Voriconazole start/change date:                         | Sunday                                             | Monday   | Tuesday                                            | Wednesday | Thursday | Friday                                           | Saturday |
|---------------------------------------------------------|----------------------------------------------------|----------|----------------------------------------------------|-----------|----------|--------------------------------------------------|----------|
| Order voriconazole trough level before evening dose on: | Tuesday or Thursday if start/change is late Sunday | Thursday | Thursday or Sunday if start/change is late Tuesday | Sunday    | Sunday   | Sunday or Tuesday if start/change is late Friday | Tuesday  |

**CPT Codes:**

80285

**LDT or Modified FDA:**

Yes

# Walnut Component Panel

LAB6199

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Performed:**

Tuesday-Saturday

**Methodology:**

Immunoassay

**Reported:**

1-3 days

**Synonyms:**

- Walnut Component Panel IgE

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

WCOMP

**Collect:**

Gold or Red-top

**Amount to Collect:**

1.0 mL blood

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room Temperate and Refrigerated: 14 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

## PROCESSING

**Test Code:**

WCOMP

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot and freeze. Send to China Basin frozen. Order Quest test code 94472.

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Stability (from collection to initiation):**

Room Temperate and Refrigerated: 14 days

Frozen: 30 days

**Storage/Transport Temperature:**

Frozen

## RESULT INTERPRETATION

**Units:**

kU/L

**Reference Interval:**

&lt; 0.10

**ADMINISTRATIVE****CPT Codes:**

86008x2

**LOINC Codes:**

81790-8, 81789-0

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

WCOMP

**Performing Lab:**

Quest

**Sendout:**

Yes

**Performed:**

Tuesday-Saturday

**Methodology:**

Immunoassay

**Collect:**

Gold or Red-top

**Amount to Collect:**

1.0 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

0.5 mL serum

**Minimum Volume:**

0.3 mL serum

**Specimen Preparation:**

Aliquot and freeze. Send to China Basin frozen. Order Quest test code 94472.

**Units:**

kU/L

**Reference Interval:**

&lt; 0.10

**Synonyms:**

- Walnut Component Panel IgE

**Storage/Transport Temperature:**

Frozen

**Stability (from collection to initiation):**

Room Temperate and Refrigerated: 14 days

Frozen: 30 days

**Reported:**

1-3 days

**CPT Codes:**

86008x2

**LOINC Codes:**

81790-8, 81789-0

# Warfarin Genotype

WARFN

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

PCR

**Reported:**

4-6 days

**Additional Information:**

AccuType® Warfarin - Warfarin (Coumadin®) therapy is associated with significant complications because of its narrow therapeutic index and large interpatient dosage variation necessary to achieve an optimal therapeutic response. This variation is due to both genetic and environmental factors. A promoter variant (-1639 G-->A) of the Vitamin K epoxide complex subunit 1 (VCR) accounts for 25%-44% of this variability and variants of the cytochrome P enzyme C (SPCA) account for 10%-15% of this variability. Identification of these warfarin sensitive variants of the VKORC1 and the CYP2C9 genes may allow a more individualized therapy and reduced risk of bleeding complications.

**Synonyms:**

- Warfarin metabolism
- CYP2C9
- VKORC1

## COLLECTION

**Sample Type:**

EDTA or heparinized whole blood

**Collect:**

Lavender top, Dark green top

**Amount to Collect:**

5 mL blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

3 mL blood

## PROCESSING

**Test Code:**

WARFN

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Do not aliquot sample. Transport to CB &amp; Quest at ambient temperature. Order Quest code 16160X

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

3 mL blood

## RESULT INTERPRETATION

**Additional Information:**

AccuType® Warfarin - Warfarin (Coumadin®) therapy is associated with significant complications because of its narrow therapeutic index and large interpatient dosage variation necessary to achieve an optimal therapeutic response. This variation is due to both genetic and environmental factors. A promoter variant (-1639 G-->A) of the Vitamin K epoxide complex subunit 1 (VCR) accounts for 25%-44% of this variability and variants of the cytochrome P enzyme C (SPCA) account for 10%-15% of this variability. Identification of these warfarin sensitive variants of the VKORC1 and the CYP2C9 genes may allow a more individualized therapy and reduced risk of bleeding complications.

**ADMINISTRATIVE****CPT Codes:**

81355-90, 81227-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

WARFN

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

PCR

**Collect:**

Lavender top, Dark green top

**Amount to Collect:**

5 mL blood

**Sample Type:**

EDTA or heparinized whole blood

**Preferred Volume:**

5 mL blood

**Minimum Volume:**

3 mL blood

**Specimen Preparation:**

Do not aliquot sample. Transport to CB &amp; Quest at ambient temperature. Order Quest code 16160X

**Synonyms:**

- Warfarin metabolism
- CYP2C9
- VKORC1

**Reported:**

4-6 days

**Additional Information:**

AccuType® Warfarin - Warfarin (Coumadin®) therapy is associated with significant complications because of its narrow therapeutic index and large interpatient dosage variation necessary to achieve an optimal therapeutic response. This variation is due to both genetic and environmental factors. A promoter variant (-1639 G-->A) of the Vitamin K epoxide complex subunit 1 (VCR) accounts for 25%-44% of this variability and variants of the cytochrome P enzyme C (SPCA) account for 10%-15% of this variability. Identification of these warfarin sensitive variants of the VKORC1 and the CYP2C9 genes may allow a more individualized therapy and reduced risk of bleeding complications.

**CPT Codes:**

81355-90, 81227-90



# WBC Count

CBC, CBCD, WBC, WBCDF

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Synonyms:**

- Leukocyte count
- white cell count
- white blood cell count

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Minimum Volume:**

1 mL blood (or 250 µL in a pedi-bullet)

**Rejection Criteria:**

Clotted specimens

## PROCESSING

**Test Code:**

CBC, CBCD, WBC, WBCDF

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Minimum Volume:**

1 mL blood (or 250 µL in a pedi-bullet)

**Rejection Criteria:**

Clotted specimens

## RESULT INTERPRETATION

**Units:**

$\times 10^9/L$

**Reference Interval:**

|                   |                              |
|-------------------|------------------------------|
| 0-24 hours        | 9.0-38.0 x10 <sup>9</sup> /L |
| 24 hours-1 wk     | 5.0-34.0 x10 <sup>9</sup> /L |
| 1 wk-6 months     | 5.0-21.0 x10 <sup>9</sup> /L |
| 6 months -4 years | 5.5-17.5 x10 <sup>9</sup> /L |
| 4-14 years        | 4.5-15.5 x10 <sup>9</sup> /L |
| 14-21 years       | 4.5-13.2 x10 <sup>9</sup> /L |
| > 21 years        | 3.4-10.0 x10 <sup>9</sup> /L |

**Critical Values:**

$\leq 1.5 \times 10^9/\text{L}$  or  $\geq 100.0 \times 10^9/\text{L}$  will be telephoned if a new finding within the past 24 hours.

**Additional Information:**

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

85048

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CBC, CBCD, WBC, WBCDF

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Minimum Volume:**

1 mL blood (or 250  $\mu\text{L}$  in a pedi-bullet)

**Rejection Criteria:**

Clotted specimens

**Units:**

x10<sup>9</sup>/L

**Reference Interval:**

|                   |                              |
|-------------------|------------------------------|
| 0-24 hours        | 9.0-38.0 x10 <sup>9</sup> /L |
| 24 hours-1 wk     | 5.0-34.0 x10 <sup>9</sup> /L |
| 1 wk-6 months     | 5.0-21.0 x10 <sup>9</sup> /L |
| 6 months -4 years | 5.5-17.5 x10 <sup>9</sup> /L |
| 4-14 years        | 4.5-15.5 x10 <sup>9</sup> /L |
| 14-21 years       | 4.5-13.2 x10 <sup>9</sup> /L |
| > 21 years        | 3.4-10.0 x10 <sup>9</sup> /L |

**Critical Values:**

$\leq 1.5 \times 10^9/\text{L}$  or  $\geq 100.0 \times 10^9/\text{L}$  will be telephoned if a new finding within the past 24 hours.

**Synonyms:**

- Leukocyte count
- white cell count
- white blood cell count

**Reported:**

STAT 1 hour, Routine 4 hours

**Additional Information:**

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

85048

# West Nile Virus Antibodies, Serum (IgG & IgM)

LAB5246

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

EIA

**Additional Information:**

West Nile Virus (WNV) IgM antibodies, in blood or CSF, are positive in most infected people within 8 days of onset of symptoms and may remain detectable for months. In our laboratory, sera with reactive IgM are rerun in a modified test to rule out nonspecific reactions. IgG antibodies indicate either current or past exposure to the virus.

**Reflex Testing:**

See 'Additional information'

**Synonyms:**

- WNV

## COLLECTION

**Sample Type:**

Serum (see Collection Instructions)

**Label Abbreviation:**

WNVS

**Collect:**

Gold top, Red top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.7 mL serum

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen @ -20C 1 month, frozen @ -70C indefinite

## PROCESSING

**Test Code:**

WNVS

**Test Group:**

WNV

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Order Quest test #36596 , freeze serum at -20C.

**Note:** Do not use test code WNVN (WNV NAT) or PTXID (Organ Donor Testing) when only West Nile Virus is ordered. Only use test code WNVS.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.7 mL serum

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen @ -20C 1 month, frozen @ -70C indefinite

## RESULT INTERPRETATION

**Units:**

Index

**Reference Interval:**

West Nile Virus IgG:

|           |           |
|-----------|-----------|
| Negative  | <1.30     |
| Equivocal | 1.30-1.49 |
| Positive  | >=1.50    |

West Nile Virus IgM:

|           |           |
|-----------|-----------|
| Negative  | <0.90     |
| Equivocal | 0.90-1.10 |
| Positive  | >1.10     |

**Additional Information:**

West Nile Virus (WNV) IgM antibodies, in blood or CSF, are positive in most infected people within 8 days of onset of symptoms and may remain detectable for months. In our laboratory, sera with reactive IgM are rerun in a modified test to rule out nonspecific reactions. IgG antibodies indicate either current or past exposure to the virus.

