

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
47036	05.20.2019	5-Fluorouracil (5-FU) Toxicity and Chemotherapeutic Response, 5 Mutations	Dihydropyrimidine Dehydrogenase (DPYD), 3 Variants (47353)
33256	Immediate	Allergen, Food of Plant Origin, Okra IgE	N/A – Discontinued by vendor.
33221	Immediate	Allergen, Tree Pollen, Groundsel Tree IgE	N/A – Discontinued by vendor.
43757	Immediate	BasoFunction HRT Ixitalamate	N/A – Discontinued by vendor.
43598	06.24.2019	Cardio IQ Omega-3 and -6 Fatty Acids, Serum or Plasma	OmegaCheck®, Whole Blood (43793)
21265	06.03.2019	Clostridium difficile Antigen (GDH) and Toxins A and B by EIA with Reflex to C. difficile Toxin Gene by NAA	Clostridium difficile Toxin Gene by NAAT with Reflex to Toxins A and B by EIA (36267)
36265	06.03.2019	Clostridium difficile Toxin Gene by NAA	Clostridium difficile Toxin Gene by NAAT (36266), <b>OR</b> Clostridium difficile Toxin Gene by NAAT with Reflex to Toxins A and B by EIA (36267)
35013	Immediate	Custom GTT3	N/A – Discontinued due to lack of use.
47394	05.20.2019	Cytochrome P450 2C19 (CYP2C19) Genotype	Cytochrome P450 2C19 Genotyping (47717)
47395	05.20.2019	Cytochrome P450 2C9 (CYP2C9) Genotype	Cytochrome P450 2C8/2C9 Genotyping (47718)
45288	05.20.2019	Cytochrome P450 2D6 (CYP2D6) Genotype	Cytochrome P450 2D6 Genotyping (47719)
47396	05.20.2019	Cytochrome P450 3A5 (CYP3A5) Genotype	Cytochrome P450 3A4/3A5 Genotyping (47720)
47434	05.20.2019	Cytochrome P450 Genotype Panel	Cytochrome P450 Genotyping Panel (47721)
45927	05.20.2019	Fat, Body Fluid	Triglycerides, Body Fluid (29244), <b>OR</b> Chylomicron Screen, Body Fluid (45496)
29012	Immediate	Glucose Tolerance 2 Hour (Serum/Urine)	Glucose Tolerance Test (GTT), Two-hour, Modified (ADA), Non-Gestational (29056)
29059	Immediate	Glucose Tolerance 2 Hr W/Insulin	Glucose Tolerance Test (GTT), Two-Hour with Insulin Levels (29073)
29017	Immediate	Glucose Tolerance 7 Hour (9 Serum/Urine)	N/A – Discontinued due to lack of use.

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SBMF#	Effective	Deleted Test	Replacement / Alternate Test
29018	Immediate	Glucose Tolerance 8 Hour (10 Serum/Urine)	N/A – Discontinued due to lack of use.
35509	06.03.2019	HBsAg, HCV Ab, and STS Reflexive Profile	HBsAg, HCV Ab, and RPR Profile with Reflex (35855)
45729	05.20.2019	Hearing Loss, Nonsyndromic, Mitochondrial DNA 2 Mutations	Hearing Loss, Nonsyndromic Panel (GJB2) Sequencing, (GJB6) 2 Deletions and Mitochondrial DNA 2 Mutations (45730)
35233	06.03.2019	HIV and STS Profile	HIV Ag/Ab and RPR Profile with Reflex (35856)
44574	05.20.2019	HIV-1 DNA/RNA by Qualitative PCR	HIV-1 RNA by Qualitative TMA, Whole Blood (47722)
36024	06.03.2019	HIV-1 RNA, Quantitative RT-PCR, CSF	HIV-1 RNA by Quantitative NAAT, CSF (47716)
45486	05.20.2019	IA-2 Antibody	Islet Antigen-2 (IA-2) Autoantibody, Serum (47723)
45702	05.20.2019	MuSK Antibody Test	Muscle-Specific Kinase (MuSK) Antibody, IgG (47724)
47405	Immediate	Non-Criteria Antiphospholipid Syndrome (APS) (aPa, aPc, aPe, aPg, aPi) Antibodies Extended Panel	Phosphatidylcholine Antibodies, IgG, IgM and IgA (45369), <b>AND</b> Phosphatidylethanolamine Antibodies, IgG, IgM and IgA (45394), <b>AND</b> Phosphatidylglycerol Antibodies, IgG, IgM and IgA (45395), <b>AND</b> Phosphatidylinositol Antibodies, IgG, IgM and IgA (45396)
35849	06.03.2019	Obstetric Panel (Includes HIV Ag/Ab) with Syphilis Screen by Immunoassay with Reflex to RPR and TP-PA	Obstetric Panel (Includes HIV Ag/Ab) with Reflex (35852)
35850	06.03.2019	Obstetric Panel (Includes HIV Ag/Ab) with Syphilis Screen by RPR with Reflex to TP-PA	Obstetric Panel (Includes HIV Ag/Ab) with Reflex (35852)
35839	06.03.2019	Obstetric Panel with Syphilis Screen by Immunoassay with Reflex to RPR and TP-PA	Obstetric Panel with Reflex (35851)
35842	06.03.2019	Obstetric Panel with Syphilis Screen by RPR with Reflex to TP-PA	Obstetric Panel with Reflex (35851)
47194	Immediate	Phosphatidic Acid Antibodies, IgG, IgM, and IgA	N/A – Discontinued by vendor.
28058	06.03.2019	Rapid Plasma Reagin (RPR) with Reflex to Titer	Rapid Plasma Reagin (RPR) with Reflex to RPR Titer, Serum (Response to Therapy) (28446)

The tests listed in this table will be DELETED from our catalog. Replacement or alternate tests are noted if applicable.			
<b>SBMF#</b>	<b>Effective</b>	<b>Deleted Test</b>	<b>Replacement / Alternate Test</b>
28068	06.03.2019	Rapid Plasma Reagin (RPR) with Reflex to Titer and TP-PA	Rapid Plasma Reagin (RPR) with Reflex to Syphilis Total Antibody and RPR Titer, Serum (28445)
43192	Immediate	Resin T3 Uptake Ratio	T3 Uptake (44636)
47617	05.20.2019	Thiopurine Methyltransferase (TPMT) Genotyping, 4 Variants	Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping (47728)
42096	05.20.2019	Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping	Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping (47728)
47588	05.20.2019	Total Inhibin, Serum	N/A
28059	06.03.2019	Treponema pallidum Antibody, IgG by MFI with Reflex to RPR and TP-PA, Serum	Syphilis Total Antibody with Reflex to RPR and TP-PA, Serum (28439)
45840	06.03.2019	Tryptase, Mature and Total	Tryptase, Mature and Total (43784)
45715	Immediate	Very Long-Chain Acyl-CoA Dehydrogenase Deficiency (ACADVL) Sequencing	N/A – Discontinued due to lack of use.
45717	Immediate	Very Long-Chain Acyl-CoA Dehydrogenase Deficiency (ACADVL) Sequencing and Deletion/Duplication	N/A – Discontinued due to lack of use.
47407	05.20.2019	Warfarin Sensitivity, CYP2C9 and VKORC1, 3 Variants	Warfarin Sensitivity (CYP2C8, CYP2C9, CYP4F2, VKORC1) Genotyping (47729)

