

The tests listed in this table will be DELETED from our catalog. Replacement or alternate tests are noted if applicable.			
SBMF#	Effective	Deleted Test	Replacement / Alternate Test
45339	03.29.2019	14-3-3 Protein Tau/Theta, CSF	Prion Disease (CJD), CSF Panel (47711)
44973	03.29.2019	1p/19q Deletion by FISH	1p/19q Deletion by FISH (47691)
42320	Immediate	Acid Alpha-Glucosidase, Blood Spot	Pompe Disease (GAA), Enzyme Activity in Leukocytes (47593)
44900	03.29.2019	Adenovirus 40-41 Antigens, EIA, Feces	Gastrointestinal Viral Panel by PCR (47641)
36176	Immediate	ALK Gene Rearrangement by FISH	ALK Gene Rearrangements by FISH, Lung (47693)
47390	Immediate	Anti-Merkel Cell Panel	N/A*
46018	Immediate	Beryllium, Urine	N/A*
46008	Immediate	Boron, Serum or Plasma	N/A*
46009	Immediate	Carbital Profile, Serum or Plasma	N/A*
46088	Immediate	Clobazam, Urine	N/A*
46000	02.25.2019	Clonazepam and Metabolite, Urine	Benzodiazepines, Urine, Quantitative (47087)
46071	Immediate	Clonidine, Serum or Plasma	N/A*
47001	Immediate	Culture and Stains, Acanthamoeba and Naegleria, CSF	Culture and Stain, Acanthamoeba and Naegleria, CSF (47692)
44904	03.29.2019	EGFR Gene Amplification by FISH	EGFR Gene Amplification by FISH (47699)
46074	Immediate	Formic Acid, Serum or Plasma	N/A*
45153	Immediate	GALOP Autoantibody Test	N/A*
46081	Immediate	Gold, Serum or Plasma	N/A*
46082	Immediate	Gold, Urine	N/A*
46029	Immediate	Hydroxychloroquine, Serum or Plasma	N/A*

***NOTE:** Tests with "N/A" in the Replacement/Alternate Test column have been deleted without replacement due to lack of usage.

SBMF#	Effective	Deleted Test	Replacement / Alternate Test
46034	Immediate	Inhalants Metabolites Panel, Urine	N/A*
43628	Immediate	Interleukin 6, Highly Sensitive	Interleukin 6 (44062)
46092	Immediate	Levamisole, Urine	N/A*
47603	03.29.2019	LeukoStrat CDx FLT3 Mutation Assay	FLT3 ITD and TKD Mutation Detection (47690)
36279	Immediate	MET Gene Amplification by FISH	MET Gene Amplification by FISH (47705)
46132	Immediate	Mirtazapine, Serum or Plasma	N/A*
45889	Immediate	Mitochondrial Disorders (121 Nuclear Genes) Sequencing	Mitochondrial Disorders Panel (45891)
45888	Immediate	Mitochondrial Disorders (mtDNA and 119 Nuclear Genes) Deletion/Duplication	Mitochondrial Disorders Panel (45891)
46046	Immediate	Naproxen, Urine	N/A*
36035	Immediate	Non-Small Cell Lung Carcinoma Panel by FISH (ALK, RET, ROS1, MET)	ALK Gene Rearrangements by FISH, Lung (47693), AND MET Gene Amplification by FISH (47705) , AND RET Gene Rearrangements by FISH (47708) , AND ROS1 Gene Rearrangements by FISH (47709)
46048	Immediate	Paroxetine, Serum or Plasma	N/A*
38504	Immediate	PD-L1 22C3 pharmDx Analysis, IHC, Paraffin Block	PD-L1 22C3 by IHC with TPS Interpretation (47687), OR PD-L1 22C3 by IHC with CPS Interpretation (47688)
47091	Immediate	PhenoSense Entry	N/A*
45701	Immediate	PhenoSense Integrase Phenotypic Test	N/A*
45387	Immediate	Phenylalanine and Tyrosine, Dried Blood Spot	Phenylalanine and Tyrosine, Plasma (45386)
46050	Immediate	Phenylethylmalonamide, Serum or Plasma	N/A*

***NOTE:** Tests with "N/A" in the Replacement/Alternate Test column have been deleted without replacement due to lack of usage.

SBMF#	Effective	Deleted Test	Replacement / Alternate Test
45433	03.29.2019	Platelet Antigen 1 Genotyping (HPA-1)	Human Platelet Antigen 1 Genotype (47712)
45439	Immediate	Platelet Antigen 15 Genotyping (HPA-15)	N/A*
45434	Immediate	Platelet Antigen 2 Genotyping (HPA-2)	N/A*
45435	Immediate	Platelet Antigen 3 Genotyping (HPA-3)	N/A*
45436	Immediate	Platelet Antigen 4 Genotyping (HPA-4)	N/A*
45437	Immediate	Platelet Antigen 5 Genotyping (HPA-5)	N/A*
45438	Immediate	Platelet Antigen 6 Genotyping (HPA-6)	N/A*
45432	03.29.2019	Platelet Antigen Genotyping Panel	Human Platelet Antigen Genotype Panel (47713)
46083	Immediate	Ranitidine, Serum or Plasma	N/A*
46084	Immediate	Ranitidine, Urine	N/A*
47676	Immediate	REFLEX: ROS1 by FISH	ROS1 Gene Rearrangements by FISH (47709)
36278	Immediate	RET Gene Rearrangement by FISH	RET Gene Rearrangements by FISH (47708)
36277	Immediate	ROS1 Gene Rearrangement by FISH	ROS1 Gene Rearrangements by FISH (47709)
46075	Immediate	Tin - Total, Serum or Plasma	N/A*
46076	Immediate	Tin - Total, Urine	N/A*
46080	Immediate	Titanium, Urine	N/A*
46061	Immediate	Trazodone, Urine	N/A*
45742	Immediate	Trofile DNA Co-Receptor Tropism Assay	N/A*
45839	Immediate	Viscosity, Whole Blood	Viscosity, Serum (44245)
46078	Immediate	Xylenes Panel, Serum or Plasma	N/A*

***NOTE:** Tests with "N/A" in the Replacement/Alternate Test column have been deleted without replacement due to lack of usage.

NEW TEST

47691 1p/19q Deletion by FISH

Available Now

NEW TEST

47693 ALK Gene Rearrangements by FISH, Lung

Available Now

NEW TEST

47694 AMPA Receptor Antibody, IgG by IFA with Reflex to Titer, CSF

Available Now

REFLEX CRITERIA: If AMPA Receptor Ab IgG Screen, CSF is positive, then an AMPA Receptor Ab IgG Titer, CSF is reported. Additional charges apply.

47695 REFLEX: AMPA Receptor Antibody, IgG Titer by IFA, CSF

NEW TEST

47696 AMPA Receptor Antibody, IgG by IFA with Reflex to Titer, Serum

Available Now

REFLEX CRITERIA: If AMPA Receptor Ab IgG Screen, Serum is positive, then an AMPA Receptor Ab IgG Titer, Serum is reported. Additional charges apply.