**ADMINISTRATIVE****CPT Codes:**

86788-90, 86789-90

**LOINC Codes:**

36897-7

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

WNVS

**Test Group:**

WNV

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

EIA

**Collect:**

Gold top, Red top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum (see Collection Instructions)

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.7 mL serum

**Specimen Preparation:**

Order Quest test #36596 , freeze serum at -20C.

**Note:** Do not use test code WNVN (WNV NAT) or PTXID (Organ Donor Testing) when only West Nile Virus is ordered. Only use test code WNVS.

**Units:**

Index

**Reference Interval:**

West Nile Virus IgG:

|           |           |
|-----------|-----------|
| Negative  | <1.30     |
| Equivocal | 1.30-1.49 |
| Positive  | >=1.50    |

West Nile Virus IgM:

|           |           |
|-----------|-----------|
| Negative  | <0.90     |
| Equivocal | 0.90-1.10 |
| Positive  | >1.10     |

**Synonyms:**

- WNV

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen @ -20C 1 month, frozen @ -70C indefinite

**Reflex Testing:**

See 'Additional information'

**Additional Information:**

West Nile Virus (WNV) IgM antibodies, in blood or CSF, are positive in most infected people within 8 days of onset of symptoms and may remain detectable for months. In our laboratory, sera with reactive IgM are rerun in a modified test to rule out nonspecific reactions. IgG antibodies indicate either current or past exposure to the virus.

**CPT Codes:**

86788-90, 86789-90

**LOINC Codes:**

36897-7

# West Nile Virus Antibody, CSF

LAB5245

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

ELISA

**Reported:**

Test set up 3 days a week at night, reports in 5-7 days.

**Additional Information:**

West Nile Virus (WNV) IgM antibodies, in blood or CSF, are positive in most infected people within 8 days of onset of symptoms and may remain detectable for months. In our laboratory, CSF samples with reactive IgM are rerun in a modified test to rule out nonspecific reactions. IgG antibodies indicate either current or past exposure to the virus.

**Reflex Testing:**

See 'Additional information'

**Synonyms:**

- WNV

## COLLECTION

**Sample Type:**

CSF

**Label Abbreviation:**

WNVC

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

2 mL CSF

**Preferred Volume:**

2 mL CSF

**Minimum Volume:**

0.7 mL CSF

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen @ -20C 1 month, frozen @ -70C indefinite

## PROCESSING

**Test Code:**

WNVC

**Test Group:**

WNV

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Order Quest test #36597N, freeze CSF at -20C.

**Preferred Volume:**

2 mL CSF

**Minimum Volume:**

0.7 mL CSF

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen @ -20C 1 month, frozen @ -70C indefinite

## RESULT INTERPRETATION

**Units:**

Index

**Reference Interval:**

West Nile Virus IgG, CSF:

|           |           |
|-----------|-----------|
| Negative  | <1.30     |
| Equivocal | 1.30-1.49 |
| Positive  | >=1.50    |

West Nile Virus IgM, CSF:

|           |           |
|-----------|-----------|
| Negative  | <0.90     |
| Equivocal | 0.90-1.10 |
| Positive  | >1.10     |

**Additional Information:**

West Nile Virus (WNV) IgM antibodies, in blood or CSF, are positive in most infected people within 8 days of onset of symptoms and may remain detectable for months. In our laboratory, CSF samples with reactive IgM are rerun in a modified test to rule out nonspecific reactions. IgG antibodies indicate either current or past exposure to the virus.

**ADMINISTRATIVE****CPT Codes:**

86788-90, 86789-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

WNVC

**Test Group:**

WNV

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**

CSF tube or sterile collection tube

**Amount to Collect:**

2 mL CSF

**Sample Type:**

CSF

**Preferred Volume:**

2 mL CSF

**Minimum Volume:**

0.7 mL CSF

**Specimen Preparation:**

Order Quest test #36597N, freeze CSF at -20C.

**Units:**

Index



**Reference Interval:**

West Nile Virus IgG, CSF:

|           |           |
|-----------|-----------|
| Negative  | <1.30     |
| Equivocal | 1.30-1.49 |
| Positive  | >=1.50    |

West Nile Virus IgM, CSF:

|           |           |
|-----------|-----------|
| Negative  | <0.90     |
| Equivocal | 0.90-1.10 |
| Positive  | >1.10     |

**Synonyms:**

- WNV

**Stability (from collection to initiation):**

Room temperature 4 days, refrigerated 1 week, frozen @ -20C 1 month, frozen @ -70C indefinite

**Reported:**

Test set up 3 days a week at night, reports in 5-7 days.

**Reflex Testing:**

See 'Additional information'

**Additional Information:**

West Nile Virus (WNV) IgM antibodies, in blood or CSF, are positive in most infected people within 8 days of onset of symptoms and may remain detectable for months. In our laboratory, CSF samples with reactive IgM are rerun in a modified test to rule out nonspecific reactions. IgG antibodies indicate either current or past exposure to the virus.

**CPT Codes:**

86788-90, 86789-90

# Western Equine Encephalitis Antibodies

WEEB

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Focus via Quest

**Methodology:**

IFA

**Reported:**

Performed 5x per week. Turnaround 3-5 days.

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 months.

## PROCESSING

**Test Code:**

WEEB

**Sendout:**

Yes

**Performing Lab:**

Focus via Quest

**Specimen Preparation:**

Freeze serum at -20C. Order Quest test #37311X

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 months.

## RESULT INTERPRETATION

**Units:**

Titer

**Reference Interval:**

IgG: &lt; 1:16 titer

IgM: &lt; 1:20 titer

## ADMINISTRATIVE

**CPT Codes:**

86654-90 (x2)

**LOINC Codes:**

17770-9

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

WEEB

**Performing Lab:**

Focus via Quest

**Sendout:**

Yes

**Methodology:**

IFA

**Collect:**

Red top or Gold top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.2 mL serum

**Specimen Preparation:**

Freeze serum at -20C. Order Quest test #37311X

**Units:**

Titer

**Reference Interval:**

IgG: < 1:16 titer

IgM: < 1:20 titer

**Stability (from collection to initiation):**

Room temperature 1 week, refrigerated 2 weeks, frozen at -20C 1 months.

**Reported:**

Performed 5x per week. Turnaround 3-5 days.

**CPT Codes:**

86654-90 (x2)

**LOINC Codes:**

17770-9

# White Blood Cell Differential

CBCD, WBCDF

## ORDERING

**Available Stat:**

Yes

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Reported:**

Stat 1 hour, Routine 4 hours

**Note:** STAT differential turnaround time of greater than 1 hour may be seen if manual review of a sample is required

**Additional Information:**

All differential counts are routinely performed by automated flow cytometry.

Neutrophil Absolute Count (Total ANC) includes segmented neutrophils and bands. Immature granulocytes/left shift includes metamyelocytes and myelocytes.

A manual differential will be initiated by the laboratory at a separate charge if an automated differential is technically inadequate for the analysis of a particular sample.

Manual differentials also include RBC morphology and platelet morphology.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**Synonyms:**

- Eosnophil
- Basophil
- Neutrophil
- Granulocyte
- Monocyte
- Lymphocyte
- Immature granulocyte
- Leukocyte differential
- WBC differential

## COLLECTION

**Sample Type:**

EDTA whole blood

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (or 250 µL in a pedi-bullet)

**Rejection Criteria:**

Clotted specimens

## PROCESSING

**Test Code:**

CBCD, WBCDF

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
Berkeley Outpatient Center  
Peninsula Outpatient Center

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (or 250 µL in a pedi-bullet)

**Rejection Criteria:**

Clotted specimens

**RESULT INTERPRETATION****Units:** $\times 10^9/L$ **Reference Interval:**Normal Absolute Counts in  $\times 10^9/L$ :

| AGE               | NEUTS   | LYMPH   | MONO    | EO      | BASO    | IG      |
|-------------------|---------|---------|---------|---------|---------|---------|
| 0-24 hours        | 5.0-28  | 2.0-12  | 0.4-3.1 | 0.0-0.9 | 0.0-0.6 | 0.0-0.3 |
| 24 hours-1 wk     | 1.5-21  | 2.0-17  | 0.3-2.7 | 0.1-1.1 | 0.0-0.3 | 0.0-0.3 |
| 1 wk-6 months     | 1.0-10  | 2.0-17  | 0.2-2.7 | 0.1-1.1 | 0.0-0.3 | 0.0-0.1 |
| 6 months -4 years | 1.0-8.5 | 2.0-14  | 0.0-0.9 | 0.0-1.1 | 0.0-0.3 | 0.0-0.1 |
| 4-14 years        | 1.5-8.5 | 1.2-8.0 | 0.0-1.4 | 0.0-1.1 | 0.0-0.3 | < 0.1   |
| 14-21 years       | 1.8-8.0 | 1.0-6.1 | 0.0-1.4 | 0.0-0.8 | 0.0-0.3 | < 0.1   |
| > 21 years        | 1.8-6.8 | 1.0-3.4 | 0.2-0.8 | 0.0-0.4 | 0.0-0.1 | < 0.1   |

**Critical Values:**Neutrophils  $\leq 1.0 \times 10^9/L$ Note: Neutrophil counts  $\leq 1.0 \times 10^9/L$  are not called if a prior critical was reported in the preceding 24 hours**Additional Information:**

All differential counts are routinely performed by automated flow cytometry.

Neutrophil Absolute Count (Total ANC) includes segmented neutrophils and bands. Immature granulocytes/left shift includes metamyelocytes and myelocytes.

A manual differential will be initiated by the laboratory at a separate charge if an automated differential is technically inadequate for the analysis of a particular sample.