**NEW TEST**

**43789 ADMA/SDMA**

Available Now

**NEW TEST**

**33345 Allergen, Drug, Gelatin (Porcine) IgE**

Available Now

**NEW TEST**

**33347 Allergen, Food of Animal Origin, Mahi Mahi IgE**

Available Now

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**NEW TEST**

**33329** Allergen, Food of Animal Origin, Venison IgE  
Available Now

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**NEW TEST**

**33324** Allergen, Food of Animal Origin, Yogurt IgE  
Available Now

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**NEW TEST**

**33327** Allergen, Food of Plant Origin, Guava IgE  
Available Now

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**NEW TEST**

**33343** Allergen, Food of Plant Origin, Zucchini IgE  
Available Now

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**NEW TEST**

**33352** Allergen, Mold/Microorganism, Acremonium kiliense IgG  
Available Now

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**NEW TEST**

**33344** Allergen, Mold/Microorganism, Aspergillus flavus IgE  
Available Now

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**NEW TEST**

**33341** Allergen, Mold/Microorganism, Gliocladium fimbriatum IgE  
Available Now

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**NEW TEST**

**33323** Allergen, Tree Pollen, Black Willow IgE  
Available Now

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**NEW TEST**

**33322** Allergen, Tree Pollen, Cedar Elm IgE  
Available Now

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**NEW TEST**

**33339** Allergen, Tree Pollen, Chinese Elm IgE  
Available Now

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**NEW TEST**

**33346** Allergen, Tree Pollen, Shagbark Hickory IgE  
Available Now

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**NEW TEST**

**33348** Allergen, Tree Pollen, Sugar Maple IgE  
Available Now

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**NEW TEST**

**33330** Allergen, Tree Pollen, White Hickory IgE  
Available Now

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**NEW TEST**

**33350** Allergen, Tree Pollen, White Poplar IgE  
Available Now

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**NEW TEST**

**33342** Allergen, Weed Pollen, Pyrethrum IgE  
Available Now

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**NEW TEST**

**33351** Allergen, Weed Pollen, Wingscale IgE  
Available Now

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**NEW TEST**

**43785** Apixaban, Plasma  
Available Now

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**NEW TEST**

**35551** Autoimmune Encephalitis Extended Panel  
Available Now

This is a Care Set comprised of the following:

- 47696 AMPA Receptor Antibody, IgG by IFA with Reflex to Titer, Serum
- 47426 Aquaporin-4 Receptor Antibody by ELISA, with Reflex to AQP4 Receptor Antibody, IgG by IFA, Serum
- 47377 Contactin-Associated Protein-2 Antibody, IgG with Reflex to Titer
- 47702 GABA-B Receptor Antibody, IgG by IFA with Reflex to Titer, Serum
- 28276 Glutamic Acid Decarboxylase Antibody
- 47381 Leucine-Rich, Glioma-Inactivated Protein 1 Antibody, IgG with Reflex to Titer
- 47706 Myelin Oligodendrocyte Glycoprotein (MOG) Antibody, IgG by IFA with Reflex to Titer, Serum
- 45838 N-methyl-D-Aspartate Receptor Antibody, IgG Screen, Serum with Reflex to Titer by IFA
- 45846 Voltage-Gated Potassium Channel (VGKC) Antibody, Serum

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**NEW TEST**

**35527 Autoimmune Encephalitis Reflexive Panel**

Available Now

This is a Care Set comprised of the following:

- 47426 Aquaporin-4 Receptor Antibody by ELISA, with Reflex to AQP4 Receptor Antibody, IgG by IFA, Serum
- 28276 Glutamic Acid Decarboxylase Antibody
- 45838 N-methyl-D-Aspartate Receptor Antibody, IgG Screen, Serum with Reflex to Titer by IFA
- 47376 Voltage-Gated Potassium Channel (VGKC) Antibody with Reflex to LGI1 and CASPR2 Screen and Titer

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**NEW TEST**

**47732 Beryllium, Serum or Plasma**

Available Now

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**NEW TEST**

**47731 Chlamydia trachomatis L serovars (LGV) by PCR**

Available Now

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**43549 Corticotropin Releasing Factor (CRF, CRH)**

CPT changed to 83519

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**44785 Culture, Acid-Fast Bacilli, Feces**

Collect and transport feces in a sterile, screw-capped plastic container with no media or preservative. Feces Culture/Enteric Transport Media is no longer acceptable.

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**45790 Carbamazepine, Free and Total**

Remove prompts / AOE questions:

- 1545790 Carbamazepine Dose
- 1645790 Carbamazepine Route
- 1745790 Carbamazepine Dose Frequency
- 1845790 Carbamazepine Type of Draw

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**NEW TEST**

**36266 Clostridium difficile Toxin Gene by NAAT**

Available Now

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**NEW TEST**

**36267 Clostridium difficile Toxin Gene by NAAT with Reflex to Toxins A and B by EIA**

Available Now

Testing Algorithm:

If C. difficile Toxin Gene by NAAT is Negative, no further testing is performed.

If C. difficile Toxin Gene by NAAT is Positive, then C. difficile Toxins A and B by EIA (CPT 87324) is added.

**36190 REFLEX:** Clostridium difficile Toxins A and B by EIA

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**47005 Culture, Viral with Rapid CMV Culture, Non-Respiratory**

Effective June 3, 2019

Add component:

- 1147005 CMV Early Ag

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**47006 Culture, Viral with Rapid CMV Culture, Respiratory**

Effective June 3, 2019

Add component:

- 1147005 CMV Early Ag

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**NEW TEST**

**47717 Cytochrome P450 2C19 Genotyping**

Available May 20, 2019

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**NEW TEST**

**47718 Cytochrome P450 2C8/2C9 Genotyping**

Available May 20, 2019

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**NEW TEST**

**47719 Cytochrome P450 2D6 Genotyping;**

Available May 20, 2019

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**NEW TEST**

**47720 Cytochrome P450 3A4/3A5 Genotyping**

Available May 20, 2019

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**NEW TEST**

**47721 Cytochrome P450 Genotyping Panel**

Available May 20, 2019

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**30123 Dehydroepiandrosterone Sulfate (DHEA-S)**

Test requires serum. Plasma is not acceptable.

Stability: Refrigerated: 2 days; Frozen: 2 months

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**44575 Disopyramide, Serum or Plasma**

Remove prompts / AOE questions:

- 1144575 Disopyramide Dose
- 1244575 Disopyramide Route
- 1344575 Disopyramide Dose Frequency
- 1444575 Disopyramide Type of Draw

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**28086 DNA Double-Stranded (dsDNA) Antibody, IgG Screen by Crithidia luciliae IFA with Reflex to Titer**

Name change only.

Former test name: DNA Double-Stranded (dsDNA) Antibody, IgG Screen by IFA with Reflex to Titer

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**47182 Drug Detection Panel, Umbilical Cord Tissue, Qualitative**

Effective May 20, 2019

Add component:

- 7747182 Gabapentin, Cord, Qual

Remove component:

- 1247182 Buprenorphine-G, Cord, Qual

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**44044 Ethosuximide, Serum or Plasma**

Remove prompts / AOE questions:

- 1444044 Ethosuximide Dose
- 1544044 Ethosuximide Route
- 1644044 Ethosuximide Dose Frequency
- 1744044 Ethosuximide Type of Draw

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**42122 Gastrointestinal Pathogen Panel by Qualitative PCR, Feces**

Effective July 1, 2019

CPT code will change to 0097U

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**47081 Gastrointestinal Stromal Tumor Mutation**

Effective May 20, 2019

Method will change to Massively Parallel Sequencing.

Specimen requirements change (See enclosed).

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**NEW TEST**

**29136 Glucose, Plasma, Postprandial**

Available Now

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**NEW TEST**

**33353 Granulocyte-Macrophage Colony-Stimulating Factor, Serum**

Available Now

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**NEW TEST**

**35855** HBsAg, HCV Ab, and RPR Profile with Reflex

Available June 3, 2019

This is a Care Set comprised of the following:

- 28183 Hepatitis B Virus Surface Antigen, with Reflex to HBsAg Neutralization
- 28194 Hepatitis C Virus Antibody
- 28445 Rapid Plasma Reagin (RPR) Screen with Reflex to Syphilis Total Antibody and RPR Titer, Serum

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**NEW TEST**

**43796** hCG, Quantitative, Tumor Marker with HAMA Treatment, Serum

Available Now

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**NEW TEST**

**43790** HDL2b

Available Now

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**NEW TEST**

**35856** HIV Ag/Ab and RPR Profile with Reflex

Available June 3, 2019

This is a Care Set comprised of the following:

- 28272 HIV Antigen-Antibody Combo with Reflex to HIV-1/HIV-2 Ab Differentiation
- 28445 Rapid Plasma Reagin (RPR) Screen with Reflex to Syphilis Total Antibody and RPR Titer, Serum

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**43146** HIV-1 RNA by Qualitative TMA, Serum or Plasma

Name change only.