47697 REFLEX: AMPA Receptor Antibody, IgG Titer by IFA, Serum

NEW TEST

47474 Antimony, Blood

Available Now

NEW TEST

28438 Antinuclear Antibodies (ANA) 5 Panel (dsDNA, RNP, Sm, SS-A, SS-B)

Available Now

Panel includes:

- DNA Double-Stranded Antibody, IgG
 - Ribonucleic Protein (RNP) Antibody, IgG
 - Smith (Sm) Antibody, IgG
 - SSA (Ro) Antibody, IgG
 - SSB (La) Antibody, IgG
-

NEW TEST

28341 Antinuclear Antibodies (ANA) Screen, IgG by MFI with Reflex to ANA-5 Panel (dsDNA, RNP, Sm, SS-A, SS-B)

Available Now

REFLEX CRITERIA: If ANA Screen is POSITIVE, then an ANA-5 Panel will be added.

Additional charges apply.

28438 REFLEX: Antinuclear Antibodies (ANA) 5 Panel (dsDNA, RNP, Sm, SS-A, SS-B)

47112 Aripiprazole and Metabolite, Serum or Plasma

Remove prompts / AOE questions:

- 1647112 Aripiprazole Dose
- 1747112 Aripiprazole Route
- 1847112 Aripiprazole Dose Frequency
- 1947112 Aripiprazole Type of Draw

NEW TEST

47698 Autoimmune CNS Demyelinating Disease Reflexive Panel

Available Now

Panel includes:

- Aquaporin-4 Receptor (NMO/AQP4) Antibody, IgG by IFA, Serum
- Myelin Oligodendrocyte Glycoprotein (MOG) Antibody, IgG by IFA, Serum

REFLEX CRITERIA: If MOG Ab IgG Screen, Serum is positive, then an MOG Ab IgG Titer, Serum will be added. If NMO/AQP4-IgG by IFA, Serum is positive, then an NMO/AQP4-IgG Titer, Serum will be added. Additional charges apply.

47707 REFLEX: MOG IgG Antibody Serum, Titer

47428 REFLEX: Neuromyelitis Optica/AQP4-IgG Titer, Serum

43727 Beta-Amyloid 42/40 Ratio and Apolipoprotein E (ApoE) Isoform Panel, CSF

Charting name for component 1643727 has changed from **Relative Risk** to **Risk Assessment Score**.

28081 Celiac Serology Profile with Reflex to Endomysial Antibody (EMA), IgA Titer by IFA

Correct LOINC codes for components:

- 1028234 Endomysial Ab, IgA IFA Screen LOINC 46126-9
- 1128234 Endomysial Ab, IgA IFA Titer LOINC 27038-9

Previously reported with LOINC codes for Endomysium IgG Ab in error.

44921 Bromide, Serum or Plasma

Remove prompts / AOE questions:

- 1144921 Bromide Dose
- 1244921 Bromide Route
- 1344921 Bromide Dose Frequency
- 1444921 Bromide Type of Draw

44135 Bupropion, Serum or Plasma

Remove prompts / AOE questions:

- 1144135 Bupropion Dose
- 1244135 Bupropion Route
- 1344135 Bupropion Dose Frequency
- 1444135 Bupropion Type of Draw

44042 C1q Binding Assay

Units of measure have changed to ug Eq/mL.

44608 Carisoprodol and Metabolite, Serum or Plasma, Quantitative

Remove prompts / AOE questions:

- 1244608 Carisoprodol Dose
- 1344608 Carisoprodol Route
- 1444608 Carisoprodol Dose Frequency
- 1544608 Carisoprodol Type of Draw

NEW TEST

47692 Culture and Stain, Acanthamoeba and Naegleria, CSF

Available Now

Panel includes:

- Acanthamoeba and Naegleria Culture
- Amoeba, Giemsa Stain

45505 Desipramine, Serum or Plasma

Remove prompts / AOE questions:

- 1145505 Desipramine Dose
- 1245505 Desipramine Route
- 1345505 Desipramine Dose Frequency
- 1445505 Desipramine Type of Draw

NEW TEST

47699 EGFR Gene Amplification by FISH

Available Now

28234 Endomysial Antibody (EMA), IgA Screen by IFA with Reflex to Titer

Correct LOINC codes for components:

- 1028234 Endomysial Ab, IgA IFA Screen LOINC 46126-9
- 1128234 Endomysial Ab, IgA IFA Titer LOINC 27038-9

Previously reported with LOINC codes for Endomysium IgG Ab in error.

45853 Fentanyl and Metabolite, Serum or Plasma, Quantitative

Remove prompts / AOE questions:

- 1245853 Fentanyl Dose
- 1345853 Fentanyl Route
- 1445853 Fentanyl Dose Frequency
- 1545853 Fentanyl Type of Draw

43776 Flunitrazepam and Metabolites, Urine, Quantitative

Charting name for component 1246103 has changed from **Norflunitrazepam, Urine** to **N-Desmethyflunitrazepam, Urine**.

NEW TEST

47690 FLT3 ITD and TKD Mutation Detection

Available Now

NEW TEST

47700 GABA-B Receptor Antibody, IgG by IFA with Reflex to Titer, CSF

Available Now

REFLEX CRITERIA: If GABA-B Receptor Ab IgG Screen, CSF is positive, then a GABA-B Receptor Ab IgG Titer, CSF is reported. Additional charges apply.

47701 REFLEX: GABA-B Receptor Antibody, IgG Titer by IFA, CSF

NEW TEST

47702 GABA-B Receptor Antibody, IgG by IFA with Reflex to Titer, Serum

Available Now

REFLEX CRITERIA: If GABA-B Receptor Ab IgG Screen, Serum is positive, then a GABA-B Receptor Ab IgG Titer, Serum is reported. Additional charges apply.

47703 REFLEX: GABA-B Receptor Antibody, IgG Titer by IFA, Serum

NEW TEST

47712 Human Platelet Antigen 1 Genotype

Available Now

NEW TEST

47713 Human Platelet Antigen Genotype Panel

Available Now

Panel includes:

- Platelet Antigen 1 Genotyping
 - Platelet Antigen 2 Genotyping
 - Platelet Antigen 3 Genotyping
 - Platelet Antigen 4 Genotyping
 - Platelet Antigen 5 Genotyping
 - Platelet Antigen 6 Genotyping
 - Platelet Antigen 15 Genotyping
-

45557 Immune Complex Panel

Units of measure for C1q Binding Assay have changed to ug Eq/mL.

47666 JAK2 (V617F) Mutation, Qualitative with Reflex to CALR (Calreticulin) Exon 9 Mutation Analysis by PCR with Reflex to MPL Mutation Detection

Test name has changed.

Methodology for MPL Mutation Detection has changed from pyrosequencing to capillary electrophoresis.

47675 Lung Cancer Limited Panel

Reflexive testing change:

- Remove reflex to SBMF# 47676 REFLEX: ROS1 by FISH
 - Add reflex to SBMF# 47709 ROS1 Gene Rearrangements by FISH
-

47674 Lung Cancer Limited Panel with KRAS

Reflexive testing change:

- Remove reflex to SBMF# 47676 REFLEX: ROS1 by FISH
 - Add reflex to SBMF# 47709 ROS1 Gene Rearrangements by FISH
-

NEW TEST

47704 MDM2 Gene Amplification by FISH

Available Now

47145 Meperidine and Normeperidine, Urine

Specimen minimum volume has increased to 7 mL.