Manual differentials also include RBC morphology and platelet morphology.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**ADMINISTRATIVE****CPT Codes:**

85004

**COMPLETE VIEW****Available Stat:**

Yes

**Test Code:**

CBCD, WBCDF

**Performing Lab:**

Parnassus, Mission Bay, Mt. Zion, St. Mary, and St. Francis Hematology  
 Berkeley Outpatient Center  
 Peninsula Outpatient Center

**Performed:**

Parnassus, Mission Bay & Mt. Zion Hematology: 24-hours per day, 7-days per week  
 Berkeley Outpatient Center: Test available Mon-Fri (0800-1630)  
 Peninsula Outpatient Center: Test available Mon-Fri (0800-1630)

**Collect:**

Lavender top

**Amount to Collect:**

3 mL blood

**Sample Type:**

EDTA whole blood

**Preferred Volume:**

3 mL blood

**Minimum Volume:**

1 mL blood (or 250 µL in a pedi-bullet)

**Rejection Criteria:**

Clotted specimens

**Units:** $\times 10^9/L$ **Reference Interval:**Normal Absolute Counts in  $\times 10^9/L$ :

| AGE               | NEUTS   | LYMPH   | MONO    | EO      | BASO    | IG      |
|-------------------|---------|---------|---------|---------|---------|---------|
| 0-24 hours        | 5.0-28  | 2.0-12  | 0.4-3.1 | 0.0-0.9 | 0.0-0.6 | 0.0-0.3 |
| 24 hours-1 wk     | 1.5-21  | 2.0-17  | 0.3-2.7 | 0.1-1.1 | 0.0-0.3 | 0.0-0.3 |
| 1 wk-6 months     | 1.0-10  | 2.0-17  | 0.2-2.7 | 0.1-1.1 | 0.0-0.3 | 0.0-0.1 |
| 6 months -4 years | 1.0-8.5 | 2.0-14  | 0.0-0.9 | 0.0-1.1 | 0.0-0.3 | 0.0-0.1 |
| 4-14 years        | 1.5-8.5 | 1.2-8.0 | 0.0-1.4 | 0.0-1.1 | 0.0-0.3 | < 0.1   |
| 14-21 years       | 1.8-8.0 | 1.0-6.1 | 0.0-1.4 | 0.0-0.8 | 0.0-0.3 | < 0.1   |
| > 21 years        | 1.8-6.8 | 1.0-3.4 | 0.2-0.8 | 0.0-0.4 | 0.0-0.1 | < 0.1   |

**Critical Values:**Neutrophils  $\leq 1.0 \times 10^9/L$ Note: Neutrophil counts  $\leq 1.0 \times 10^9/L$  are not called if a prior critical was reported in the preceding 24 hours**Synonyms:**

- Eosnophil
- Basophil
- Neutrophil
- Granulocyte
- Monocyte
- Lymphocyte
- Immature granulocyte
- Leukocyte differential
- WBC differential

**Reported:**

Stat 1 hour, Routine 4 hours

**Note:** STAT differential turnaround time of greater than 1 hour may be seen if manual review of a sample is required**Additional Information:**

All differential counts are routinely performed by automated flow cytometry.

Neutrophil Absolute Count (Total ANC) includes segmented neutrophils and bands. Immature granulocytes/left shift includes metamyelocytes and myelocytes.

A manual differential will be initiated by the laboratory at a separate charge if an automated differential is technically inadequate for the analysis of a particular sample.

Manual differentials also include RBC morphology and platelet morphology.

For patients at St. Mary's or St. Francis only: Note new reference range. Methodologies changed for this patient population as of 10/4/25.

**CPT Codes:**

85004

# White Blood Cell Exam, Fecal

LAB5037

## ORDERING

**Approval Required:**

Yes, for samples from inpatients collected > 72 hours after admission, contact Microbiology at 415-353-1268.

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Daily, day and evening shift

**Methodology:**

Gram stain

**Reported:**

4 hours

**Additional Information:**

The presence or absence of fecal leukocytes is of poor sensitivity and specificity in diagnosing hospital-acquired diarrhea, and is no longer offered on hospitalized patients > 72 hours post admission. See also Stool Analysis

**Synonyms:**

- Fecal leukocytes
- stool analysis

## COLLECTION

**Sample Type:**

Fresh diarrheal stool

**Collect:**

Clean container

**Amount to Collect:**

See preferred volume

**Preferred Volume:**

10 gm

**Remarks:**

Select a sample of diarrheal stool with an applicator stick, including bloody or mucous discharge if present.

Deliver to lab immediately.

Do not collect samples between 2200 and 0630 hours.

**Stability (from collection to initiation):**

3 hours

**Unacceptable Conditions:**

Samples received >3 hours of collection. Stool in preservative.

## PROCESSING

**Test Code:**

P221

**Performing Lab:**

Microbiology

**Specimen Preparation:**

Maintain sample at room temperature.

**Preferred Volume:**

10 gm

**Unacceptable Conditions:**

Samples received >3 hours of collection. Stool in preservative.

**Stability (from collection to initiation):**

3 hours

## RESULT INTERPRETATION

**Reference Interval:**

Negative (No cells)

**Additional Information:**

The presence or absence of fecal leukocytes is of poor sensitivity and specificity in diagnosing hospital-acquired diarrhea, and is no longer offered on hospitalized patients > 72 hours post admission. See also Stool Analysis

**ADMINISTRATIVE****CPT Codes:**

87205

**LOINC Codes:**

2755-7

**COMPLETE VIEW****Approval Required:**

Yes, for samples from inpatients collected > 72 hours after admission, contact Microbiology at 415-353-1268.

**Available Stat:**

No

**Test Code:**

P221

**Performing Lab:**

Microbiology

**Performed:**

Daily, day and evening shift

**Methodology:**

Gram stain

**Remarks:**

Select a sample of diarrheal stool with an applicator stick, including bloody or mucous discharge if present.

Deliver to lab immediately.

Do not collect samples between 2200 and 0630 hours.

**Collect:**

Clean container

**Amount to Collect:**

See preferred volume

**Sample Type:**

Fresh diarrheal stool

**Preferred Volume:**

10 gm

**Unacceptable Conditions:**

Samples received >3 hours of collection. Stool in preservative.

**Specimen Preparation:**

Maintain sample at room temperature.

**Reference Interval:**

Negative (No cells)

**Synonyms:**

- Fecal leukocytes
- stool analysis

**Stability (from collection to initiation):**

3 hours

**Reported:**

4 hours

**Additional Information:**

The presence or absence of fecal leukocytes is of poor sensitivity and specificity in diagnosing hospital-acquired diarrhea, and is no longer offered on hospitalized patients > 72 hours post admission. See also Stool Analysis

**CPT Codes:**

87205

**LOINC Codes:**

2755-7



**XX/XY FISH**

XXXY, BXXXY

**ORDERING****Available Stat:**

No

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization

**Synonyms:**

- Sex mismatch
- Transplant monitoring
- TX monitoring
- XXXY
- BXXXY

**COLLECTION****Sample Type:**

Heparinized whole blood, bone marrow, bone core, Amniotic fluid, CVS, POC

**Collect:**

Blood & bone marrow aspirate: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics. Dark Green top also acceptable

Bone marrow core: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

See preferred volume.

**Preferred Volume:**

Bone marrow: 2 mL  
Blood: 3 mL  
Bone core: 2 cm  
Amniotic fluid: 10 mL  
CVS: 10 mg  
POC: 10 mg

**Minimum Volume:**

Bone marrow: 1 mL  
Blood: 1 mL  
Bone core: 1 cm  
Amniotic fluid: 5 mL  
CVS: 5 mg  
?POC: 5 mg

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**PROCESSING****Test Code:**

BXXXY: Blood  
XXXY: Bone marrow

**Test Group:**

FISH

**Performing Lab:**

Medical Genomics - Cytogenetics

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Preferred Volume:**

Bone marrow: 2 mL  
Blood: 3 mL  
Bone core: 2 cm  
Amniotic fluid: 10 mL  
CVS: 10 mg  
POC: 10 mg

**Minimum Volume:**

Bone marrow: 1 mL  
 Blood: 1 mL  
 Bone core: 1 cm  
 Amniotic fluid: 5 mL  
 CVS: 5 mg  
 ?POC: 5 mg

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**ADMINISTRATIVE****CPT Codes:**

88275, 88271

**LDT or Modified FDA:**

Yes

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

BXXXY: Blood  
 XXY: Bone marrow

**Test Group:**

FISH

**Performing Lab:**

Medical Genomics - Cytogenetics

**Methodology:**

Fluorescent in-situ hybridization

**Collect:**

Blood & bone marrow aspirate: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics. Dark Green top also acceptable

Bone marrow core: 15 mL centrifuge tube with transport media (RPMI, FBS, L-Glutamine, Sodium Heparin and PenStrep). Available from Cytogenetics.

**Amount to Collect:**

See preferred volume.

**Sample Type:**

Heparinized whole blood, bone marrow, bone core, Amniotic fluid, CVS, POC

**Preferred Volume:**

Bone marrow: 2 mL  
 Blood: 3 mL  
 Bone core: 2 cm  
 Amniotic fluid: 10 mL  
 CVS: 10 mg  
 POC: 10 mg

**Minimum Volume:**

Bone marrow: 1 mL  
 Blood: 1 mL  
 Bone core: 1 cm  
 Amniotic fluid: 5 mL  
 CVS: 5 mg  
 ?POC: 5 mg

**Unacceptable Conditions:**

Insufficient volume; unlabeled tubes; clotted samples; broken, leaking or contaminated tubes; frozen samples.

**Specimen Preparation:**

Maintain sample at room temperature. Transport to CB Cytogenetics within 24 hours

**Synonyms:**

- Sex mismatch
- Transplant monitoring
- TX monitoring
- XXY
- BXXXY

**CPT Codes:**

88275, 88271

**LDT or Modified FDA:**

Yes

# Y Chromosome Microdeletion

LAB6156

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Agarose Gel Electrophoresis • Polymerase Chain Reaction (PCR)

**Reported:**

3-7 days

**Additional Information:**

To detect Y chromosome microdeletions associated with oligospermia and azoospermia. About 15-20% of azoospermic men and about 10% of severely oligospermic men present with microdeletions of Yq. This test targets 20 genetic loci, including those recommended by the European Quality Monitoring Network Group (Int J Andr 22: 292-299 (1999)).