Former test name: HIV-1 RNA by Qualitative TMA

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**NEW TEST**

**47722** HIV-1 RNA by Qualitative TMA, Whole Blood

Available May 20, 2019

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**NEW TEST**

**47716** HIV-1 RNA by Quantitative TMA, CSF

Available Now

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**NEW TEST**

**43794** HLA-A29 Determination

Available Now

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**NEW TEST**

**43795 HLA-B51 Determination**

Available Now

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**45914 Human Epididymis Protein 4 (HE4)**

Effective May 20, 2019

Method will change to Electrochemiluminescent Immunoassay (ECLIA).

Specimen requirements change (See enclosed).

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**44256 Hypersensitivity Pneumonitis II**

Effective May 20, 2019

Remove component:

- 1544256 T. sacchari Ab, Precipitin

CPT will change to: 86331x2; 86606x3

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**47638 Hypersensitivity Pneumonitis Panel**

Effective May 20, 2019

Remove component:

- 1544256 T. sacchari Ab, Precipitin

CPT will change to: 86331x6; 86606x5

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**NEW TEST**

**47723 Islet Antigen-2 (IA-2) Autoantibody, Serum**

Available May 20, 2019

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**47679 KIT and PDGFRA Mutations, Melanoma**

Effective May 20, 2019

Method will change to Massively Parallel Sequencing.

Specimen requirements change (See enclosed).

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**NEW TEST**

**47724 Muscle-Specific Kinase (MuSK) Antibody, IgG**

Available May 20, 2019

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**NEW TEST**

**35851 Obstetric Panel with Reflex**

Available June 3, 2019

This is a Care Set comprised of the following:

- 25517 CBC with Automated Differential
  - 28183 Hepatitis B Virus Surface Antigen, with Reflex to HBsAg Neutralization
  - 28036 Rubella Antibody, IgG
  - 28445 Rapid Plasma Reagin (RPR) Screen with Reflex to Syphilis Total Antibody and RPR Titer, Serum
  - 28031 HDN Antibody Screen with Reflex to Antibody ID and Titer(s)
  - 22000 ABO/Rh Type
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**NEW TEST**

**35852 Obstetric Panel (Includes HIV Ag/Ab) with Reflex**

Available June 3, 2019

This is a Care Set comprised of the following:

- 25517 CBC with Automated Differential
  - 28183 Hepatitis B Virus Surface Antigen, with Reflex to HBsAg Neutralization
  - 28272 HIV Antigen-Antibody Combo with Reflex to HIV-1/HIV-2 Ab Differentiation
  - 28036 Rubella Antibody, IgG
  - 28445 Rapid Plasma Reagin (RPR) Screen with Reflex to Syphilis Total Antibody and RPR Titer, Serum
  - 28031 HDN Antibody Screen with Reflex to Antibody ID and Titer(s)
  - 22000 ABO/Rh Type
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**NEW TEST**

**43793 OmegaCheck®, Whole Blood**

Available Now

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**NEW TEST**

**43787 Oxidized Low-density Lipoprotein**

Available Now

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**43528 Pepsinogen I (PG I), Serum or Plasma**

CPT changed to 83520

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**45369 Phosphatidylcholine Antibodies, IgG, IgM and IgA**

Effective Immediately

Performing lab changed to Quest Diagnostics Nichols Institute, Valencia

CPT changed to 83520x3

Price increase

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**30182 QuantiFERON-TB Gold Plus**

CPT code changed to 86481

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**NEW TEST**

**28445 Rapid Plasma Reagin (RPR) Screen with Reflex to Syphilis Total Antibody and RPR Titer, Serum**

Available June 3, 2019

CPT: 0065U **OR** 0064U; if indicated, add 86593. See algorithm below.

Traditional Syphilis Serology Testing Algorithm.

- Qualitative RPR is performed by immunoassay.
- If RPR is non-reactive, no further testing is performed and CPT 0065U is billed.
- If RPR is reactive, then Syphilis Total Antibody is added and CPT 0064U is billed.
- If RPR and Syphilis Total Antibody are both reactive, then RPR titration (CPT 86593) is added.

**28455 REFLEX:** Syphilis Total Antibody, Serum

**28448 REFLEX:** RPR Titer, Serum

**2028445 BILLONLY:** RPR by Immunoassay, Serum (CPT 0065U)

**2128439 BILLONLY:** Syphilis Total Antibody and RPR by Immunoassay, Serum (CPT 0064U)

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**NEW TEST**

**28446 Rapid Plasma Reagin (RPR) with Reflex to RPR Titer, Serum (Response to Therapy)**

Available June 3, 2019

Monitoring test for patients that have been previously diagnosed with syphilis.

CPT: 0065U; if indicated, add 86593. See algorithm below.

Testing Algorithm:

- Qualitative RPR is performed by immunoassay and CPT 0065U is billed.
- If RPR is non-reactive, no further testing is performed.
- If RPR is reactive, then RPR titration (CPT 86593) is added.

**28448 REFLEX:** RPR Titer, Serum

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**NEW TEST**

**43786 Rivaroxaban, Plasma**

Available Now

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**43639 ROMA (Risk of Ovarian Malignancy Algorithm)**

Effective May 20, 2019

Method will change to Electrochemiluminescent Immunoassay (ECLIA).

Specimen requirements change (See enclosed).

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**NEW TEST**

**43791 Small Dense Low-density Lipoprotein**

Available Now

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**NEW TEST**

**28439 Syphilis Total Antibody with Reflex to RPR and TP-PA, Serum**

Available June 3, 2019

CPT: 86780 **OR** 0064U; If indicated, add 86593 or 86780-59. See algorithm below.

Reverse Syphilis Serology Testing Algorithm:

- Syphilis Total Antibody is performed by immunoassay.
- If Syphilis Total Antibody is non-reactive or equivocal, no further testing is performed and CPT 86780 is billed.
- If Syphilis Total Antibody is reactive, then qualitative RPR by immunoassay is added and CPT 0064U is billed.
- If RPR is reactive, then RPR titration (CPT 86593) is added.
- If RPR is non-reactive, then T. pallidum antibody by particle agglutination (CPT 86780-59) is added.

**28447** REFLEX: RPR by Immunoassay, Serum

**28448** REFLEX: RPR Titer, Serum

**28449** REFLEX: Treponema pallidum Antibody, TP-PA, Serum

**2028439** BILLONLY: Syphilis Total Antibody, Serum (CPT 86780)

**2128439** BILLONLY: Syphilis Total Antibody and RPR by Immunoassay, Serum (CPT 0064U)

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**NEW TEST**

**47728 Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping**

Available May 20, 2019

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**NEW TEST**

**43788 TMAO (Trimethylamine N-oxide)**

Available Now

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**NEW TEST**

**43784 Tryptase, Mature and Total**

Available Now

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**NEW TEST**

**47729 Warfarin Sensitivity (CYP2C8, CYP2C9, CYP4F2, VKORC1) Genotyping**

Available May 20, 2019

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## ADMA/SDMA

SBMF#  
**43789**

### Mnemonic

ADMA/SDMA

### CPT Code(s)

82542

### Specimen Information

Patient Prep:	Fasting is recommended but not required.
Specimen:	Serum
Container:	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:	Allow specimen to clot for 30 minutes at room temperature. Centrifuge to separate serum from cells. Transport properly centrifuged gel-barrier tube specimen in the original collection tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Specimens other than serum. Improper labeling. Samples not stored properly. Samples older than stability limits. Hemolyzed specimens.
Stability:	Room temperature: 1 day Refrigerated: 7 days Frozen (-20°C): 193 days Frozen (-70°C): 193 days

### Components

Asymmetric dimethylarginine (ADMA)  
Symmetric dimethylarginine (SDMA)

### Also Known As

Toxic Dimethylarginines

### Test Type

CHEMISTRY

### Methodology

Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)

### Performance Laboratory

Cleveland HeartLab, LLC (via Quest SJC)

### Reference Lab Test Code

Quest# 94153 | CHL# C301

## Allergen Tests

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Specimen Information sheets are not provided for these new tests. Complete information is available in the Test Catalog on [sbmf.org](http://sbmf.org).