44962 Meprobamate, Serum or Plasma, Quantitative

Remove prompts / AOE questions:

- 1144962 Meprobamate Dose
- 1244962 Meprobamate Route
- 1344962 Meprobamate Dose Frequency
- 1444962 Meprobamate Type of Draw

NEW TEST

47705 MET Gene Amplification by FISH

Available Now

44438 Mexiletine, Serum or Plasma

Remove prompts / AOE questions:

- 1144438 Mexiletine Dose
- 1244438 Mexiletine Route
- 1344438 Mexiletine Dose Frequency
- 1444438 Mexiletine Type of Draw

47334 MPL Mutation Detection by Capillary Electrophoresis

Test name has changed.

Methodology has changed from pyrosequencing to capillary electrophoresis.

NEW TEST

47706 Myelin Oligodendrocyte Glycoprotein (MOG) Antibody, IgG by IFA with Reflex to Titer, Serum

Available Now

REFLEX CRITERIA: If MOG Ab IgG Screen, Serum is positive, then an MOG Ab IgG Titer, Serum is reported. Additional charges apply.

47707 REFLEX: MOG IgG Antibody Serum, Titer

44547 Neisseria gonorrhoeae Antibody, CF (Serum)

Test has been discontinued by ARUP Laboratories.

Performing lab has changed to Quest Diagnostics Infectious Disease, Inc.

There is a price increase associated with this change.

44178 Organic Acids, Plasma

Effective February 19, 2019.

Remove component:

- 1944178 Citric Acid, Plasma

Add component:

- 2044178 Glutaric Acid, Plasma

47379 Paliperidone, Serum or Plasma

Remove prompts / AOE questions:

- 1147379 Paliperidone Dose
- 1247379 Paliperidone Route
- 1347379 Paliperidone Dose Frequency
- 1447379 Paliperidone Type of Draw

NEW TEST

47688 PD-L1 22C3 by IHC with Combined Positive Score (CPS) Interpretation, pembrolizumab (KEYTRUDA)

Available Now

Use for gastric/GEJ adenocarcinoma, urothelial carcinoma, or cervical carcinoma specimens only.

NEW TEST

47687 PD-L1 22C3 by IHC with Tumor Proportion Score (TPS) Interpretation, pembrolizumab (KEYTRUDA)

Available Now

Use for non-small cell lung cancer (NSCLC) specimens only.

NEW TEST

47689 PD-L1 28-8 pharmDx by IHC with Interpretation, nivolumab (OPDIVO)

Available Now

31077 Pentobarbital, Serum or Plasma

Performing lab has changed to ARUP Laboratories.

NEW TEST

47711 Prion Disease (CJD), CSF Panel (RT-QuIC, Tau, 14-3-3)

Available Now

46051 Pregabalin, Serum or Plasma

Remove prompts / AOE questions:

- 1146051 Pregabalin Dose
- 1246051 Pregabalin Route
- 1346051 Pregabalin Dose Frequency
- 1446051 Pregabalin Type of Draw

NEW TEST

47708 RET Gene Rearrangements by FISH

Available Now

NEW TEST

47709 ROS1 Gene Rearrangements by FISH

Available Now

44432 Thiocyanate, Serum or Plasma

Remove prompts / AOE questions:

- 1144432 Thiocyanate Dose
 - 1244432 Thiocyanate Route
 - 1344432 Thiocyanate Dose Frequency
 - 1444432 Thiocyanate Type of Draw
-

45193 Venlafaxine and Metabolite, Serum or Plasma

Remove prompts / AOE questions:

- 1345193 Venlafaxine Dose
 - 1445193 Venlafaxine Route
 - 1545193 Venlafaxine Dose Frequency
 - 1645193 Venlafaxine Type of Draw
-

NEW TEST

46173 Vigabatrin, Serum or Plasma

Available Now

NEW TEST

47710 Voltage-Gated Potassium Channel (VGKC) Antibody, CSF

Available Now

1p/19q Deletion by FISH

SBMF#
47691

Mnemonic

1P19Q_FISH

CPT Code(s)

88377x2

Submit With Order

Include surgical pathology report.

Specimen Information

Patient Prep:	NOTICE: Genetic tests are often subject to limited coverage and/or prior-authorization requirements. Consult the patient's medical insurance provider before ordering this test.
Specimen:	Tissue block and/or slides
Container:	Tissue transport kit (ARUP supply #47808)
Requested Volume:	Tissue block or 6 unstained (4 micron thick sections) positively charged slides
Minimum Volume:	3 slides
Collect:	Tumor tissue.
Specimen Processing:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed tumor tissue. Protect paraffin block and/or slides from excessive heat.
Storage/Transport Temp:	Room temperature. Also acceptable: Refrigerated. Ship in cooled containers during summer months.
Rejection Criteria:	No tumor in tissue. Specimens fixed or processed in alternative fixatives (alcohol, Prefer) or heavy metal fixatives. Decalcified specimens.
Stability:	Room temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable

Also Known As

1p deletion FISH; 1p,1q codeletion FISH; 1p/19q Deletion; 1p/19q Deletion in Gliomas, FISH, Tissue; 1p/19q deletion in Oligodendroglioma; 1p/19q FISH; 1p/19q in oligodendrogliomas; 1q deletion FISH; Chromosome Analysis by FISH for 1p/19q Deletion in Gliomas; FISH for 1p/19q Deletion in Gliomas; LOH (Loss of Heterozygosity) 1p/19q in Gliomas; Loss of Heterozygosity (LOH) 1p/19q in Gliomas

Test Type

GENETIC

Methodology

Fluorescence In Situ Hybridization (FISH)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001309](#)

ALK Gene Rearrangements by FISH, Lung

SBMF#
47693

Mnemonic

ALK FISH

CPT Code(s)

88366

Submit With Order

Include surgical pathology report with reason for referral. The laboratory will not reject specimens that arrive without a pathology report but will hold the specimen until this information is received.

Specimen Information

Patient Prep:	NOTICE: Genetic tests are often subject to limited coverage and/or prior-authorization requirements. Consult the patient's medical insurance provider before ordering this test.
Specimen:	Tissue block and/or slides
Container:	Tissue transport kit (ARUP supply #47808)
Requested Volume:	Tissue block or 4 unstained, consecutively cut, 4-micron thick sections, mounted on positively charged glass slides
Minimum Volume:	4 slides
Collect:	Tumor tissue.
Specimen Processing:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed tumor tissue. Protect paraffin block and/or slides from excessive heat.
Storage/Transport Temp:	Room temperature. Also acceptable: Refrigerated. Ship in cooled containers during summer months.
Rejection Criteria:	No tumor in tissue. Specimens fixed or processed in alternative fixatives (alcohol, Prefer) or heavy metal fixatives. Decalcified specimens.
Stability:	Room temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable

Test Type

GENETIC

Methodology

Fluorescence In Situ Hybridization (FISH)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001302](#)

AMPA Receptor Antibody, IgG by IFA with Reflex to Titer, CSF

SBMF#
47694

Mnemonic

AMPA CSF

CPT Code(s)

86255

Medicare Coverage

Research Use Only (RUO)

Specimen Information

Specimen:	Cerebrospinal fluid (CSF)
Container:	Screw-capped plastic transport tube
Requested Volume:	0.5 mL
Minimum Volume:	0.15 mL
Collect:	Cerebrospinal fluid (CSF) obtained via lumbar puncture.
Specimen Processing:	Transfer CSF to a screw-capped plastic transport tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Hemolyzed, contaminated, or severely lipemic specimens.
Stability:	Room temperature: 48 hours Refrigerated: 2 weeks Frozen: 1 month

Components

AMPA Receptor Ab IgG Screen, CSF

Reflexive Testing:

If AMPA Receptor Ab IgG Screen, CSF is positive, then an AMPA Receptor Ab IgG Titer, CSF is reported. Additional charges apply.