## COLLECTION

**Sample Type:**

Whole Blood

**Label Abbreviation:**

YCMD

**Collect:**

Lavender top or dark green top tube

**Amount to Collect:**

4 mL

**Preferred Volume:**

4 mL

**Minimum Volume:**

3 mL

**Stability (from collection to initiation):**

Room temperature: 8 days

Refrigerated: 8 days

Frozen: Unacceptable

## PROCESSING

**Test Code:**

YCMD

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Do not aliquot. Transport to CB ambient. Order Quest test code 14679

**Preferred Volume:**

4 mL

**Minimum Volume:**

3 mL

**Stability (from collection to initiation):**

Room temperature: 8 days

Refrigerated: 8 days

Frozen: Unacceptable

## RESULT INTERPRETATION

**Additional Information:**

To detect Y chromosome microdeletions associated with oligospermia and azoospermia. About 15-20% of azoospermic men and about 10% of severely oligospermic men present with microdeletions of Yq. This test targets 20 genetic loci, including those recommended by the European Quality Monitoring Network Group (Int J Andr 22: 292-299 (1999)).

**ADMINISTRATIVE****CPT Codes:**

81403-90

**LOINC Codes:**

35456-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

YCMD

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Agarose Gel Electrophoresis • Polymerase Chain Reaction (PCR)

**Collect:**

Lavender top or dark green top tube

**Amount to Collect:**

4 mL

**Sample Type:**

Whole Blood

**Preferred Volume:**

4 mL

**Minimum Volume:**

3 mL

**Specimen Preparation:**

Do not aliquot. Transport to CB ambient. Order Quest test code 14679

**Stability (from collection to initiation):**

Room temperature: 8 days

Refrigerated: 8 days

Frozen: Unacceptable

**Reported:**

3-7 days

**Additional Information:**

To detect Y chromosome microdeletions associated with oligospermia and azoospermia. About 15-20% of azoospermic men and about 10% of severely oligospermic men present with microdeletions of Yq. This test targets 20 genetic loci, including those recommended by the European Quality Monitoring Network Group (Int J Andr 22: 292-299 (1999)).

**CPT Codes:**

81403-90

**LOINC Codes:**

35456-3

# Yeast Culture

LAB241

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily

**Additional Information:**

This test is indicated when Candida species are the only fungi of concern. Separate fungal culture of blood or urine for yeast is unnecessary, as Candida will be detected by the routine bacterial culture if ordered. For vaginal yeast infections order Vaginal smear for Bacterial vaginosis/Yeast.

**Synonyms:**

- Fungal culture
- Candida
- Thrush
- Yst Cx

## COLLECTION

**Sample Type:**

Vaginal fluid, Wound, Oral

**Collect:**

E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

**Stability (from collection to initiation):**

Refrigerated 24 hours

## PROCESSING

**Test Code:**

P259Y

**Test Group:**

Fungal Culture

**Performing Lab:**

Microbiology

**Stability (from collection to initiation):**

Refrigerated 24 hours

## RESULT INTERPRETATION

**Additional Information:**

This test is indicated when Candida species are the only fungi of concern. Separate fungal culture of blood or urine for yeast is unnecessary, as Candida will be detected by the routine bacterial culture if ordered. For vaginal yeast infections order Vaginal smear for Bacterial vaginosis/Yeast.

## ADMINISTRATIVE

**CPT Codes:**

87102

**LOINC Codes:**

18482-0

## COMPLETE VIEW

**Available Stat:**

No

**Test Code:**

P259Y

**Test Group:**

Fungal Culture

**Performing Lab:**

Microbiology

**Performed:**

Set up daily

**Collect:**

E-swab (liquid Amies elution medium) or Amies transport medium with charcoal. Amies Gel and Amies/Stuart Liquid Swab Transport Systems have also been validated for culture.

**Sample Type:**

Vaginal fluid, Wound, Oral

**Synonyms:**

- Fungal culture
- Candida
- Thrush
- Yst Cx

**Stability (from collection to initiation):**

Refrigerated 24 hours

**Additional Information:**

This test is indicated when Candida species are the only fungi of concern. Separate fungal culture of blood or urine for yeast is unnecessary, as Candida will be detected by the routine bacterial culture if ordered. For vaginal yeast infections order Vaginal smear for Bacterial vaginosis/Yeast.

**CPT Codes:**

87102

**LOINC Codes:**

18482-0

# Yersinia only Culture

P158

## ORDERING

**Approval Required:**

Yes, consultation required for samples submitted > 72 hours after inpatient admission. Contact Microbiology at x3-1268

**Available Stat:**

No

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Culture

**Reported:**

2-3 days

**Synonyms:**

- Bacterial culture
- YERSCX

## COLLECTION

**Sample Type:**

Stool

**Collect:**

Urine cup or C & S (Cary & Blair) transport media

**Amount to Collect:**

5 mL

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh stool : 0.5 mL or size of pea, Stool in C & S (Cary & Blair) transport medium: 5 mL

**Remarks:**

Submit unpreserved stool to laboratory within 3 hours of collection.

If specimen will be submitted to the laboratory more than 3 hours after collection, or after 11 pm when Microbiology is closed, submit stool in C & S (Cary & Blair) Medium. Add stool to red line on vial and mix well with spoon.

C & S (Cary & Blair) Medium is available from Material Services . Outpatients can obtain these from the laboratories' draw stations. For patient collect samples, order PMM 68902 C & S Medium Cary Blair 2805-05-WB (with bag and instructions). PMM 49206 C & S Medium 2805-05 (without bag or instructions) also available.

**Stability (from collection to initiation):**

Unpreserved 3 hours, preserved 1 week

**Unacceptable Conditions:**

Unpreserved stool received > 3 hours after collection. More than two samples per day.

## PROCESSING

**Test Code:**

P158

**Test Group:**

Yersinia

**Performing Lab:**

Microbiology

**Specimen Preparation:**

If < 5mL stool received, add 3 parts Cary & Blair medium to 1 part stool.

Incubate CIN plate at ROOM TEMPERATURE.

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh stool : 0.5 mL or size of pea, Stool in C & S (Cary & Blair) transport medium: 5 mL



**Unacceptable Conditions:**

Unpreserved stool received > 3 hours after collection. More than two samples per day.

**Stability (from collection to initiation):**

Unpreserved 3 hours, preserved 1 week

**ADMINISTRATIVE****CPT Codes:**

87046

**LOINC Codes:**

28549-4

**COMPLETE VIEW****Approval Required:**

Yes, consultation required for samples submitted > 72 hours after inpatient admission. Contact Microbiology at x3-1268

**Available Stat:**

No

**Test Code:**

P158

**Test Group:**

Yersinia

**Performing Lab:**

Microbiology

**Performed:**

Set up daily, day and evening shifts

**Methodology:**

Culture

**Remarks:**

Submit unpreserved stool to laboratory within 3 hours of collection.

If specimen will be submitted to the laboratory more than 3 hours after collection, or after 11 pm when Microbiology is closed, submit stool in C & S (Cary & Blair) Medium. Add stool to red line on vial and mix well with spoon.

C & S (Cary & Blair) Medium is available from Material Services . Outpatients can obtain these from the laboratories' draw stations. For patient collect samples, order PMM 68902 C & S Medium Cary Blair 2805-05-WB (with bag and instructions). PMM 49206 C & S Medium 2805-05 (without bag or instructions) also available.

**Collect:**

Urine cup or C & S (Cary & Blair) transport media

**Amount to Collect:**

5 mL

**Sample Type:**

Stool

**Preferred Volume:**

5 mL

**Minimum Volume:**

Fresh stool : 0.5 mL or size of pea, Stool in C & S (Cary & Blair) transport medium: 5 mL

**Unacceptable Conditions:**

Unpreserved stool received > 3 hours after collection. More than two samples per day.

**Specimen Preparation:**

If < 5mL stool received, add 3 parts Cary & Blair medium to 1 part stool.

Incubate CIN plate at ROOM TEMPERATURE.

**Synonyms:**

- Bacterial culture
- YERSCX

**Stability (from collection to initiation):**

Unpreserved 3 hours, preserved 1 week

**Reported:**

2-3 days

**CPT Codes:**

87046

**LOINC Codes:**  
28549-4

# Zika Virus by PCR, Blood

LAB230

## ORDERING

**Ordering Recommendations:**

Testing should only be performed on individuals meeting Centers for Disease Control and Prevention (CDC) clinical criteria for Zika virus (eg, clinical signs and symptoms associated with Zika virus infection) and/or CDC epidemiological criteria for Zika virus (eg, history of residence in or travel to a geographic region with active Zika transmission at the time of travel, or other epidemiological criteria for which Zika virus testing may be indicated).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Wed, Fri

**Methodology:**

Qualitative Polymerase Chain Reaction (PCR)

**Reported:**

1-4 days

**Synonyms:**

- ZVPB

## COLLECTION

**Sample Type:**

Serum, Gold or Red top

**Label Abbreviation:**

ZVPB

**Collect:**

Serum separator tube (SST).

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Remarks:**

Specimen source required.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 6 weeks

**Storage/Transport Temperature:**

Frozen.

**Unacceptable Conditions:**

Urine (refer to Zika Virus by PCR, Urine, ARUP test code 2014069).

## PROCESSING

**Test Code:**

ZVPB

**ARUP Test Code:**

2014065

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Separate from cells. Transfer 2 mL serum to a sterile container. (Min: 1 mL)

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Urine (refer to Zika Virus by PCR, Urine, ARUP test code 2014069).

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 6 weeks

**Storage/Transport Temperature:**

Frozen.

**RESULT INTERPRETATION****Interpretive Data:**

Zika Virus by PCR is a real-time RT-PCR test intended for the qualitative detection of Zika virus RNA from individuals meeting CDC Zika virus clinical criteria (e.g., clinical signs and symptoms associated with Zika virus infection) and/or CDC Zika virus epidemiological criteria (e.g., history of residence in or travel to a geographic region with active Zika transmission at the time of travel, or other epidemiologic criteria for which Zika virus testing may be indicated).