33345	Allergen, Drug, Gelatin (Porcine) IgE
33347	Allergen, Food of Animal Origin, Mahi Mahi IgE
33329	Allergen, Food of Animal Origin, Venison IgE
33324	Allergen, Food of Animal Origin, Yogurt IgE
33327	Allergen, Food of Plant Origin, Guava IgE
33343	Allergen, Food of Plant Origin, Zucchini IgE
33352	Allergen, Mold/Microorganism, Acremonium kiliense IgG
33344	Allergen, Mold/Microorganism, Aspergillus flavus IgE
33341	Allergen, Mold/Microorganism, Gliocladium fimbriatum IgE
33323	Allergen, Tree Pollen, Black Willow IgE
33322	Allergen, Tree Pollen, Cedar Elm IgE
33339	Allergen, Tree Pollen, Chinese Elm IgE
33346	Allergen, Tree Pollen, Shagbark Hickory IgE
33348	Allergen, Tree Pollen, Sugar Maple IgE
33330	Allergen, Tree Pollen, White Hickory IgE
33350	Allergen, Tree Pollen, White Poplar IgE
33342	Allergen, Weed Pollen, Pyrethrum IgE
33351	Allergen, Weed Pollen, Wingscale IgE

## Apixaban, Plasma

SBMF#  
**43785**

### Mnemonic

APIXA

### CPT Code(s)

80299

### Specimen Information

Specimen:	Platelet-poor plasma (PPP)
Container:	Light Blue top (Sodium Citrate) tube
Requested Volume:	1 mL
Minimum Volume:	0.5 mL
Collect:	<ul style="list-style-type: none"> <li>• <b>NOTE:</b> Traumatic puncture invalidates sample for coagulation studies and necessitates recollection</li> <li>• Observe proper collection order for coagulation tests; collect tubes for coagulation studies prior to collecting tubes containing clot activators, additives, or anticoagulants</li> <li>• Fill Light Blue top tubes to stated tube volume</li> <li>• If coagulation study is only test ordered, collect 1-2 mL blood into tube for discard, then collect Light Blue top coagulation study tube(s)</li> <li>• If multiple coagulation studies are requested, submit additional samples for each coagulation test</li> <li>• Immediately after collection, mix by gently inverting tubes 3-4 times</li> </ul>
Specimen Processing:	<p>Separate plasma from cells immediately</p> <ul style="list-style-type: none"> <li>• Promptly centrifuge 15 minutes</li> <li>• Carefully transfer plasma portion of sample to separate plastic tube using plastic pipette</li> <li>• <b>NOTE:</b> Platelet/Buffy coat layer of sample must be avoided</li> <li>• Centrifuge transferred plasma sample again to produce platelet-poor plasma (PPP)</li> <li>• Use second plastic pipette to carefully transfer top portion of plasma leaving approximately 250 mcL discard in bottom of tube</li> <li>• Aliquot PPP into clearly labeled plastic tubes</li> <li>• Immediately freeze PPP samples</li> </ul>
Storage/Transport Temp:	<b>CRITICAL FROZEN: Separate specimens must be submitted when multiple tests are ordered.</b>
Rejection Criteria:	Clotted, hemolyzed, icteric, or grossly lipemic specimens.
Stability:	<p>Room temperature: Unacceptable</p> <p>Refrigerated: Unacceptable</p> <p>Frozen: 28 days</p>

### Also Known As

ELIQUIS®

### Test Type

COAGULATION

### Methodology

Chromogenic

### Performance Laboratory

Quest Diagnostics Nichols Institute, Chantilly  
(via Quest SJC)

### Reference Lab Test Code

94223



## Autoimmune Encephalitis Extended Panel

SBMF#  
**35551**

### Mnemonic

ENCEPH EXT

### CPT Code(s)

83516; 83519; 86255x6; 86341

### Specimen Information

Specimen:	Serum
Container:	<b>Four (4)</b> Gold top (SST) tubes
Requested Volume:	Collection tubes filled to the stated draw volume of the tube.
Collect:	Standard phlebotomy procedure. Mix by inverting tubes 5 times.
Specimen Processing:	Allow specimens to clot completely at room temperature. Centrifuge to separate serum from cells. Transport properly centrifuged gel-barrier tube specimens in the original collection tubes.
Storage/Transport Temp:	Refrigerated.

### Components

47696 AMPA Receptor Antibody, IgG by IFA with Reflex to Titer, Serum  
47426 Aquaporin-4 Receptor Antibody by ELISA, with Reflex to AQP4 Receptor Antibody, IgG by IFA, Serum  
47377 Contactin-Associated Protein-2 Antibody, IgG with Reflex to Titer  
47702 GABA-B Receptor Antibody, IgG by IFA with Reflex to Titer, Serum  
28276 Glutamic Acid Decarboxylase Antibody  
47381 Leucine-Rich, Glioma-Inactivated Protein 1 Antibody, IgG with Reflex to Titer  
47706 Myelin Oligodendrocyte Glycoprotein (MOG) Antibody, IgG by IFA with Reflex to Titer, Serum  
45838 N-methyl-D-Aspartate Receptor Antibody, IgG Screen, Serum with Reflex to Titer by IFA  
45846 Voltage-Gated Potassium Channel (VGKC) Antibody, Serum

### Note

Refer to catalog listing for each component test for complete information including run schedules, reflexive testing, alternate containers, minimum volumes, stability limits, and rejection criteria.

### Test Type

CARE SET

## Autoimmune Encephalitis Reflexive Panel

SBMF#  
**35527**

### Mnemonic

AUTOENCEPH

### CPT Code(s)

83516; 83519; 86255; 86341

### Specimen Information

Specimen:	Serum
Container:	<b>Four (4)</b> Gold top (SST) tubes
Requested Volume:	Collection tubes filled to the stated draw volume of the tube.
Collect:	Standard phlebotomy procedure. Mix by inverting tubes 5 times.
Specimen Processing:	Allow specimens to clot completely at room temperature. Centrifuge to separate serum from cells. Transport properly centrifuged gel-barrier tube specimens in the original collection tubes.
Storage/Transport Temp:	Refrigerated.

### Components

47426 Aquaporin-4 Receptor Antibody by ELISA, with Reflex to AQP4 Receptor Antibody, IgG by IFA, Serum

28276 Glutamic Acid Decarboxylase Antibody

45838 N-methyl-D-Aspartate Receptor Antibody, IgG Screen, Serum with Reflex to Titer by IFA

47376 Voltage-Gated Potassium Channel (VGKC) Antibody with Reflex to LGI1 and CASPR2 Screen and Titer

### Note

Refer to catalog listing for each component test for complete information including run schedules, reflexive testing, alternate containers, minimum volumes, stability limits, and rejection criteria.

### Test Type

CARE SET

## Beryllium, Serum or Plasma

SBMF#  
**47732**

### Mnemonic

BE SP

### CPT Code(s)

83018

### Specimen Information

Specimen:	Serum or plasma
Container:	Royal Blue top (EDTA; Trace element-free) or Royal Blue top (No Additive; Trace element-free) tube
Requested Volume:	1 mL
Minimum Volume:	0.4 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.
Specimen Processing:	Promptly centrifuge and separate Serum or Plasma into an acid washed plastic screw capped vial using approved guidelines.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Polymer gel separation tube (SST or PST)
Stability:	Room temperature: 14 days Refrigerated: 14 days Frozen: 14 days

### Components

Beryllium

### Also Known As

Be

### Test Type

METAL/ELEMENT

### Methodology

Inductively Coupled Plasma/Mass Spectrometry (ICP/MS)

### Performance Laboratory

NMS Labs (via ARUP)