[47695](#) REFLEX: AMPA Receptor Antibody, IgG Titer by IFA, CSF

Also Known As

Alpha-Amino-3-hydroxy-5-methyl-4-isoxazolepropionic Acid Receptor Antibody; AMPA-R Antibody

Test Type

IMMUNOLOGY

Methodology

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001257](#)

AMPA Receptor Antibody, IgG by IFA with Reflex to Titer, Serum

SBMF#
47696

Mnemonic

AMPA SER

CPT Code(s)

86255

Medicare Coverage

Research Use Only (RUO)

Specimen Information

Specimen:	Serum
Container:	Gold top (SST) or Red top (Serum) tube
Requested Volume:	1 mL
Minimum Volume:	0.15 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 5 times.
Specimen Processing:	Transfer serum to a screw-capped plastic transport tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Hemolyzed, contaminated, or severely lipemic specimens.
Stability:	Room temperature: 48 hours Refrigerated: 2 weeks Frozen: 1 month

Components

AMPA Receptor Ab IgG Screen, Serum

Reflexive Testing:

If AMPA Receptor Ab IgG Screen, Serum is positive, then an AMPA Receptor Ab IgG Titer, Serum is reported. Additional charges apply.

[47697](#) REFLEX: AMPA Receptor Antibody, IgG Titer by IFA, Serum

Also Known As

Alpha-Amino-3-hydroxy-5-methyl-4-isoxazolepropionic Acid Receptor Antibody; AMPA-R Antibody

Test Type

IMMUNOLOGY

Methodology

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001260](#)

Antimony, Blood

SBMF#
47474

Mnemonic

ANT B

CPT Code(s)

83018

Specimen Information

Patient Prep:	Diet, medication, and nutritional supplements may introduce interfering substances. Patient should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).
Specimen:	Whole blood
Container:	Royal Blue top (EDTA; Trace element-free) tube
Requested Volume:	6 mL
Minimum Volume:	0.5 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times. Refer to: ARUP Trace Elements Specimen Collection Guide
Specimen Processing:	Transport whole blood in the original collection tube. Do not centrifuge. Do not freeze.
Storage/Transport Temp:	Room temperature. Also acceptable: Refrigerated.
Rejection Criteria:	Specimens collected in tubes other than Royal Blue (EDTA). Specimens transported in containers other than a Royal Blue (EDTA) tube or trace element-free transport Tube. Heparin anticoagulant. Clotted specimens.
Stability:	Room temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable

Also Known As

Sb

Test Type

METAL/ELEMENT

Methodology

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP/MS)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[0099007](#)

Antinuclear Antibodies (ANA) 5 Panel (dsDNA, RNP, Sm, SS-A, SS-B)

SBMF#
28438

Mnemonic

ANA5P

CPT Code(s)

86225; 86235x4

Specimen Information

Specimen:	Serum
Container:	Gold top (SST) or Red top (Serum) tube
Requested Volume:	1 mL
Minimum Volume:	0.5 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 5 times.
Specimen Processing:	Allow specimen to clot completely at room temperature. Centrifuge and separate serum from cells. SST: Transport properly centrifuged gel-barrier tube specimen in the original collection tube. Red top: Transfer serum to a plastic transport tube.
Storage/Transport Temp:	Refrigerated.
Stability:	Refrigerated: 1 week Frozen: 1 month (avoid repeated freeze/thaw cycles)

Components

DNA Double-Stranded (dsDNA) Antibody, IgG
Ribonucleic Protein (RNP) Antibody, IgG
Smith (Sm) Antibody, IgG
SSA (Ro) Antibody, IgG
SSB (La) Antibody, IgG

Also Known As

ANA5 Panel; ANA 5 Panel; ANA-5 Panel

Test Type

IMMUNOLOGY

Methodology

Immunoassay (IA)

Performance Laboratory

.SBMF Chemistry and Immunoassays

Antinuclear Antibodies (ANA) Screen, IgG by MFI with Reflex to ANA-5 Panel (dsDNA, RNP, Sm, SS-A, SS-B)

SBMF#
28341

Mnemonic	CPT Code(s)
ANA/ANA5P	86038

Specimen Information

Specimen:	Serum
Container:	Gold top (SST) or Red top (Serum) tube
Requested Volume:	1 mL
Minimum Volume:	0.5 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 5 times.
Specimen Processing:	Allow specimen to clot completely at room temperature. Centrifuge and separate serum from cells. SST: Transport properly centrifuged gel-barrier tube specimen in the original collection tube. Red top: Transfer serum to a plastic transport tube.
Storage/Transport Temp:	Refrigerated.
Stability:	Refrigerated: 1 week Frozen: 1 month (avoid repeated freeze/thaw cycles)

Components

Antinuclear Antibody Screen, IgG by MFI

Reflexive Testing:

If the ANA screen is POSITIVE, then an ANA-5 Panel will be added. Panel includes dsDNA IgG, Smith IgG, RNP IgG, SSA IgG, and SSB IgG. Additional charges apply.

[28438](#) Antinuclear Antibodies (ANA) 5 Panel (dsDNA, RNP, Sm, SS-A, SS-B)

Also Known As

ANA5 Reflex Panel; ANA 5 Reflex Panel; ANA-5 Reflex Panel

Test Type	Methodology
IMMUNOLOGY	Immunoassay (IA)

Performance Laboratory

.SBMF Chemistry and Immunoassays

Autoimmune CNS Demyelinating Disease Reflexive Panel

SBMF#
47698

Mnemonic

CNS PAN

CPT Code(s)

86255x2

Medicare Coverage

Research Use Only (RUO)

Specimen Information

Specimen:	Serum
Container:	Gold top (SST) or Red top (Serum) tube
Requested Volume:	1 mL
Minimum Volume:	0.3 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 5 times.
Specimen Processing:	Separate from cells ASAP or within 2 hours of collection. Transfer serum to a screw-capped plastic transport tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Hemolyzed, contaminated, or severely lipemic specimens.
Stability:	After separation from cells: Room temperature: 48 hours Refrigerated: 2 weeks Frozen: 1 year (avoid repeated freeze/thaw cycles)

Components

MOG Ab IgG Screen, Serum
NMO/AQP4-IgG by IFA, Serum

Reflexive Testing:

If MOG Ab IgG Screen, Serum is positive, then an MOG Ab IgG Titer, Serum will be added. If NMO/AQP4-IgG by IFA, Serum is positive, then an NMO/AQP4-IgG Titer, Serum will be added. Additional charges apply.