Diagnostic testing for Zika virus infection should be performed as outlined by current CDC guidance.

If serologic testing is needed as a follow-up to PCR, contact ARUP client services to order Zika Virus IgM Antibody Capture (MAC), by ELISA (ARUP test code 2013942). Additional charges apply.

**ADMINISTRATIVE****CPT Codes:**

87662

**LOINC:**

- 91078-6
- 31208-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Testing should only be performed on individuals meeting Centers for Disease Control and Prevention (CDC) clinical criteria for Zika virus (eg, clinical signs and symptoms associated with Zika virus infection) and/or CDC epidemiological criteria for Zika virus (eg, history of residence in or travel to a geographic region with active Zika transmission at the time of travel, or other epidemiological criteria for which Zika virus testing may be indicated).

**Test Code:**

ZVPB

**ARUP Test Code:**

2014065

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Wed, Fri

**Methodology:**

Qualitative Polymerase Chain Reaction (PCR)

**Remarks:**

Specimen source required.

**Collect:**

Serum separator tube (SST).

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum, Gold or Red top

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

1 mL serum

**Unacceptable Conditions:**

Urine (refer to Zika Virus by PCR, Urine, ARUP test code 2014069).

**Specimen Preparation:**

Separate from cells. Transfer 2 mL serum to a sterile container. (Min: 1 mL)

**Interpretive Data:**

Zika Virus by PCR is a real-time RT-PCR test intended for the qualitative detection of Zika virus RNA from individuals meeting CDC Zika virus clinical criteria (e.g., clinical signs and symptoms associated with Zika virus infection) and/or CDC Zika virus epidemiological criteria (e.g., history of residence in or travel to a geographic region with active Zika transmission at the time of travel, or other epidemiologic criteria for which Zika virus testing may be indicated).

Diagnostic testing for Zika virus infection should be performed as outlined by current CDC guidance.

If serologic testing is needed as a follow-up to PCR, contact ARUP client services to order Zika Virus IgM Antibody Capture (MAC), by ELISA (ARUP test code 2013942). Additional charges apply.

**Synonyms:**

- ZVPB

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 6 weeks

**Reported:**

1-4 days

**CPT Codes:**

87662

**LOINC:**

- 91078-6
- 31208-2

# Zika Virus by PCR, Urine

LAB237

## ORDERING

**Ordering Recommendations:**

Testing should only be performed on individuals meeting Centers for Disease Control and Prevention (CDC) clinical criteria for Zika virus (eg, clinical signs and symptoms associated with Zika virus infection) and/or CDC epidemiological criteria for Zika virus (eg, history of residence in or travel to a geographic region with active Zika transmission at the time of travel, or other epidemiological criteria for which Zika virus testing may be indicated).

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon, Wed, Fri

**Methodology:**

Qualitative Polymerase Chain Reaction (PCR)

**Reported:**

1-4 days

**Synonyms:**

- ZVPU

## COLLECTION

**Sample Type:**

Sterile urine

**Label Abbreviation:**

ZVPU

**Collect:**

Urine and patient-matched serum separator tube (SST).

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Remarks:**

Specimen source required.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 6 weeks

**Storage/Transport Temperature:**

Frozen.

**Unacceptable Conditions:**

Serum (refer to Zika Virus by PCR, Blood, ARUP test code 2014065).

## PROCESSING

**Test Code:**

ZVPU

**ARUP Test Code:**

2014069

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Urine: Transfer 1 mL urine to a sterile container. (Min: 0.5 mL)

Serum: Collect and retain 2 mL of patient-matched serum at the client site in the event that serological follow-up testing is needed. (Min: 1 mL)

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Serum (refer to Zika Virus by PCR, Blood, ARUP test code 2014065).

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 6 weeks

**Storage/Transport Temperature:**

Frozen.

**RESULT INTERPRETATION****Interpretive Data:**

Zika Virus by PCR is a real-time RT-PCR test intended for the qualitative detection of Zika virus RNA from individuals meeting CDC Zika virus clinical criteria (e.g., clinical signs and symptoms associated with Zika virus infection) and/or CDC Zika virus epidemiological criteria (e.g., history of residence in or travel to a geographic region with active Zika transmission at the time of travel, or other epidemiologic criteria for which Zika virus testing may be indicated).

Diagnostic testing for Zika virus infection should be performed as outlined by current CDC guidance.

If serologic testing is needed as a follow-up to PCR, contact ARUP client services to order Zika Virus IgM Antibody Capture (MAC), by ELISA (ARUP test code 2013942). Additional charges apply.

**ADMINISTRATIVE****CPT Codes:**

87662

**LOINC:**

- 85623-7
- 31208-2

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

Testing should only be performed on individuals meeting Centers for Disease Control and Prevention (CDC) clinical criteria for Zika virus (eg, clinical signs and symptoms associated with Zika virus infection) and/or CDC epidemiological criteria for Zika virus (eg, history of residence in or travel to a geographic region with active Zika transmission at the time of travel, or other epidemiological criteria for which Zika virus testing may be indicated).

**Test Code:**

ZVPU

**ARUP Test Code:**

2014069

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon, Wed, Fri

**Methodology:**

Qualitative Polymerase Chain Reaction (PCR)

**Remarks:**

Specimen source required.

**Collect:**

Urine and patient-matched serum separator tube (SST).

**Sample Type:**

Sterile urine

**Preferred Volume:**

1 mL

**Minimum Volume:**

0.5 mL

**Unacceptable Conditions:**

Serum (refer to Zika Virus by PCR, Blood, ARUP test code 2014065).

**Specimen Preparation:**

Urine: Transfer 1 mL urine to a sterile container. (Min: 0.5 mL)

Serum: Collect and retain 2 mL of patient-matched serum at the client site in the event that serological follow-up testing is needed. (Min: 1 mL)

**Interpretive Data:**

Zika Virus by PCR is a real-time RT-PCR test intended for the qualitative detection of Zika virus RNA from individuals meeting CDC Zika virus clinical criteria (e.g., clinical signs and symptoms associated with Zika virus infection) and/or CDC Zika virus epidemiological criteria (e.g., history of residence in or travel to a geographic region with active Zika transmission at the time of travel, or other epidemiologic criteria for which Zika virus testing may be indicated).

Diagnostic testing for Zika virus infection should be performed as outlined by current CDC guidance.

If serologic testing is needed as a follow-up to PCR, contact ARUP client services to order Zika Virus IgM Antibody Capture (MAC), by ELISA (ARUP test code 2013942). Additional charges apply.

**Synonyms:**

- ZVPU

**Storage/Transport Temperature:**

Frozen.

**Stability (from collection to initiation):**

Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 6 weeks

**Reported:**

1-4 days

**CPT Codes:**

87662

**LOINC:**

- 85623-7
- 31208-2



# Zinc Protoporphyrin (ZPP), Whole Blood

LAB1085

## ORDERING

**Ordering Recommendations:**

This test should not be used as the primary screening test for lead exposure; the preferred test for lead exposure assessment is Lead Blood (Venous) (0020098). For iron deficiency assessment, Iron and Iron Binding Capacity (0020420) and Ferritin (0070065) are recommended. For assessment of occupational exposure to lead, Lead Industrial Exposure Panel, Adults (0025016) is recommended.

**Available Stat:**

No

**Performing Lab:**

ARUP

**Performed:**

Mon-Fri

**Methodology:**

Quantitative Hematofluorometry

**Reported:**

1-4 days

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**Synonyms:**

- Porphyrins
- ZP
- ZPP
- ZPP/Heme Ratio
- ZNPP

## COLLECTION

**Label Abbreviation:**

ZNPP

**Collect:**

Lavender (EDTA), royal blue (K2EDTA), royal blue (NaHep), tan (K2EDTA), or pink (K2EDTA).

**Stability (from collection to initiation):**

Ambient: 30 hours; Refrigerated: 5 weeks; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**Unacceptable Conditions:**

Clotted, frozen, or hemolyzed specimens.

## PROCESSING

**Test Code:**

ZNPP

**ARUP Test Code:**

0020605

**Sendout:**

Yes

**Performing Lab:**

ARUP

**Specimen Preparation:**

Transport 3 or 6 mL whole blood in the original collection tube. (Min: 0.2 mL)

**Unacceptable Conditions:**

Clotted, frozen, or hemolyzed specimens.

**Stability (from collection to initiation):**

Ambient: 30 hours; Refrigerated: 5 weeks; Frozen: Unacceptable

**Storage/Transport Temperature:**

Refrigerated.

**RESULT INTERPRETATION****Reference Interval:**

0-69 µmol ZPP/ mol Hem

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**Interpretive Data:**

This test was performed on the ProtoFluor Z system manufactured by Helena Laboratories. The result is not comparable to results obtained from extraction-based methods or from the AVIV ZPP system.

**ADMINISTRATIVE****CPT Codes:**

84202

**LOINC:**

- 29763-0

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

This test should not be used as the primary screening test for lead exposure; the preferred test for lead exposure assessment is Lead Blood (Venous) (0020098). For iron deficiency assessment, Iron and Iron Binding Capacity (0020420) and Ferritin (0070065) are recommended. For assessment of occupational exposure to lead, Lead Industrial Exposure Panel, Adults (0025016) is recommended.

**Test Code:**

ZNPP

**ARUP Test Code:**

0020605

**Performing Lab:**

ARUP

**Sendout:**

Yes

**Performed:**

Mon-Fri

**Methodology:**

Quantitative Hematofluorometry

**Collect:**

Lavender (EDTA), royal blue (K2EDTA), royal blue (NaHep), tan (K2EDTA), or pink (K2EDTA).

**Unacceptable Conditions:**

Clotted, frozen, or hemolyzed specimens.

**Specimen Preparation:**

Transport 3 or 6 mL whole blood in the original collection tube. (Min: 0.2 mL)

**Reference Interval:**

0-69 µmol ZPP/ mol Hem

**Interpretive Data:**

This test was performed on the ProtoFluor Z system manufactured by Helena Laboratories. The result is not comparable to results obtained from extraction-based methods or from the AVIV ZPP system.