### Reference Lab Test Code

ARUP# 3000967 | NMS# 0638SP

# Chlamydia trachomatis L serovars (LGV) by PCR

SBMF#  
**47731**

Mnemonic	CPT Code(s)
CT LGVPCR	87491

## Specimen Information

Specimen:	Vaginal, rectal, cervical, urethral, genital, or penile swab.
Container:	APTIMA Unisex Swab Specimen Collection kit (ARUP supply #28907) <b>OR</b> Viral Transport Media
Alternate Specimen:	Urine
Alternate Container:	APTIMA Urine Specimen Transport Tube (ARUP supply #28908)
Collect:	Refer to "Sample Collection for the Diagnosis of STD" for specific specimen collection and transport instructions.
Specimen Processing:	<b>APTIMA Swab:</b> Place blue swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube. <b>Urine:</b> Transfer 2 mL urine to an APTIMA Urine Specimen Transport Tube. Liquid level must be between fill lines on tube. <b>Swab in Viral Transport Media (UTM):</b> Transfer swab to viral transport media.
Storage/Transport Temp:	Refrigerated.
Remarks:	Specimen source required.
Stability:	Room temperature: 1 month Refrigerated: 1 month Frozen: 1 month

## Also Known As

LGV; Lymphogranuloma Venereum

Test Type	Methodology
INFECTIOUS ORGANISM	Qualitative Polymerase Chain Reaction (PCR)

Performance Laboratory	Reference Lab Test Code
ARUP Laboratories	2013768

# Clostridium difficile Toxin Gene by NAAT

SBMF#  
**36266**

## Mnemonic

CDGENE NAA

## CPT Code(s)

87493

## Specimen Information

Specimen:	Feces, liquid or unformed
Container:	Screw-capped, sterile container
Requested Volume:	1 mL or 2 g
Minimum Volume:	0.25 mL
Collect:	Liquid or unformed (semi-solid) feces indicative of CDAD. Specimen must take the shape of the container. Refer to: Laboratory Non-blood Specimen Collection User's Guide
Specimen Processing:	Transfer liquid or unformed feces to a sterile plastic container with no additives or preservatives.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Formed (solid) feces. Specimens in media or preservatives.
Stability:	Room temperature: 48 hours Refrigerated: 5 days Frozen: 7 days (avoid repeated freeze/thaw cycles)

## Also Known As

Antibiotic Associated Diarrhea; Antibiotic Associated Pseudomembraneous Colitis; C diff; C. difficile Toxin B Gene; Clostridium difficile by PCR; Clostridioides difficile; Cytotoxigenic C. difficile; tcdB Gene

## Test Type

INFECTIOUS ORGANISM

## Methodology

Qualitative Real-Time Polymerase Chain Reaction (PCR)

## Performance Laboratory

.SBMF Flow Cytometry / Molecular Pathology

# Clostridium difficile Toxin Gene by NAAT with Reflex to Toxins A and B by EIA

SBMF#  
**36267**

**Mnemonic**  
CDGENERFX

**CPT Code(s)**  
87493

## Specimen Information

Specimen:	Feces, liquid or unformed
Container:	Screw-capped, sterile container
Requested Volume:	1 mL or 2 g
Minimum Volume:	0.25 mL
Collect:	Liquid or unformed (semi-solid) feces indicative of CDAD. Specimen must take the shape of the container. Refer to: Laboratory Non-blood Specimen Collection User's Guide
Specimen Processing:	Transfer liquid or unformed feces to a sterile plastic container with no additives or preservatives.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Formed (solid) feces. Specimens in media or preservatives.
Stability:	Room temperature: 48 hours Refrigerated: 5 days Frozen: 7 days (avoid repeated freeze/thaw cycles)

## Components

Clostridium difficile toxin B gene (tcdB) by PCR

## Reflexive Testing

If C. difficile toxin B gene by PCR is positive, then C. difficile Toxins A and B by EIA (CPT 87324) will be added. Additional charges apply.

36190 REFLEX: Clostridium difficile Toxins A and B by EIA

## Also Known As

Antibiotic Associated Diarrhea; Antibiotic Associated Pseudomembranous Colitis; C diff; C. difficile Toxin B Gene; Clostridium difficile by PCR; Clostridioides difficile; Cytotoxigenic C. difficile; tcdB Gene; NAAT plus toxin algorithm

## Test Type

INFECTIOUS ORGANISM

## Methodology

Qualitative Real-Time Polymerase Chain Reaction (PCR)

## Performance Laboratory

.SBMF Flow Cytometry / Molecular Pathology

# Cytochrome P450 2C19 Genotyping

SBMF#  
**47717**

Mnemonic	CPT Code(s)
CYP2C19	81225

## Medicare Coverage

Local Coverage Determination (LCD): Genetic Testing for CYP2C19, CYP2D6, CYP2C9, and VKORC1 (L36398)

## Specimen Information

Patient Prep:	<b>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.</b> Counseling and informed consent are recommend	
Specimen:	Whole blood	
Container:	Lavender top (EDTA), Pink top (K2EDTA), or Yellow top (ACD Solution A or B) tube	
Alternate Specimen:	Saliva	
Alternate Container:	OCD-100 Saliva Collection Device by DNA Genotek (ARUP Supply #49295)	
Requested Volume:	<b>Whole blood:</b> 3 mL	<b>Saliva:</b> One collection device
Minimum Volume:	1 mL	
Collect:	<b>Whole blood:</b> Standard phlebotomy procedure. Mix by inverting tube 8 times. <b>Saliva:</b> Follow instructions in collection kit.	
Specimen Processing:	Transport whole blood in the original collection tube. <b>Do not centrifuge.</b> <b>OR</b> Transport the Saliva Collection Device.	
Storage/Transport Temp:	<b>Whole blood:</b> Refrigerated.	<b>Saliva:</b> Room temperature.
Rejection Criteria:	Plasma or serum. Specimens collected in sodium heparin or lithium heparin.	
Stability:	<b>Whole blood:</b> Room temperature: 72 hours Refrigerated: 1 week Frozen: 1 month	<b>Saliva:</b> Room temperature: 2 weeks Refrigerated: Unacceptable Frozen: Unacceptable

## Also Known As

CYP2C19

## Test Type

GENETIC

## Methodology

Polymerase Chain Reaction (PCR); Fluorescence Monitoring

## Performance Laboratory

ARUP Laboratories

## Reference Lab Test Code

3001508

# Cytochrome P450 2C8/2C9 Genotyping

SBMF#  
**47718**

## Mnemonic

2C8/2C9

## CPT Code(s)

81227; 81479

(MoIDX® Recommended CPT Code: Pending)

## Medicare Coverage

Local Coverage Determination (LCD): Genetic Testing for CYP2C19, CYP2D6, CYP2C9, and VKORC1 (L36398)

## Specimen Information

Patient Prep:	<b>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.</b>	
	Counseling and informed consent are recommend	
Specimen:	Whole blood	
Container:	Lavender top (EDTA), Pink top (K2EDTA), or Yellow top (ACD Solution A or B) tube	
Alternate Specimen:	Saliva	
Alternate Container:	OCD-100 Saliva Collection Device by DNA Genotek (ARUP Supply #49295)	
Requested Volume:	<b>Whole blood:</b> 3 mL	
	<b>Saliva:</b> One collection device	
Minimum Volume:	1 mL	
Collect:	<b>Whole blood:</b> Standard phlebotomy procedure. Mix by inverting tube 8 times.	
	<b>Saliva:</b> Follow instructions in collection kit.	
Specimen Processing:	Transport whole blood in the original collection tube. <b>Do not centrifuge.</b>	
	<b>OR</b> Transport the Saliva Collection Device.	
Storage/Transport Temp:	<b>Whole blood:</b> Refrigerated.	
	<b>Saliva:</b> Room temperature.	
Rejection Criteria:	Plasma or serum. Specimens collected in sodium heparin or lithium heparin.	
Stability:	<b>Whole blood:</b>	<b>Saliva:</b>
	Room temperature: 72 hours	Room temperature: 2 weeks
	Refrigerated: 1 week	Refrigerated: Unacceptable
	Frozen: 1 month	Frozen: Unacceptable

## Also Known As

CYP2C8 and CYP2C9

## Test Type

GENETIC

## Methodology

Polymerase Chain Reaction (PCR); Fluorescence Monitoring

## Performance Laboratory

ARUP Laboratories

## Reference Lab Test Code

3001501



# Cytochrome P450 2D6 Genotyping

SBMF#  
**47719**

Mnemonic	CPT Code(s)
CYP2D6	81226

## Medicare Coverage

Local Coverage Determination (LCD): Genetic Testing for CYP2C19, CYP2D6, CYP2C9, and VKORC1 (L36398)