[47707](#) REFLEX: MOG IgG Antibody Serum, Titer

[47428](#) REFLEX: Neuromyelitis Optica/AQP4-IgG Titer, Serum

Also Known As

CNS Demyelinating Disease Evaluation, Serum

Test Type

IMMUNOLOGY

Methodology

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001283](#)

Culture and Stain, Acanthamoeba and Naegleria, CSF

SBMF#
47692

Mnemonic

ACANT CSF

CPT Code(s)

87081; 87207

Specimen Information

Specimen:	Cerebrospinal fluid (CSF)
Container:	Sterile screw-capped plastic transport tube
Requested Volume:	1 mL
Minimum Volume:	0.5 mL
Collect:	Cerebrospinal fluid (CSF) obtained via lumbar puncture.
Storage/Transport Temp:	Room temperature.
Rejection Criteria:	Specimens in media or preservatives.
Stability:	Room temperature: 72 hours Refrigerated: Unacceptable Frozen: Unacceptable

Components

Acanthamoeba and Naegleria Culture
Amoeba, Giemsa Stain

Test Type

CULTURE

Methodology

Qualitative Culture; Microscopy; Giemsa Stain

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3000878](#)

EGFR Gene Amplification by FISH

SBMF#
47699

Mnemonic

EGFR_FISH

CPT Code(s)

88377

Submit With Order

Include surgical pathology report.

Specimen Information

Patient Prep:	NOTICE: Genetic tests are often subject to limited coverage and/or prior-authorization requirements. Consult the patient's medical insurance provider before ordering this test.
Specimen:	Tissue block and/or slides
Container:	Tissue transport kit (ARUP supply #47808)
Requested Volume:	Tissue block or 5 unstained (4-micron thick sections) positively charged slides
Minimum Volume:	2 slides
Collect:	Tumor tissue.
Specimen Processing:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed tumor tissue. Protect paraffin block and/or slides from excessive heat.
Storage/Transport Temp:	Room temperature. Also acceptable: Refrigerated.
Rejection Criteria:	No tumor in tissue. Specimens fixed or processed in alternative fixatives (alcohol, Prefer) or heavy metal fixatives. Decalcified specimens.
Stability:	Room temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable

Also Known As

EGFR; EGFR (Her-1); EGFR amplification by FISH; EGFR FISH; Epidermal Growth Factor Receptor; erbB-1; Her-1; HER1/EGFR

Test Type

GENETIC

Methodology

Fluorescence In Situ Hybridization (FISH)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001310](#)

FLT3 ITD and TKD Mutation Detection

SBMF#
47690

Mnemonic

FLT3-PCR

CPT Code(s)

81245; 81246

Medicare Coverage

Local Coverage Determination (LCD): Molecular Diagnostic Testing ([L36807](#))

Specimen Information

Patient Prep:	NOTICE: Genetic tests are often subject to limited coverage and/or prior-authorization requirements. Consult the patient's medical insurance provider before ordering this test.
Specimen:	Whole blood or bone marrow
Container:	Lavender top (EDTA) tube
Requested Volume:	Whole Blood: 4 mL Bone Marrow: 3 mL
Minimum Volume:	1 mL
Collect:	Standard phlebotomy or bone marrow aspiration procedure. Mix by inverting tube 8 times.
Specimen Processing:	Transport whole blood or bone marrow in the original collection tube. Do not centrifuge. Do not freeze.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	FFPE tumor tissue. Fresh Tissue. Clotted or grossly hemolyzed specimens.
Stability:	Room temperature: 24 hours Refrigerated: 5 days Frozen: Unacceptable

Also Known As

FLT3 CDX; FLT3 D835; FLT3 ITD; FLT3 Mutant; FLT3 Ratio; FLT3 Signal Ratio; FLT3 TKD

Test Type

GENETIC

Methodology

Polymerase Chain Reaction (PCR)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001161](#)

GABA-B Receptor Antibody, IgG by IFA with Reflex to Titer, CSF

SBMF#
47700

Mnemonic

GABA-B CSF

CPT Code(s)

86255

Medicare Coverage

Research Use Only (RUO)

Specimen Information

Specimen:	Cerebrospinal fluid (CSF)
Container:	Screw-capped plastic transport tube
Requested Volume:	0.5 mL
Minimum Volume:	0.15 mL
Collect:	Cerebrospinal fluid (CSF) obtained via lumbar puncture.
Specimen Processing:	Transfer CSF to a screw-capped plastic transport tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Hemolyzed, contaminated, or severely lipemic specimens.
Stability:	Room temperature: 48 hours Refrigerated: 2 weeks Frozen: 1 month

Components

GABA-B Receptor Ab IgG Screen, CSF

Reflexive Testing:

If GABA-B Receptor Ab IgG Screen, CSF is positive, then a GABA-B Receptor Ab IgG Titer, CSF is reported. Additional charges apply.

[47701](#) REFLEX: GABA-B Receptor Antibody, IgG Titer by IFA, CSF

Also Known As

Gamma Aminobutyric Acid Receptor, Type B Antibody; GABA-BR Antibody

Test Type

IMMUNOLOGY

Methodology

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001267](#)

GABA-B Receptor Antibody, IgG by IFA with Reflex to Titer, Serum

SBMF#
47702

Mnemonic

GABA-B SER

CPT Code(s)

86255

Medicare Coverage

Research Use Only (RUO)

Specimen Information

Specimen:	Serum
Container:	Gold top (SST) or Red top (Serum) tube
Requested Volume:	1 mL
Minimum Volume:	0.15 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 5 times.
Specimen Processing:	Transfer serum to a screw-capped plastic transport tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Hemolyzed, contaminated, or severely lipemic specimens.
Stability:	Room temperature: 48 hours Refrigerated: 2 weeks Frozen: 1 month

Components

GABA-B Receptor Ab IgG Screen, Serum

Reflexive Testing:

If GABA-B Receptor Ab IgG Screen, Serum is positive, then a GABA-B Receptor Ab IgG Titer, Serum is reported. Additional charges apply.