**Synonyms:**

- Porphyrins
- ZP
- ZPP
- ZPP/Heme Ratio
- ZNPP

**Storage/Transport Temperature:**

Refrigerated.

**Stability (from collection to initiation):**

Ambient: 30 hours; Refrigerated: 5 weeks; Frozen: Unacceptable

**Reported:**

1-4 days

**Additional Technical Information:**

- [Specimen Collection and Handling](#)

**CPT Codes:**

84202

**LOINC:**

- 29763-0

**Notes:**

Elevated ZPP results are seen in early and late iron deficiency, the anemia of chronic disease, chronic lead poisoning, and erythropoietic protoporphyria. Elevated bilirubin or riboflavin and hemolyzed, clotted, or improperly aliquoted specimens may falsely increase the ZPP concentration.

A more specific test for free protoporphyrin is Porphyrins, Serum Total (0080429). Erythrocyte Porphyrin (EP), Whole Blood (0020610), measures free protoporphyrin and zinc protoporphyrin.

# Zinc Transporter 8 Antibody

LAB5745

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

ELISA

**Reported:**

3-5 days

**Synonyms:**

- Autoimmune Diabetes

## COLLECTION

**Sample Type:**

Serum

**Label Abbreviation:**

ZNT8

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

Room temperature or refrigerated 1 week, frozen 4 weeks.

**Unacceptable Conditions:**

Gross Hemolysis; Lipemia; Icterus; specimens other than serum

**Rejection Criteria:**

Gross Hemolysis; Lipemia; Icterus; specimens other than serum

## PROCESSING

**Test Code:**

ZNT8

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Centrifuge and aliquot. Freeze. Send to CB frozen. Order Quest test code 93022

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Unacceptable Conditions:**

Gross Hemolysis; Lipemia; Icterus; specimens other than serum

**Rejection Criteria:**

Gross Hemolysis; Lipemia; Icterus; specimens other than serum

**Stability (from collection to initiation):**

Room temperature or refrigerated 1 week, frozen 4 weeks.

## RESULT INTERPRETATION

**Units:**

U/mL

**Reference Interval:**

&lt; 15 U/mL

**ADMINISTRATIVE****CPT Codes:**

86341-90

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ZNT8

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

ELISA

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

0.5 mL serum

**Rejection Criteria:**

Gross Hemolysis; Lipemia; Icterus; specimens other than serum

**Unacceptable Conditions:**

Gross Hemolysis; Lipemia; Icterus; specimens other than serum

**Specimen Preparation:**

Centrifuge and aliquot. Freeze. Send to CB frozen. Order Quest test code 93022

**Units:**

U/mL

**Reference Interval:**

&lt; 15 U/mL

**Synonyms:**

- Autoimmune Diabetes

**Stability (from collection to initiation):**

Room temperature or refrigerated 1 week, frozen 4 weeks.

**Reported:**

3-5 days

**CPT Codes:**

86341-90

# Zinc, 24 hour urine

LAB3549

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Atomic Absorption Spectroscopy

**Reported:**

Test run Monday-Saturday. Turnaround time: 3-6 days.

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 0.0153.

## COLLECTION

**Sample Type:**

24 hour urine collection

**Label Abbreviation:**

ZINU

**Collect:**

Acid Wash Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

**Rejection Criteria:**

Hemolysis or fecal contamination

## PROCESSING

**Test Code:**

ZINU

**Test Group:**

Zinc

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis.

24 hour urine: After collection, be sure the urine is mixed well before transferring to the shipping container. To avoid contamination, carefully pour the designated amount of urine directly from the collection container into the acid wash shipping container. Prepare two (2) aliquots. Save (1) in storage rack. Discard after 1 week. Measure the remaining volume of urine AFTER the aliquot is taken and add volume of aliquots for total 24 hour urine volume or weigh the entire 24 hour collection, record total volume, then aliquot into acid washed shipping container. Freeze at -20C. Order Quest # 946.

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Rejection Criteria:**

Hemolysis or fecal contamination

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

**RESULT INTERPRETATION****Units:**

µg/24 hours

**Reference Interval:**

100-1200 µg/24 hours

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 0.0153.

**ADMINISTRATIVE****CPT Codes:**

84630-90

**LOINC Codes:**

5765-3

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ZINU

**Test Group:**

Zinc

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Atomic Absorption Spectroscopy

**Collect:**

Acid Wash Container Required

**Amount to Collect:**

Entire 24 hour urine output

**Sample Type:**

24 hour urine collection

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

3 mL urine

**Rejection Criteria:**

Hemolysis or fecal contamination

**Specimen Preparation:**

Follow the detailed processing instructions for Trace Metal Analysis.

24 hour urine: After collection, be sure the urine is mixed well before transferring to the shipping container. To avoid contamination, carefully pour the designated amount of urine directly from the collection container into the acid wash shipping container. Prepare two (2) aliquots. Save (1) in storage rack. Discard after 1 week. Measure the remaining volume of urine AFTER the aliquot is taken and add volume of aliquots for total 24 hour urine volume or weigh the entire 24 hour collection, record total volume, then aliquot into acid washed shipping container. Freeze at -20C. Order Quest # 946.

**Units:**

µg/24 hours

**Reference Interval:**

100-1200 µg/24 hours

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

**Reported:**

Test run Monday-Saturday. Turnaround time: 3-6 days.

**Additional Information:**

To convert µg/L to µmol/L (SI units) multiply by 0.0153.

**CPT Codes:**

84630-90

**LOINC Codes:**

5765-3

# Zinc, random urine

ZINUR

## ORDERING

**Available Stat:**

No

**Performing Lab:**

Quest

**Methodology:**

Inductively-Coupled Plasma / Mass Spectrometry

**Reported:**

Set up 5x per week. Turn around 5-7 days.

**Additional Information:**

Zinc is an essential element involved in a myriad of enzyme systems including wound healing, immune function, and fetal development. Zinc measurements are used to detect and monitor industrial, dietary, and accidental exposure to zinc. Also, Zinc measurements may be used to evaluate health and monitor response to treatment.

**Synonyms:**

- Zn

## COLLECTION

**Patient Preparation:**

Patient should refrain from taking vitamins or mineral supplements at least 3 days prior to sample collection.

**Sample Type:**

Random urine, second voided AM preferred

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

2 mL urine

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

**Rejection Criteria:**

Grossly decomposed urine. hemolysis or fecal contamination. Use of metal based preservative.

## PROCESSING

**Test Code:**

ZINUR

**Test Group:**

Zinc

**Sendout:**

Yes

**Performing Lab:**

Quest

**Specimen Preparation:**

Aliquot 7 mL. Store and transport sample at refrigerated. Order Quest #16502

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

2 mL urine

**Rejection Criteria:**

Grossly decomposed urine. hemolysis or fecal contamination. Use of metal based preservative.

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

## RESULT INTERPRETATION



**Units:**

µg/g Creatinine (mcg/g Creatinine)

**Reference Interval:**

2nd voided urine in non-exposed &gt;= 18 year old: 100-810 µg/g creatinine

**Additional Information:**

Zinc is an essential element involved in a myriad of enzyme systems including wound healing, immune function, and fetal development. Zinc measurements are used to detect and monitor industrial, dietary, and accidental exposure to zinc. Also, Zinc measurements may be used to evaluate health and monitor response to treatment.

**ADMINISTRATIVE****CPT Codes:**

82570-90, 84630-90

**LOINC Codes:**

13473-4

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ZINUR

**Test Group:**

Zinc

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

Inductively-Coupled Plasma / Mass Spectrometry

**Patient Preparation:**

Patient should refrain from taking vitamins or mineral supplements at least 3 days prior to sample collection.

**Collect:**

Urine cup

**Amount to Collect:**

10 mL urine

**Sample Type:**

Random urine, second voided AM preferred

**Preferred Volume:**

7 mL urine

**Minimum Volume:**

2 mL urine

**Rejection Criteria:**

Grossly decomposed urine. hemolysis or fecal contamination. Use of metal based preservative.

**Specimen Preparation:**

Aliquot 7 mL. Store and transport sample at refrigerated. Order Quest #16502

**Units:**

µg/g Creatinine (mcg/g Creatinine)

**Reference Interval:**

2nd voided urine in non-exposed &gt;= 18 year old: 100-810 µg/g creatinine

**Synonyms:**

- Zn

**Stability (from collection to initiation):**

Room temperature 5 days, refrigerated 2 weeks, frozen at -20C 1 month.

**Reported:**

Set up 5x per week. Turn around 5-7 days.

**Additional Information:**

Zinc is an essential element involved in a myriad of enzyme systems including wound healing, immune function, and fetal development. Zinc measurements are used to detect and monitor industrial, dietary, and accidental exposure to zinc. Also, Zinc measurements may be used to evaluate health and monitor response to treatment.

**CPT Codes:**

82570-90, 84630-90

**LOINC Codes:**  
13473-4

# Zinc, Serum/Plasma

ZINC

## ORDERING

**Available Stat:**

No

**Performing Lab:**

UC Irvine

**Methodology:**

Inductively Coupled Plasma Mass Spectroscopy (ICPMS)

**Reported:**

3-7 days.

## COLLECTION

**Patient Preparation:**

The patient should refrain from taking vitamins or mineral supplements for at least 3 days prior to specimen collection.

**Sample Type:**

EDTA plasma preferred, serum accepted

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.6 mL plasma or serum

**Remarks:**

Because Zinc levels display a circadian rhythm which peaks at 0900 and 1800, specimens should always be drawn at the same time of day. Be sure to gently mix the specimen promptly after phlebotomy.

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 2 weeks, frozen at -20C 6 months.

**Unacceptable Conditions:**

Moderate to gross hemolysis.

**Rejection Criteria:**

Hemolysis

## PROCESSING

**Test Code:**

ZINC

**Test Group:**

Zinc

**Sendout:**

Yes

**Performing Lab:**

UC Irvine

**Specimen Preparation:**

Spin down and separate plasma/serum from cells within 2 hours of collection. Pour the plasma into a plastic trace element shipping container and ship to China Basin sendouts frozen.