## Specimen Information

Patient Prep:	<p><b>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.</b></p> <p>Counseling and informed consent are recommend</p>								
Specimen:	Whole blood								
Container:	Lavender top (EDTA), Pink top (K2EDTA), or Yellow top (ACD Solution A or B) tube								
Alternate Specimen:	Saliva								
Alternate Container:	OCD-100 Saliva Collection Device by DNA Genotek (ARUP Supply #49295)								
Requested Volume:	<b>Whole blood:</b> 3 mL <b>Saliva:</b> One collection device								
Minimum Volume:	1 mL								
Collect:	<b>Whole blood:</b> Standard phlebotomy procedure. Mix by inverting tube 8 times. <b>Saliva:</b> Follow instructions in collection kit.								
Specimen Processing:	Transport whole blood in the original collection tube. <b>Do not centrifuge.</b> <b>OR</b> Transport the Saliva Collection Device.								
Storage/Transport Temp:	<b>Whole blood:</b> Refrigerated. <b>Saliva:</b> Room temperature.								
Rejection Criteria:	Plasma or serum. Specimens collected in sodium heparin or lithium heparin.								
Stability:	<table border="0"> <tr> <td><b>Whole blood:</b></td> <td><b>Saliva:</b></td> </tr> <tr> <td>Room temperature: 72 hours</td> <td>Room temperature: 2 weeks</td> </tr> <tr> <td>Refrigerated: 1 week</td> <td>Refrigerated: Unacceptable</td> </tr> <tr> <td>Frozen: 1 month</td> <td>Frozen: Unacceptable</td> </tr> </table>	<b>Whole blood:</b>	<b>Saliva:</b>	Room temperature: 72 hours	Room temperature: 2 weeks	Refrigerated: 1 week	Refrigerated: Unacceptable	Frozen: 1 month	Frozen: Unacceptable
<b>Whole blood:</b>	<b>Saliva:</b>								
Room temperature: 72 hours	Room temperature: 2 weeks								
Refrigerated: 1 week	Refrigerated: Unacceptable								
Frozen: 1 month	Frozen: Unacceptable								

## Also Known As

CYP2D6

## Test Type

GENETIC

## Methodology

Polymerase Chain Reaction (PCR); Fluorescence Monitoring

## Performance Laboratory

ARUP Laboratories

## Reference Lab Test Code

3001513

# Cytochrome P450 3A4/3A5 Genotyping

SBMF#  
**47720**

## Mnemonic

3A4/3A5

## CPT Code(s)

81230; 81231

(MoIDX® Recommended CPT Code: Pending)

## Medicare Coverage

Local Coverage Determination (LCD): Molecular Diagnostic Testing (L36807)

## Specimen Information

Patient Prep:	<p><b>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.</b></p> <p>Counseling and informed consent are recommend</p>								
Specimen:	Whole blood								
Container:	Lavender top (EDTA), Pink top (K2EDTA), or Yellow top (ACD Solution A or B) tube								
Alternate Specimen:	Saliva								
Alternate Container:	OCD-100 Saliva Collection Device by DNA Genotek (ARUP Supply #49295)								
Requested Volume:	<b>Whole blood:</b> 3 mL <b>Saliva:</b> One collection device								
Minimum Volume:	1 mL								
Collect:	<b>Whole blood:</b> Standard phlebotomy procedure. Mix by inverting tube 8 times. <b>Saliva:</b> Follow instructions in collection kit.								
Specimen Processing:	Transport whole blood in the original collection tube. <b>Do not centrifuge.</b> <b>OR</b> Transport the Saliva Collection Device.								
Storage/Transport Temp:	<b>Whole blood:</b> Refrigerated. <b>Saliva:</b> Room temperature.								
Rejection Criteria:	Plasma or serum. Specimens collected in sodium heparin or lithium heparin.								
Stability:	<table border="0"> <tr> <td><b>Whole blood:</b></td> <td><b>Saliva:</b></td> </tr> <tr> <td>Room temperature: 72 hours</td> <td>Room temperature: 2 weeks</td> </tr> <tr> <td>Refrigerated: 1 week</td> <td>Refrigerated: Unacceptable</td> </tr> <tr> <td>Frozen: 1 month</td> <td>Frozen: Unacceptable</td> </tr> </table>	<b>Whole blood:</b>	<b>Saliva:</b>	Room temperature: 72 hours	Room temperature: 2 weeks	Refrigerated: 1 week	Refrigerated: Unacceptable	Frozen: 1 month	Frozen: Unacceptable
<b>Whole blood:</b>	<b>Saliva:</b>								
Room temperature: 72 hours	Room temperature: 2 weeks								
Refrigerated: 1 week	Refrigerated: Unacceptable								
Frozen: 1 month	Frozen: Unacceptable								

## Also Known As

CYP3A4 and CYP3A5

## Test Type

GENETIC

## Methodology

Polymerase Chain Reaction (PCR); Fluorescence Monitoring

## Performance Laboratory

ARUP Laboratories

## Reference Lab Test Code

3001518

# Cytochrome P450 Genotyping Panel

SBMF#  
**47721**

## Mnemonic

CYP PANEL

## CPT Code(s)

81225; 81226; 81227; 81230; 81231; 81479  
(MoIDX® Recommended CPT Code: Pending)

## Medicare Coverage

Local Coverage Determination (LCD): Genetic Testing for CYP2C19, CYP2D6, CYP2C9, and VKORC1 (L36398)

Local Coverage Determination (LCD): Molecular Diagnostic Testing (L36807)

## Specimen Information

Patient Prep:	<b>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.</b>	
	Counseling and informed consent are recommend	
Specimen:	Whole blood	
Container:	Lavender top (EDTA), Pink top (K2EDTA), or Yellow top (ACD Solution A or B) tube	
Alternate Specimen:	Saliva	
Alternate Container:	OCD-100 Saliva Collection Device by DNA Genotek (ARUP Supply #49295)	
Requested Volume:	<b>Whole blood:</b> 3 mL	<b>Saliva:</b> One collection device
Minimum Volume:	1 mL	
Collect:	<b>Whole blood:</b> Standard phlebotomy procedure. Mix by inverting tube 8 times.	
	<b>Saliva:</b> Follow instructions in collection kit.	
Specimen Processing:	Transport whole blood in the original collection tube. <b>Do not centrifuge.</b> <b>OR</b> Transport the Saliva Collection Device.	
Storage/Transport Temp:	<b>Whole blood:</b> Refrigerated.	
Rejection Criteria:	<b>Saliva:</b> Room temperature.	
	Plasma or serum. Specimens collected in sodium heparin or lithium heparin.	
Stability:	<b>Whole blood:</b>	<b>Saliva:</b>
	Room temperature: 72 hours	Room temperature: 2 weeks
	Refrigerated: 1 week	Refrigerated: Unacceptable
	Frozen: 1 month	Frozen: Unacceptable

## Components

CYP2C19, CYP2C8, CYP2C9, CYP2D6, CYP3A4 and CYP3A5

## Test Type

GENETIC

## Methodology

Polymerase Chain Reaction (PCR); Fluorescence Monitoring

## Performance Laboratory

ARUP Laboratories

## Reference Lab Test Code

3001524

# Dehydroepiandrosterone Sulfate (DHEA-S)

SBMF#  
**30123**

Mnemonic	CPT Code(s)
DHEA-S	82627

## Specimen Information

Patient Prep:	This assay is susceptible to biotin interference. Samples should not be taken from patients receiving biotin therapy/supplement until at least 24 hours following the last biotin administration.
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 to separate serum from cells. <b>SST:</b> Transport properly centrifuged gel-barrier tube specimen in the original collection tube. <b>Red top:</b> Transfer serum to a plastic transport tube.
Storage/Transport Temp:	Refrigerated (48 hours) or frozen.
Rejection Criteria:	Severely hemolyzed or lipemic specimens.
Stability:	Refrigerated: 2 days Frozen: 2 months