[47703](#) REFLEX: GABA-B Receptor Antibody, IgG Titer by IFA, Serum

Also Known As

Gamma Aminobutyric Acid Receptor, Type B Antibody; GABA-BR Antibody

Test Type

IMMUNOLOGY

Methodology

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001270](#)

Human Platelet Antigen 1 Genotype

SBMF#
47712

Mnemonic

HPA-1 GENO

CPT Code(s)

81105

Medicare Coverage

Local Coverage Determination (LCD): MoIDX: Molecular Diagnostic Tests (MDT) ([L36807](#))

Specimen Information

Patient Prep:	NOTICE: Genetic tests are often subject to limited coverage and/or prior-authorization requirements. Consult the patient's medical insurance provider before ordering this test. Counseling and informed consent are recommended for genetic testing. Consent forms are available online.
Specimen:	Whole blood
Container:	Lavender top (EDTA) tube
Requested Volume:	3 mL
Minimum Volume:	1 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.
Specimen Processing:	Transport whole blood in the original collection tube. Do not centrifuge. Do not freeze.
Storage/Transport Temp:	Refrigerated.
Remarks:	Specimens for fetal genotyping (Amniotic fluid or cultured amniocytes) are also acceptable for this test. Refer to ARUP website for further instructions.
Stability:	Room temperature: 72 hours Refrigerated: 1 week Frozen: Unacceptable

Also Known As

Platelet Antigen 1 Genotyping (HPA-1)

Test Type

GENETIC

Methodology

Polymerase Chain Reaction (PCR); Fluorescence Monitoring

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001170](#)

Human Platelet Antigen Genotype Panel

SBMF#
47713

Mnemonic

HPA GENO

CPT Code(s)

81105; 81106; 81107; 81108; 81109; 81110; 81112
Medicare (HCPCS) Code(s): 81400

Medicare Coverage

Local Coverage Determination (LCD): MoIDX: Molecular Diagnostic Tests (MDT) ([L36807](#))

Specimen Information

Patient Prep:	NOTICE: Genetic tests are often subject to limited coverage and/or prior-authorization requirements. Consult the patient's medical insurance provider before ordering this test. Counseling and informed consent are recommended for genetic testing. Consent forms are available online.
Specimen:	Whole blood
Container:	Lavender top (EDTA) tube
Requested Volume:	3 mL
Minimum Volume:	1 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.
Specimen Processing:	Transport whole blood in the original collection tube. Do not centrifuge. Do not freeze.
Storage/Transport Temp:	Refrigerated.
Remarks:	Specimens for fetal genotyping (Amniotic fluid or cultured amniocytes) are also acceptable for this test. Refer to ARUP website for further instructions.
Stability:	Room temperature: 72 hours Refrigerated: 1 week Frozen: Unacceptable

Components

Platelet Antigen 1 Genotyping	Platelet Antigen 5 Genotyping
Platelet Antigen 2 Genotyping	Platelet Antigen 6 Genotyping
Platelet Antigen 3 Genotyping	Platelet Antigen 15 Genotyping
Platelet Antigen 4 Genotyping	

Also Known As

HPA Genotype Panel; HPA Genotyping Panel; Platelet Antigen Genotype Panel; Platelet Antigen Genotyping Panel

Test Type

GENETIC

Methodology

Polymerase Chain Reaction (PCR); Fluorescence Monitoring

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3000193](#)

MDM2 Gene Amplification by FISH

SBMF#
47704

Mnemonic

MDM2_FISH

CPT Code(s)

88377

Submit With Order

Include surgical pathology report.

Specimen Information

Specimen:	Tissue block and/or slides
Container:	Tissue transport kit (ARUP supply #47808)
Requested Volume:	Tissue block or 5 unstained (4-micron thick sections) positively charged slides
Minimum Volume:	2 slides
Collect:	Tumor tissue.
Specimen Processing:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed tumor tissue. Protect paraffin block and/or slides from excessive heat.
Storage/Transport Temp:	Room temperature. Also acceptable: Refrigerated. Ship in cooled containers during summer months.
Rejection Criteria:	No tumor in tissue. Specimens fixed or processed in alternative fixatives (alcohol, Prefer) or heavy metal fixatives. Decalcified specimens.
Stability:	Room temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable

Also Known As

MDM2 by FISH; MDM2 FISH

Test Type

GENETIC

Methodology

Fluorescence In Situ Hybridization (FISH)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001301](#)

Meperidine and Normeperidine, Urine

SBMF#
47145

Mnemonic

U MP/MTB

CPT Code(s)

80362
Medicare (HCPCS) Code(s): G0480

Medicare Coverage

Local Coverage Determination (LCD): Drug Testing ([L34645](#))

Specimen Information

Specimen:	Urine, Random
Container:	Screw-capped, plastic container
Requested Volume:	20 mL
Minimum Volume:	7 mL
Collect:	Random urine collection.
Specimen Processing:	Transfer urine with no additives or preservatives to a screw-capped plastic transport tube.
Storage/Transport Temp:	Room temperature.
Rejection Criteria:	Preserved samples.
Stability:	Room temperature: 5 days Refrigerated: 7 days Frozen: 30 days

Components

Meperidine, Normeperidine

Also Known As

Prescription Drug Monitoring, Pain Management, Meperidine, Quantitative, Urine

Test Type

TOX-TDM

Methodology

Mass Spectrometry (MS)

Performance Laboratory

Quest Diagnostics Nichols Institute, Valencia
(via Quest SJC)

Reference Lab Test Code

16905

MET Gene Amplification by FISH

SBMF#
47705

Mnemonic

MET_FISH

CPT Code(s)

88366

Submit With Order

Include surgical pathology report with reason for referral. The laboratory will not reject specimens that arrive without a pathology report but will hold the specimen until this information is received.

Specimen Information

Specimen:	Tissue block and/or slides
Container:	Tissue transport kit (ARUP supply #47808)
Requested Volume:	Tissue block or 4 unstained, consecutively cut, 5-micron thick sections, mounted on positively charged glass slides
Minimum Volume:	4 slides
Collect:	Tumor tissue.
Specimen Processing:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed tumor tissue. Protect paraffin block and/or slides from excessive heat.
Storage/Transport Temp:	Room temperature. Also acceptable: Refrigerated.
Rejection Criteria:	No tumor in tissue. Specimens fixed or processed in alternative fixatives (alcohol, Prefer) or heavy metal fixatives. Decalcified specimens.
Stability:	Room temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable

Test Type

GENETIC

Methodology

Fluorescence In Situ Hybridization (FISH)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001313](#)

Myelin Oligodendrocyte Glycoprotein (MOG) Antibody, IgG by IFA with Reflex to Titer, Serum

SBMF#
47706

Mnemonic

MOG SER

CPT Code(s)

86255

Medicare Coverage

Research Use Only (RUO)

Specimen Information

Specimen:	Serum
Container:	Gold top (SST) or Red top (Serum) tube
Requested Volume:	1 mL
Minimum Volume:	0.15 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 5 times.
Specimen Processing:	Transfer serum to a screw-capped plastic transport tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Hemolyzed, contaminated, or severely lipemic specimens.
Stability:	Room temperature: 48 hours Refrigerated: 2 weeks Frozen: 1 month

Components

MOG Ab IgG Screen, Serum

Reflexive Testing:

If MOG Ab IgG Screen, Serum is positive, then an MOG Ab IgG Titer, Serum is reported. Additional charges apply.