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.6 mL plasma or serum

**Unacceptable Conditions:**

Moderate to gross hemolysis.

**Rejection Criteria:**

Hemolysis

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 2 weeks, frozen at -20C 6 months.

## RESULT INTERPRETATION

**Units:** $\mu\text{g/dL}$  (mcg/dL)**Reference Interval:**55 - 150  $\mu\text{g/dL}$  (mcg/dL)**ADMINISTRATIVE****CPT Codes:**

84630-90

**LOINC Codes:**

5763-8

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ZINC

**Test Group:**

Zinc

**Performing Lab:**

UC Irvine

**Sendout:**

Yes

**Methodology:**

Inductively Coupled Plasma Mass Spectroscopy (ICPMS)

**Patient Preparation:**

The patient should refrain from taking vitamins or mineral supplements for at least 3 days prior to specimen collection.

**Remarks:**

Because Zinc levels display a circadian rhythm which peaks at 0900 and 1800, specimens should always be drawn at the same time of day. Be sure to gently mix the specimen promptly after phlebotomy.

**Collect:**

Navy blue top (EDTA) tube

**Amount to Collect:**

4 mL blood

**Sample Type:**

EDTA plasma preferred, serum accepted

**Preferred Volume:**

1 mL plasma or serum

**Minimum Volume:**

0.6 mL plasma or serum

**Rejection Criteria:**

Hemolysis

**Unacceptable Conditions:**

Moderate to gross hemolysis.

**Specimen Preparation:**

Spin down and separate plasma/serum from cells within 2 hours of collection. Pour the plasma into a plastic trace element shipping container and ship to China Basin sendouts frozen.

**Units:** $\mu\text{g/dL}$  (mcg/dL)**Reference Interval:**55 - 150  $\mu\text{g/dL}$  (mcg/dL)**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 2 weeks, frozen at -20C 6 months.

**Reported:**

3-7 days.

**CPT Codes:**

84630-90

**LOINC Codes:**

5763-8

**Zonisamide**  
LAB504

**ORDERING**

**Available Stat:**  
No

**Performing Lab:**  
Quest

**Methodology:**  
LC/MS/MS

**Reported:**  
Run Tuesday and Friday evenings. Turnaround 3-6 days.

**Additional Information:**  
Zonisamide is commonly used as an adjunct together with other conventional anticonvulsants. As multiple drugs are administered, it is important to monitor its level to optimize therapeutic effects, to assure compliance, and to avoid toxicity.

**COLLECTION**

**Sample Type:**  
Serum

**Label Abbreviation:**  

ZONI

**Collect:**  
Gold top or Red top

**Amount to Collect:**  
2 mL blood

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
1 mL serum

**Stability (from collection to initiation):**  
Room temperature 1 day, refrigerated 2 weeks, frozen at -20C 1.5 months

**PROCESSING**

**Test Code:**  
ZONI

**Sendout:**  
Yes

**Performing Lab:**  
Quest

**Specimen Preparation:**  
Order Quest test # 37852N

**Preferred Volume:**  
1 mL serum

**Minimum Volume:**  
1 mL serum

**Stability (from collection to initiation):**  
Room temperature 1 day, refrigerated 2 weeks, frozen at -20C 1.5 months

**RESULT INTERPRETATION**

**Units:**  
µg/mL (mcg/mL)

**Reference Interval:**  
10-40 µg/mL

**Additional Information:**  
Zonisamide is commonly used as an adjunct together with other conventional anticonvulsants. As multiple drugs are administered, it is important to monitor its level to optimize therapeutic effects, to assure compliance, and to avoid toxicity.

**ADMINISTRATIVE**

**CPT Codes:**

80203

**LOINC Codes:**

29620-2

**COMPLETE VIEW****Available Stat:**

No

**Test Code:**

ZONI

**Performing Lab:**

Quest

**Sendout:**

Yes

**Methodology:**

LC/MS/MS

**Collect:**

Gold top or Red top

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

1 mL serum

**Minimum Volume:**

1 mL serum

**Specimen Preparation:**

Order Quest test # 37852N

**Units:**

µg/mL (mcg/mL)

**Reference Interval:**

10-40 µg/mL

**Stability (from collection to initiation):**

Room temperature 1 day, refrigerated 2 weeks, frozen at -20C 1.5 months

**Reported:**

Run Tuesday and Friday evenings. Turnaround 3-6 days.

**Additional Information:**

Zonisamide is commonly used as an adjunct together with other conventional anticonvulsants. As multiple drugs are administered, it is important to monitor its level to optimize therapeutic effects, to assure compliance, and to avoid toxicity.

**CPT Codes:**

80203

**LOINC Codes:**

29620-2

# ZSFG Comprehensive Drug Screen, Plasma/Serum

SFGDSP

## ORDERING

**Ordering Recommendations:**

This test should only be used in cases where the Poison Control Center has advised the clinicians to order it. It should not be used routinely.

If a routine comprehensive urine drug screen is required, please order drug screen (general toxicology, not available stat)" in ApeX.

**Available Stat:**

No

**Performing Lab:**

ZSFG

**Performed:**

Monday - Friday

**Methodology:**

LC-MS/TOF

**Reported:**

1-3 days with prior approval.  
Monday through Friday only.  
Not available on weekends or holidays.

**Additional Information:**

This test should only be used in cases where the Poison Control Center has advised the clinicians to order it. It should not be used routinely.

If a routine comprehensive urine drug screen is required, please order drug screen (general toxicology, not available stat)" in ApeX.

**Synonyms:**

- Comprehensive serum drug screen
- comprehensive plasma drug screen
- High resolution drug screen

## COLLECTION

**Sample Type:**

Serum or Plasma

**Collect:**

SST, Red top, Dark green top, or PST

**Amount to Collect:**

2 mL blood

**Preferred Volume:**

1 mL serum/plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month.

**Storage/Transport Temperature:**

Refrigerated

## PROCESSING

**Test Code:**

SFGDSP

**Test Group:**

Drug screening

**Sendout:**

Yes

**Performing Lab:**

ZSFG

**Specimen Preparation:**

Processing departments at Parnassus, Mission Bay or Mount Zion:  
The samples will be sent to ZSFG directly from the laboratory site where they are received.

If this is an add-on test, find already collected aliquot of plasma or serum.

If newly collected sample, aliquot plasma or serum.

Print the ApeX requisition. Place requisition and sample in a bag or box, refrigerated and call a STAT courier to take the sample to ZSFG.

Courier = AmTran

Courier phone number = (877)-243-8733

ZSFG address = UCSF Clinical Laboratory at ZSFG, Specimen Collection and Management, 1001 Potrero Avenue, San Francisco, CA 94110-3518. Tel: 628-206-8590.

The results will be emailed to the sendout department and will be scanned into ApeX (Monday through Friday only, not on holidays or weekends).

**Preferred Volume:**

1 mL serum/plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month.

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

No compounds detected

**Additional Information:**

This test should only be used in cases where the Poison Control Center has advised the clinicians to order it. It should not be used routinely.

If a routine comprehensive urine drug screen is required, please order drug screen (general toxicology, not available stat)" in ApeX.

**ADMINISTRATIVE****CPT Codes:**

80307, G0483

**LOINC:**

- Comprehensive serum drug
- comprehensive plasma drug
- High resolution drug scre

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

This test should only be used in cases where the Poison Control Center has advised the clinicians to order it. It should not be used routinely.

If a routine comprehensive urine drug screen is required, please order drug screen (general toxicology, not available stat)" in ApeX.

**Test Code:**

SFGDSP

**Test Group:**

Drug screening

**Performing Lab:**

ZSFG

**Sendout:**

Yes

**Performed:**

Monday - Friday

**Methodology:**

LC-MS/TOF



**Collect:**

SST, Red top, Dark green top, or PST

**Amount to Collect:**

2 mL blood

**Sample Type:**

Serum or Plasma

**Preferred Volume:**

1 mL serum/plasma

**Minimum Volume:**

0.5 mL serum or plasma

**Specimen Preparation:**

Processing departments at Parnassus, Mission Bay or Mount Zion:

The samples will be sent to ZSFG directly from the laboratory site where they are received.

If this is an add-on test, find already collected aliquot of plasma or serum.

If newly collected sample, aliquot plasma or serum.

Print the ApeX requisition. Place requisition and sample in a bag or box, refrigerated and call a STAT courier to take the sample to ZSFG.

Courier = AmTran

Courier phone number = (877)-243-8733

ZSFG address = UCSF Clinical Laboratory at ZSFG, Specimen Collection and Management, 1001 Potrero Avenue, San Francisco, CA 94110-3518. Tel: 628-206-8590.

The results will be emailed to the sendout department and will be scanned into ApeX (Monday through Friday only, not on holidays or weekends).

**Reference Interval:**

No compounds detected

**Synonyms:**

- Comprehensive serum drug screen
- comprehensive plasma drug screen
- High resolution drug screen

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month.

**Reported:**

1-3 days with prior approval.

Monday through Friday only.

Not available on weekends or holidays.

**Additional Information:**

This test should only be used in cases where the Poison Control Center has advised the clinicians to order it. It should not be used routinely.

If a routine comprehensive urine drug screen is required, please order drug screen (general toxicology, not available stat)" in ApeX.

**CPT Codes:**

80307, G0483

**LOINC:**

- Comprehensive serum drug
- comprehensive plasma drug
- High resolution drug scre

# ZSFG Comprehensive Drug Screen, Urine

SFGDU

## ORDERING

**Ordering Recommendations:**

This test should only be used in cases where the Poison Control Center has advised the clinicians to order it. It should not be used routinely.

If a routine comprehensive urine drug screen is required, please order drug screen (general toxicology, not available stat)" in ApeX.

**Available Stat:**

No

**Performing Lab:**

ZSFG

**Methodology:**

LC-MS/TOF

**Reported:**

1-3 days with prior approval

**Additional Information:**

This test should only be used in cases where the Poison Control Center has advised the clinicians to order it. It should not be used routinely.