## Components

DHEA-Sulfate

## Also Known As

DHEA-S; DHEA-SO<sub>4</sub>; DHEA Sulfate

Test Type	Methodology
HORMONE	Immunoassay (IA)

## Performance Laboratory

.SBMF Chemistry and Immunoassays

# Gastrointestinal Stromal Tumor Mutation

SBMF#  
**47081**

## Mnemonic

GIST MUT

## CPT Code(s)

81272; 81314; 88381  
(MoIDX® Recommended CPT Code: 81479)

## Medicare Coverage

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

## Specimen Information

Patient Prep:	<b>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.</b>
Specimen:	Tissue block and/or slides
Container:	Tissue transport kit (ARUP supply #47808)
Requested Volume:	<b>Resections:</b> 8 unstained 5-micron slides. <b>Small Biopsies:</b> 15 unstained 5-micron slides.
Minimum Volume:	<b>Resections:</b> 5 slides <b>Small Biopsies:</b> 10 slides
Collect:	Tumor tissue.
Specimen Processing:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Diff-Quik and Papanicolaou stained cytology smears are also acceptable. Number of slides needed is dependent on the tumor cellularity of the smear. Slide(s) will be destroyed during testing process and will not be returned to client. Protect from excessive heat. Transport block and/or slides in a tissue transport kit (ARUP supply #47808).
Storage/Transport Temp:	Room temperature. Also acceptable: Refrigerated. Ship in cooled container during summer months.
Rejection Criteria:	Less than 10 percent tumor. Specimens fixed/processed in heavy metal fixatives. Decalcified specimens. FNA smears with less than 50 tumor cells.
Remarks:	Include surgical pathology report. Tissue block will be returned after testing.
Stability:	Room temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable

## Also Known As

c-KIT; c-kit Mutation Analysis in Gastrointestinal Stromal Tumors (GISTs); CD117; cKIT; GIST; GIST Mutation; KIT; KIT exons 11, 9, 13, and 17; KIT mutation; PDGFRA Mutation in Gastrointestinal Stromal Tumors (GISTs); TKI resistance; TKI sensitivity

## Test Type

GENETIC

## Methodology

Massively Parallel Sequencing

## Performance Laboratory

ARUP Laboratories

## Reference Lab Test Code

2002674

# Glucose, Plasma, Postprandial

SBMF#  
**29136**

<b>Mnemonic</b>	<b>CPT Code(s)</b>
POST GLU	82947

## Medicare Coverage

National Coverage Determination (NCD) for Blood Glucose Testing (190.20)

## Specimen Information

Patient Prep:	Timing of specimen collection: Postprandial draw - Two hours after a meal
Specimen:	Plasma or serum
Container:	Light Green top (PST), Gray top (Potassium Oxalate/Sodium Fluoride), Green top (Lithium Heparin), or Lavender top (EDTA) tube
Alternate Container:	Gold top (SST) or Red top (Serum) tube <i>Note:</i> Although not preferred, <u>serum</u> samples are acceptable, but must be <u>removed from cells within 60 minutes</u> of collection.
Requested Volume:	1 mL
Minimum Volume:	0.3 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.
Specimen Processing:	Allow serum specimen to clot for 30 minutes at room temperature. Separate from cells ASAP or within 60 minutes of collection. <b>PST, SST, or Gray top:</b> Transport properly centrifuged gel-barrier or Gray top tube specimens in the original collection tube. <b>Other collection tubes:</b> Transfer serum or plasma to a plastic transport tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Serum or plasma in contact with red blood cells for more than one hour.
Remarks:	For diagnostic purposes, <u>plasma</u> specimens are recommended, rather than serum. Plasma glucose results are generally 5% lower than serum and the cutoff values for diagnostic testing, as recommended by the American Diabetes Association (ADA), were established using plasma.
Stability:	After separation from cells (no hemolysis): Room temperature: 8 hours Refrigerated: 72 hours

## Also Known As

Post Meal Glucose; Postprandial Glucose; Postprandial Plasma Glucose; PPG

<b>Test Type</b>	<b>Methodology</b>
CHEMISTRY	Quantitative Enzymatic

## Performance Laboratory

.SBMF Automated Laboratory / Hematology

# Granulocyte-Macrophage Colony-Stimulating Factor, Serum

SBMF#  
**33353**

## Mnemonic

GMCSF SER

## CPT Code(s)

83520

## Medicare Coverage

Considered experimental and/or investigational by Medicare.  
Local Coverage Determination (LCD): Allergy Testing (L36402)

## Specimen Information

Specimen:	Serum
Container:	Red top (Serum) tube
Requested Volume:	1 mL
Minimum Volume:	0.1 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 5 times.
Specimen Processing:	Transfer serum to a screw-capped plastic transport tube and freeze.
Storage/Transport Temp:	Frozen.
Stability:	Frozen: 14 days (Stable 3 freeze/thaw cycles)

## Also Known As

GM-CSF Serum

## Test Type

IMMUNOLOGY

## Methodology

Immunoassay (IA)

## Performance Laboratory

Viracor Eurofins Clinical Diagnostics

## Reference Lab Test Code

1255

# HBsAg, HCV Ab, and RPR Profile with Reflex

SBMF#  
**35855**

## Mnemonic

HBVHCVRPR

## CPT Code(s)

0065U; 86803; 87340

## Medicare Coverage

### Frequency Limitations

National Coverage Determination (NCD) for Screening for Hepatitis C Virus (HCV) in Adults (210.13)

National Coverage Determination (NCD) for Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (210.10)

## Specimen Information

Specimen:	Serum
Container:	<b>Two (2)</b> Gold top (SST) tubes
Requested Volume:	Collection tubes filled to the stated draw volume of the tube.
Collect:	Standard phlebotomy procedure. Mix by inverting tubes 5 times.
Specimen Processing:	Allow specimens to clot completely at room temperature. Centrifuge to separate serum from cells. Transport properly centrifuged gel-barrier tube specimens in the original collection tubes.
Storage/Transport Temp:	Refrigerated.

## Components

28183 Hepatitis B Virus Surface Antigen, with Reflex to HBsAg Neutralization

28194 Hepatitis C Virus Antibody

28445 Rapid Plasma Reagin (RPR) Screen with Reflex to Syphilis Total Antibody and RPR Titer, Serum

## Note

Refer to catalog listing for each component test for complete information including run schedules, reflexive testing, alternate containers, minimum volumes, stability limits, and rejection criteria.

## Test Type

CARE SET



# hCG, Quantitative, Tumor Marker with HAMA Treatment, Serum

SBMF#  
**43796**

## Mnemonic

HCG HAMA

## CPT Code(s)

84702x2

## Medicare Coverage

National Coverage Determination (NCD) for Human Chorionic Gonadotropin (190.27)

## Specimen Information

Specimen:	Serum
Container:	Gold top (SST) or Red top (Serum) tube
Requested Volume:	2 mL
Minimum Volume:	1 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 5 times.
Specimen Processing:	Allow specimen to clot completely at room temperature. Centrifuge to separate from cells and transfer serum to a screw-capped plastic transport tube.
Storage/Transport Temp:	Room temperature.
Stability:	Room temperature: 7 days Refrigerated: 7 days Frozen: 28 days

## Components

hCG, Total, Quantitative HAMA Treated  
hCG, Total, Quantitative Untreated

## Also Known As

hCG, Total with HAMA Treatment

## Test Type

TUMOR MARKER

## Methodology

Immunoassay (IA)

## Performance Laboratory

Quest Diagnostics Nichols Institute, SJC

## Reference Lab Test Code

19720

## HDL2b

SBMF#  
**43790**

### Mnemonic

HDL2B

### CPT Code(s)

83701

### Medicare Coverage

Local Coverage Determination (LCD): MoIDX: Biomarkers in Cardiovascular Risk Assessment (L36523)