[47707](#) REFLEX: MOG IgG Antibody Serum, Titer

Also Known As

MOG Antibody

Test Type

IMMUNOLOGY

Methodology

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001277](#)

Neisseria gonorrhoea Antibody by CF, Serum

SBMF#
44547

Mnemonic

GC-AB

CPT Code(s)

86609

Specimen Information

Specimen:	Serum
Container:	Red top (Serum) or Gold top (SST) tube
Requested Volume:	1 mL
Minimum Volume:	0.5 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 5 times.
Specimen Processing:	Transfer serum to a screw-capped plastic transport tube.
Storage/Transport Temp:	Refrigerated.
Stability:	Room temperature: 1 week Refrigerated: 2 weeks Frozen: 1 month

Also Known As

Gonococcal Antibody; GC Antibody

Test Type

INFECTIOUS ANTIBODY

Methodology

Complement Fixation (CF)

Performance Laboratory

Quest Diagnostics Infectious Disease, Inc. (via
Quest SJC)

Reference Lab Test Code

95687P

Organic Acids, Plasma

SBMF#
44178

Mnemonic

ORGANIC-

CPT Code(s)

83918

Submit With Order

[PATIENT HISTORY FOR BIOCHEMICAL GENETIC TESTING](#)

Specimen Information

Specimen:	Plasma
Container:	Green top (Sodium Heparin) or Green top (Lithium Heparin) tube
Requested Volume:	3 mL
Minimum Volume:	2 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.
Specimen Processing:	Separate from cells within 1 hour of collection. Transfer plasma to a screw-capped plastic transport tube and freeze immediately.
Storage/Transport Temp:	CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
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 online.
Stability:	After separation from cells: Room temperature: Unacceptable Refrigerated: Unacceptable Frozen: 1 month

Components

2-Keto-3-methylvaleric Acid; 2-Ketoisocaproic Acid; 2-Ketoisovaleric Acid; 3-OH-Butyric Acid; Acetoacetic Acid; Glutaric Acid; Lactic Acid; Pyruvic Acid; Succinic Acid

Test Type

CHEMISTRY

Methodology

Quantitative Gas Chromatography-Mass Spectrometry (GC/MS)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[0099289](#)

PD-L1 22C3 by IHC with Combined Positive Score (CPS) Interpretation, pembrolizumab (KEYTRUDA)

SBMF#
47688

Mnemonic	CPT Code(s)
22C3 GAST	88360

Submit With Order

Include surgical pathology report.

Specimen Information

Specimen:	Tissue block and/or slides	
Container:	Tissue transport kit (ARUP supply #47808)	
Requested Volume:	Tissue block or 5 unstained (3- to 5-micron thick sections), positively charged slides	
Minimum Volume:	3 slides	
Collect:	Tumor tissue.	
Specimen Processing:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed tumor tissue. Protect paraffin block and/or slides from excessive heat. If sending precut slides, do not oven bake.	
Storage/Transport Temp:	Room temperature. Also acceptable: Refrigerated. Ship in cooled containers during summer months.	
Rejection Criteria:	Paraffin block with no tumor tissue remaining; specimens fixed in any fixative other than 10 percent neutral buffered formalin. Decalcified specimens. Specimens with fewer than 100 viable tumor cells. Lung specimens.	
Remarks:	Indicate tissue site with the test order	
Stability:	Slides: Room temperature: 5 months (Must be stored in the dark) Refrigerated: 5 months (Must be stored in the dark) Frozen: Unacceptable	Paraffin Block: Room temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable

Also Known As

PD-L1; PDL1

Test Type

AP

Methodology

Immunohistochemistry (IHC)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3000197](#)

PD-L1 22C3 by IHC with Tumor Proportion Score (TPS) Interpretation, pembrolizumab (KEYTRUDA)

SBMF#
47687

Mnemonic	CPT Code(s)
22C3 IP	88360

Submit With Order

Include surgical pathology report.

Specimen Information

Specimen:	Tissue block and/or slides	
Container:	Tissue transport kit (ARUP supply #47808)	
Requested Volume:	Tissue block or 5 unstained (3- to 5-micron thick sections), positively charged slides	
Minimum Volume:	3 slides	
Collect:	Tumor tissue.	
Specimen Processing:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed tumor tissue. Protect paraffin block and/or slides from excessive heat. If sending precut slides, do not oven bake.	
Storage/Transport Temp:	Room temperature. Also acceptable: Refrigerated. Ship in cooled containers during summer months.	
Rejection Criteria:	Gastric/GEJ specimens. Paraffin block with no tumor tissue remaining. Specimens fixed in any fixative other than 10 percent neutral buffered formalin. Decalcified specimens. Specimens with fewer than 100 viable tumor cells.	
Remarks:	Indicate tissue site with the test order	
Stability:	Slides: Room temperature: 6 months (Must be stored in the dark) Refrigerated: 6 months (Must be stored in the dark) Frozen: Unacceptable	Paraffin Block: Room temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable

Also Known As

PD-L1; PDL1

Test Type

AP

Methodology

Immunohistochemistry (IHC)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[2013284](#)

PD-L1 28-8 pharmDx by IHC with Interpretation, nivolumab (OPDIVO)

SBMF#
47689

Mnemonic	CPT Code(s)
28-8 IP	88342

Submit With Order

Include surgical pathology report.

Specimen Information

Specimen:	Tissue block and/or slides
Container:	Tissue transport kit (ARUP supply #47808)
Requested Volume:	Tissue block or 5 unstained (3- to 5-micron thick sections), positively charged slides
Minimum Volume:	3 slides
Collect:	Tumor tissue.
Specimen Processing:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed tumor tissue. Protect paraffin block and/or slides from excessive heat. If sending precut slides, do not oven bake.
Storage/Transport Temp:	Room temperature. Also acceptable: Refrigerated. Ship in cooled containers during summer months.
Rejection Criteria:	Paraffin block with no tumor tissue remaining; specimens fixed in any fixative other than 10 percent neutral buffered formalin.
Remarks:	Indicate tissue site with the test order.
Stability:	Room temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable

Also Known As

PD-L1; PDL1

Test Type	Methodology
AP	Immunohistochemistry (IHC)

Performance Laboratory	Reference Lab Test Code
ARUP Laboratories	2013684

Pentobarbital, Serum or Plasma

SBMF#
31077

Mnemonic

PENTO

CPT Code(s)

80345
Medicare (HCPCS) Code(s): G0480

Medicare Coverage

Local Coverage Determination (LCD): Drug Testing ([L34645](#))

Specimen Information

Patient Prep:	Timing of specimen collection: Pre-dose (trough) draw - At steady-state concentration.
Specimen:	Serum or plasma
Container:	Red top (Serum), Lavender top (EDTA), or Pink top (K2EDTA) tube
Requested Volume:	1 mL
Minimum Volume:	0.5 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.
Specimen Processing:	Separate from cells ASAP or within 2 hours of collection. Transfer serum or plasma to a screw-capped plastic transport tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Whole blood. Gel Separator Tubes, Light Blue (Sodium Citrate), or Yellow (SPS or ACD Solution).
Stability:	Room temperature: 3 months Refrigerated: 3 months Frozen: 1 year

Also Known As

Pentobarbitone; Nembutal®

Test Type

TOX-TDM

Methodology

Quantitative Gas Chromatography-Mass Spectrometry (GC/MS)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[2011549](#)

Prion Disease (CJD), CSF Panel (RT-QuIC, Tau, 14-3-3)

SBMF#
47711

Mnemonic

CJD PANEL

CPT Code(s)

86317; 84182; 0035U

Submit With Order

[NPDPS C Test Request Form](#)