If a routine comprehensive urine drug screen is required, please order drug screen (general toxicology, not available stat)" in ApeX.

**Synonyms:**

- Comprehensive urine drug screen
- High resolution drug screen

## COLLECTION

**Sample Type:**

Urine

**Collect:**

Sterile Container/urine cup

**Amount to Collect:**

2 mL

**Preferred Volume:**

2 mL

**Minimum Volume:**

1 mL

**Remarks:**

Preferably added on to the oldest urine sample available from the patient, but a fresh specimen can be collected.

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month

**Storage/Transport Temperature:**

Refrigerated

## PROCESSING

**Test Code:**

SFGDU

**Test Group:**

Drug Screening

**Sendout:**

Yes

**Performing Lab:**

ZSFG

**Specimen Preparation:**

Processing departments at Parnassus, Mission Bay or Mount Zion:

The samples will be sent to ZSFG directly from the laboratory site where they are received. They can be sent 24/7 if a courier is available.

If this is an add-on test, find already collected aliquot of urine.

If newly collected sample, aliquot urine.

Print the ApeX requisition. Place requisition and sample in a bag or box, refrigerated, and call a STAT courier to take the sample to ZSFG.

Courier = AmTran

Courier phone number = (877)-243-8733

ZSFG address = UCSF Clinical Laboratory at ZSFG, Specimen Collection and Management, 1001 Potrero Avenue, San Francisco, CA 94110-3518. Tel: 628-206-8590.

The results will be emailed to the sendout department and will be scanned into ApeX (Monday through Friday only, not on holidays or weekends).

**Preferred Volume:**

2 mL

**Minimum Volume:**

1 mL

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month

**Storage/Transport Temperature:**

Refrigerated

**RESULT INTERPRETATION****Reference Interval:**

No compounds detected

**Additional Information:**

This test should only be used in cases where the Poison Control Center has advised the clinicians to order it. It should not be used routinely.

If a routine comprehensive urine drug screen is required, please order drug screen (general toxicology, not available stat)" in ApeX.

**ADMINISTRATIVE****CPT Codes:**

80307, G0483

**COMPLETE VIEW****Available Stat:**

No

**Ordering Recommendations:**

This test should only be used in cases where the Poison Control Center has advised the clinicians to order it. It should not be used routinely.

If a routine comprehensive urine drug screen is required, please order drug screen (general toxicology, not available stat)" in ApeX.

**Test Code:**

SFGDU

**Test Group:**

Drug Screening

**Performing Lab:**

ZSFG

**Sendout:**

Yes

**Methodology:**

LC-MS/TOF

**Remarks:**

Preferably added on to the oldest urine sample available from the patient, but a fresh specimen can be collected.

**Collect:**

Sterile Container/urine cup

**Amount to Collect:**

2 mL

**Sample Type:**

Urine

**Preferred Volume:**

2 mL

**Minimum Volume:**

1 mL

**Specimen Preparation:**

Processing departments at Parnassus, Mission Bay or Mount Zion:

The samples will be sent to ZSFG directly from the laboratory site where they are received. They can be sent 24/7 if a courier is available.

If this is an add-on test, find already collected aliquot of urine.

If newly collected sample, aliquot urine.

Print the ApeX requisition. Place requisition and sample in a bag or box, refrigerated, and call a STAT courier to take the sample to ZSFG.

Courier = AmTran

Courier phone number = (877)-243-8733

ZSFG address = UCSF Clinical Laboratory at ZSFG, Specimen Collection and Management, 1001 Potrero Avenue, San Francisco, CA 94110-3518. Tel: 628-206-8590.

The results will be emailed to the sendout department and will be scanned into ApeX (Monday through Friday only, not on holidays or weekends).

**Reference Interval:**

No compounds detected

**Synonyms:**

- Comprehensive urine drug screen
- High resolution drug screen

**Storage/Transport Temperature:**

Refrigerated

**Stability (from collection to initiation):**

Refrigerated 1 week, frozen 1 month

**Reported:**

1-3 days with prior approval

**Additional Information:**

This test should only be used in cases where the Poison Control Center has advised the clinicians to order it. It should not be used routinely.

If a routine comprehensive urine drug screen is required, please order drug screen (general toxicology, not available stat)" in ApeX.

**CPT Codes:**

80307, G0483

# ZSFG Ethylene Glycol

MOLT

## ORDERING

**Approval Required:**

Yes

**Available Stat:**

No

**Performing Lab:**

ZSFG

**Methodology:**

Catachem Inc enzymatic ethylene glycol assay

**Reported:**

&lt;24 hours with prior approval

**Additional Information:**

This test should only be used in cases where the turn-around time for the ARUP ethylene glycol test is not adequate and/or when the Poison Control Center advises the clinicians to order it. It should not be used routinely.

If clinicians would like to order this test, please follow the procedure below:

1. Look for the oldest serum sample in a gold top tube that we have from the patient in question. Keep them refrigerated. If we don't have any samples, request a new serum sample collected in a gold top tube.
2. Once you find the sample/receive the sample, email the clinician the ZSFG requisition that can be found at the link below and have them complete the top section with the patient information and the contact information. Once they email the requisition form back, complete the bottom part of the form including adding the accession number of each sample and check the ethylene glycol test.
3. Add a "MOLT" on to the accession numbers of each of the samples that will be sent. In the description, please write "ZSFG ethylene glycol."
4. Aliquot samples if necessary - see preferred volume information.
5. Package the samples up in a box and attach the address label at the link below.
6. Call a STAT courier to have the samples picked up and taken to ZSFG.

The results will be called or emailed to the contact information given on the requisition form. The report will be emailed or faxed to the sendout department and will be scanned into ApeX (Monday through Friday only, not on holidays or weekends).

[ZSFG Requisition](#)[ZSFG address label](#)**Supplemental Test Request Form Required:**

Yes

## COLLECTION

**Sample Type:**

Serum

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.5 mL serum

**Remarks:**

Preferably added on to the oldest serum sample available from the patient in a gold top tube.

If none available, request fresh specimen. Collect serum in a gold top tube.

**Stability (from collection to initiation):**

After separation from cells: Refrigerated 3 months

**PROCESSING****Test Code:**

MOLT

**Test Group:**

Drug screening

**Sendout:**

Yes

**Performing Lab:**

ZSFG

**Specimen Preparation:**

Take already collected aliquot of serum and store refrigerated.

If newly collected sample, aliquot serum and store refrigerated.

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.5 mL serum

**Stability (from collection to initiation):**

After separation from cells: Refrigerated 3 months

**RESULT INTERPRETATION****Reference Interval:**

Negative

**Additional Information:**

This test should only be used in cases where the turn-around time for the ARUP ethylene glycol test is not adequate and/or when the Poison Control Center advises the clinicians to order it. It should not be used routinely.

If clinicians would like to order this test, please follow the procedure below:

1. Look for the oldest serum sample in a gold top tube that we have from the patient in question. Keep them refrigerated. If we don't have any samples, request a new serum sample collected in a gold top tube.
2. Once you find the sample/receive the sample, email the clinician the ZSFG requisition that can be found at the link below and have them complete the top section with the patient information and the contact information. Once they email the requisition form back, complete the bottom part of the form including adding the accession number of each sample and check the ethylene glycol test.
3. Add a "MOLT" on to the accession numbers of each of the samples that will be sent. In the description, please write "ZSFG ethylene glycol."
4. Aliquot samples if necessary - see preferred volume information.
5. Package the samples up in a box and attach the address label at the link below.
6. Call a STAT courier to have the samples picked up and taken to ZSFG.

The results will be called or emailed to the contact information given on the requisition form. The report will be emailed or faxed to the sendout department and will be scanned into ApeX (Monday through Friday only, not on holidays or weekends).

[ZSFG Requisition](#)

[ZSFG address label](#)

**ADMINISTRATIVE****CPT Codes:**

82693

**COMPLETE VIEW****Approval Required:**

Yes

**Available Stat:**

No

**Test Code:**

MOLT

**Test Group:**

Drug screening

**Performing Lab:**

ZSFG

**Sendout:**

Yes

**Methodology:**

Catachem Inc enzymatic ethylene glycol assay

**Remarks:**

Preferably added on to the oldest serum sample available from the patient in a gold top tube.

If none available, request fresh specimen. Collect serum in a gold top tube.

**Collect:**

Gold top

**Amount to Collect:**

4 mL blood

**Sample Type:**

Serum

**Preferred Volume:**

2 mL serum

**Minimum Volume:**

0.5 mL serum

**Specimen Preparation:**

Take already collected aliquot of serum and store refrigerated.

If newly collected sample, aliquot serum and store refrigerated.

**Reference Interval:**

Negative

**Stability (from collection to initiation):**

After separation from cells: Refrigerated 3 months

**Reported:**

<24 hours with prior approval

**Additional Information:**

This test should only be used in cases where the turn-around time for the ARUP ethylene glycol test is not adequate and/or when the Poison Control Center advises the clinicians to order it. It should not be used routinely.

If clinicians would like to order this test, please follow the procedure below:

1. Look for the oldest serum sample in a gold top tube that we have from the patient in question. Keep them refrigerated. If we don't have any samples, request a new serum sample collected in a gold top tube.
2. Once you find the sample/receive the sample, email the clinician the ZSFG requisition that can be found at the link below and have them complete the top section with the patient information and the contact information. Once they email the requisition form back, complete the bottom part of the form including adding the accession number of each sample and check the ethylene glycol test.
3. Add a "MOLT" on to the accession numbers of each of the samples that will be sent. In the description, please write "ZSFG ethylene glycol."
4. Aliquot samples if necessary - see preferred volume information.
5. Package the samples up in a box and attach the address label at the link below.
6. Call a STAT courier to have the samples picked up and taken to ZSFG.

The results will be called or emailed to the contact information given on the requisition form. The report will be emailed or faxed to the sendout department and will be scanned into ApeX (Monday through Friday only, not on holidays or weekends).

[ZSFG Requisition](#)

[ZSFG address label](#)

**CPT Codes:**

82693

**Supplemental Test Request Form Required:**  
Yes