Specimen Information

Specimen:	Cerebrospinal fluid (CSF)
Container:	Sterile screw-capped plastic transport tube
Requested Volume:	5 mL
Minimum Volume:	2 mL
Collect:	Cerebrospinal fluid (CSF) obtained via lumbar puncture. The first 2 mL of CSF that flows from the tap should be discarded.
Specimen Processing:	Transfer CSF to a screw-capped plastic transport tube and freeze immediately.
Storage/Transport Temp:	Frozen.
Rejection Criteria:	Specimens exposed to more than one freeze/thaw cycle.
Remarks:	Completed requisition form required.
Stability:	Room temperature: 48 hours Refrigerated: 2 weeks Frozen: Indefinitely

Components

14-3-3 Protein, CSF
Prion Protein by RT-QuIC, CSF
Tau Protein, CSF

Also Known As

CJD; Creutzfeldt-Jakob Disease; Human Prion Disease; NPDPS C Cerebrospinal Fluid Protocol

Test Type

CSF

Methodology

Qualitative Western Blot (WB); Quantitative Enzyme-Linked Immunosorbent Assay (ELISA); Qualitative Real-Time Quaking-Induced Conversion (RT-QuIC)

Performance Laboratory

National Prion Disease Pathology Surveillance
Center (NPDPS C) (via ARUP)

Reference Lab Test Code

ARUP# [3001255](#)

REFLEX: AMPA Receptor Antibody, IgG Titer by IFA, CSF

SBMF#
47695

Mnemonic

AMPAT CSF

CPT Code(s)

86256

Medicare Coverage

Research Use Only (RUO)

Test Type

IMMUNOLOGY

Methodology

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

3001263

REFLEX: AMPA Receptor Antibody, IgG Titer by IFA, Serum

SBMF#
47697

Mnemonic

AMPAT SER

CPT Code(s)

86256

Medicare Coverage

Research Use Only (RUO)

Test Type

IMMUNOLOGY

Methodology

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

3001265

REFLEX: GABA-B Receptor Antibody, IgG Titer by IFA, CSF

SBMF#
47701

Mnemonic

GABABT CSF

CPT Code(s)

86256

Medicare Coverage

Research Use Only (RUO)

Test Type

IMMUNOLOGY

Methodology

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

3001273

REFLEX: GABA-B Receptor Antibody, IgG Titer by IFA, Serum

SBMF#
47703

Mnemonic

GABABT SER

CPT Code(s)

86256

Medicare Coverage

Research Use Only (RUO)

Test Type

IMMUNOLOGY

Methodology

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

3001275

REFLEX: MOG IgG Antibody Serum, Titer

SBMF#
47707

Mnemonic

MOGT SER

CPT Code(s)

86256

Medicare Coverage

Research Use Only (RUO)

Test Type

IMMUNOLOGY

Methodology

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

3001280

**REFLEX: Neuromyelitis Optica/AQP4-IgG
Titer, Serum**

SBMF#
47428

Mnemonic

AQP4 TTR

CPT Code(s)

86256

Medicare Coverage

Research Use Only (RUO)

Test Type

IMMUNOLOGY

Methodology

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

2013323

RET Gene Rearrangements by FISH

SBMF#
47708

Mnemonic

RET_FISH

CPT Code(s)

88366

Submit With Order

Include surgical pathology report with reason for referral. The laboratory will not reject specimens that arrive without a pathology report but will hold the specimen until this information is received.

Specimen Information

Specimen:	Tissue block and/or slides
Container:	Tissue transport kit (ARUP supply #47808)
Requested Volume:	Tissue block or 4 unstained, consecutively cut, 5-micron thick sections, mounted on positively charged glass slides
Minimum Volume:	2 slides
Collect:	Tumor tissue.
Specimen Processing:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed tumor tissue. Protect paraffin block and/or slides from excessive heat.
Storage/Transport Temp:	Room temperature. Also acceptable: Refrigerated. Ship in cooled containers during summer months.
Rejection Criteria:	No tumor in tissue. Specimens fixed or processed in alternative fixatives (alcohol, Prefer) or heavy metal fixatives. Decalcified specimens.
Stability:	Room temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable

Test Type

GENETIC

Methodology

Fluorescence In Situ Hybridization (FISH)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001312](#)

ROS1 Gene Rearrangements by FISH

SBMF#
47709

Mnemonic

ROS1_FISH

CPT Code(s)

88366

Submit With Order

Include surgical pathology report.

Specimen Information

Specimen:	Tissue block and/or slides
Container:	Tissue transport kit (ARUP supply #47808)
Requested Volume:	Tissue block or 5 unstained (4- micron thick sections), positively charged slides
Minimum Volume:	2 slides
Collect:	Tumor tissue.
Specimen Processing:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed tumor tissue. Protect paraffin block and/or slides from excessive heat.
Storage/Transport Temp:	Room temperature. Also acceptable: Refrigerated. Ship in cooled containers during summer months.
Rejection Criteria:	No tumor in tissue. Specimens fixed or processed in alternative fixatives (alcohol, Prefer) or heavy metal fixatives. Decalcified specimens.
Stability:	Room temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable

Test Type

GENETIC

Methodology

Fluorescence In Situ Hybridization (FISH)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001308](#)

Vigabatrin, Serum or Plasma

SBMF#
46173

Mnemonic

VGB SP

CPT Code(s)

80339
Medicare (HCPCS) Code(s): G0480

Medicare Coverage

Local Coverage Determination (LCD): Drug Testing ([L34645](#))

Specimen Information

Specimen:	Serum or plasma
Container:	Red top (serum), Lavender top (EDTA), or Pink top (K2EDTA) tube
Requested Volume:	1 mL
Minimum Volume:	0.3 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.
Specimen Processing:	Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Polymer gel separation tube (SST or PST)
Stability:	Room temperature: 1 month Refrigerated: 1 month Frozen: 24 months

Also Known As

Sabril®

Test Type

TOX-TDM

Methodology

High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS)

Performance Laboratory

NMS Labs (via ARUP)

Reference Lab Test Code

ARUP# [0060241](#) | NMS# [4774SP](#)

Voltage-Gated Potassium Channel (VGKC) Antibody, CSF

SBMF#
47710

Mnemonic

VGKC CSF

CPT Code(s)

83519

Medicare Coverage

Research Use Only (RUO)

Specimen Information

Specimen: Cerebrospinal fluid (CSF)
Container: Screw-capped plastic transport tube
Requested Volume: 4 mL
Minimum Volume: 0.5 mL
Collect: Cerebrospinal fluid (CSF) obtained via lumbar puncture.
Specimen Processing: Transfer CSF to a screw-capped plastic transport tube.
Storage/Transport Temp: Refrigerated.
Rejection Criteria: Plasma. Grossly lipemic or icteric specimens.
Stability: Room temperature: 48 hours
Refrigerated: 2 weeks
Frozen: 1 month (avoid repeated freeze/thaw cycles)

Test Type

IMMUNOLOGY

Methodology

Quantitative Radioimmunoassay (RIA)

Performance Laboratory

ARUP Laboratories

Reference Lab Test Code

[3001387](#)