### Specimen Information

Specimen:	Serum
Container:	Gold top (SST) tube
Requested Volume:	0.5 mL
Minimum Volume:	0.3 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 5 times.
Specimen Processing:	Allow specimen to clot for 30 minutes at room temperature. Centrifuge to separate serum from cells. Transport properly centrifuged gel-barrier tube specimen in the original collection tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Specimens other than serum. Improper labeling. Samples not stored properly. Samples older than stability limits. Grossly hemolyzed, lipemic, or icteric specimens.
Remarks:	Serum sample must be stored in refrigerated temperature within an hour of collection.
Stability:	Room temperature: Unacceptable Refrigerated: 5 days Frozen (-20°C): 7 days Frozen (-70°C): 21 days

### Also Known As

2b

### Test Type

LIPID

### Methodology

Microfluidics Electrophoresis

### Performance Laboratory

Cleveland HeartLab, LLC (via Quest SJC)

### Reference Lab Test Code

Quest# 36405 | CHL# 1342

# HIV Ag/Ab and RPR Profile with Reflex

SBMF#  
**35856**

## Mnemonic

HIVRPR

## CPT Code(s)

0065U; 87389

## Medicare Coverage

### Frequency Limitations

National Coverage Determination (NCD) for Screening for the Human Immunodeficiency Virus (HIV) Infection (210.7)

National Coverage Determination (NCD) for Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (210.10)

## Specimen Information

Specimen:	Serum
Container:	<b>Two (2)</b> Gold top (SST) tubes
Requested Volume:	Collection tubes filled to the stated draw volume of the tube.
Collect:	Standard phlebotomy procedure. Mix by inverting tubes 5 times.
Specimen Processing:	Allow specimens to clot completely at room temperature. Centrifuge to separate serum from cells. Transport properly centrifuged gel-barrier tube specimens in the original collection tubes.
Storage/Transport Temp:	Refrigerated.

## Components

28272 HIV Antigen-Antibody Combo with Reflex to HIV-1/HIV-2 Ab Differentiation

28445 Rapid Plasma Reagin (RPR) Screen with Reflex to Syphilis Total Antibody and RPR Titer, Serum

## Note

Refer to catalog listing for each component test for complete information including run schedules, reflexive testing, alternate containers, minimum volumes, stability limits, and rejection criteria.

## Test Type

CARE SET

# HIV-1 RNA by Qualitative TMA, Whole Blood

SBMF#  
**47722**

## Mnemonic

HIV QUAL

## CPT Code(s)

87535

## Medicare Coverage

National Coverage Determination (NCD) for Human Immunodeficiency Virus (HIV) Testing (Diagnosis) (190.14)

## Specimen Information

Specimen:	Whole blood
Container:	Lavender top (EDTA) or Pink top (K2EDTA) tube
Requested Volume:	1 mL
Minimum Volume:	0.4 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.
Specimen Processing:	Transport whole blood in the original collection tube. <b>Do not centrifuge.</b>
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Heparinized specimens.
Stability:	Room temperature: Unacceptable Refrigerated: 1 week Frozen: 1 week

## Test Type

INFECTIOUS ORGANISM

## Methodology

Qualitative Transcription Mediated Amplification (TMA)

## Performance Laboratory

ARUP Laboratories

## Reference Lab Test Code

3001474

# HIV-1 RNA, Quantitative NAAT, CSF

SBMF#  
**47716**

## Mnemonic

HIVCSF QNT

## CPT Code(s)

87536

## Medicare Coverage

National Coverage Determination (NCD) for Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring) (190.13)

## Specimen Information

Specimen:	Cerebrospinal fluid (CSF)
Container:	Sterile screw-capped plastic transport tube
Requested Volume:	2 mL
Minimum Volume:	0.8 mL
Collect:	Cerebrospinal fluid (CSF) obtained via lumbar puncture.
Specimen Processing:	Transfer CSF to a screw-capped plastic transport tube.
Storage/Transport Temp:	Frozen.
Rejection Criteria:	Specimens other than CSF.
Stability:	Room temperature: Unacceptable Refrigerated: 5 days Frozen: 1 month

## Test Type

INFECTIOUS ORGANISM

## Methodology

Quantitative Transcription-Mediated Amplification (TMA)

## Performance Laboratory

ARUP Laboratories

## Reference Lab Test Code

3000872

## HLA-A29 Determination

SBMF#  
**43794**

### Mnemonic

HLA A29

### CPT Code(s)

81374

### Medicare Coverage

National Coverage Determination (NCD) for Histocompatibility Testing (190.1)

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

### Specimen Information

Patient Prep:	<b>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.</b>	
Specimen:	Whole blood	
Container:	Lavender top (EDTA) or Yellow top (ACD Solution A) tube(s)	
Alternate Specimen:	Buccal Swabs	
Requested Volume:	5-14 mL EDTA Whole blood, <b>OR</b> 4 Buccal Swabs	
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.	
Specimen Processing:	Transport whole blood in the original collection tube. <b>Do not centrifuge. Do not freeze.</b>	
Storage/Transport Temp:	Room temperature.	
Rejection Criteria:	Frozen specimens.	
Stability:	<b>Whole blood:</b> Room temperature: 14 days Refrigerated: Unacceptable Frozen: Unacceptable	<b>Buccal swabs:</b> Room temperature: 30 days Refrigerated: Unacceptable Frozen: Unacceptable

### Test Type

GENETIC

### Methodology

Polymerase Chain Reaction-Reverse Sequence Specific Oligonucleotide (PCR-rSSO)

### Performance Laboratory

Versiti Wisconsin, Inc. (via Quest SJC)

### Reference Lab Test Code

Quest# 16773 | BCW# 2274

# HLA-B51 Determination

SBMF#  
**43795**

## Mnemonic

HLA B51

## CPT Code(s)

81374

## Medicare Coverage

National Coverage Determination (NCD) for Histocompatibility Testing (190.1)

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

## Specimen Information

Patient Prep:	<b>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.</b>	
Specimen:	Whole blood	
Container:	Lavender top (EDTA) or Yellow top (ACD Solution A) tube(s)	
Alternate Specimen:	Buccal Swabs	
Requested Volume:	5-14 mL EDTA Whole blood, <b>OR</b> 4 Buccal Swabs	
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.	
Specimen Processing:	Transport whole blood in the original collection tube. <b>Do not centrifuge. Do not freeze.</b>	
Storage/Transport Temp:	Room temperature.	
Rejection Criteria:	Frozen specimens.	
Stability:	<b>Whole blood:</b> Room temperature: 14 days Refrigerated: Unacceptable Frozen: Unacceptable	<b>Buccal swabs:</b> Room temperature: 30 days Refrigerated: Unacceptable Frozen: Unacceptable

## Test Type

GENETIC

## Methodology

Polymerase Chain Reaction-Reverse Sequence Specific Oligonucleotide (PCR-rSSO)

## Performance Laboratory

Versiti Wisconsin, Inc. (via Quest SJC)

## Reference Lab Test Code

Quest# 16775 | BCW# 2275

## Human Epididymis Protein 4 (HE4)

SBMF#  
**45914**

### Mnemonic

HE4-

### CPT Code(s)

86305

### Specimen Information

Specimen:	Serum or plasma
Container:	Gold top (SST) or Light Green top (PST) tube. Also acceptable: Red top (Serum), Green top (Lithium Heparin), or Lavender top (EDTA) tube.
Requested Volume:	1 mL
Minimum Volume:	0.5 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.
Specimen Processing:	Allow serum specimen to clot completely at room temperature. Centrifuge to separate from cells and transfer serum or plasma to a screw-capped plastic transport tube.
Storage/Transport Temp:	Frozen.
Rejection Criteria:	Grossly hemolyzed specimens.
Stability:	Room temperature: 5 hours Refrigerated: 48 hours Frozen: 4 months

### Also Known As

HE4, Human HE4 Antigen, Ovarian Cancer Monitoring

### Test Type

TUMOR MARKER

### Methodology

Quantitative Electrochemiluminescent Immunoassay (ECLIA)

### Performance Laboratory

ARUP Laboratories

### Reference Lab Test Code

2003020



## Islet Antigen-2 (IA-2) Autoantibody, Serum

SBMF#  
**47723**

### Mnemonic

IA-2 AB

### CPT Code(s)

86341

### Specimen Information

Specimen:	Serum
Container:	Gold top (SST) or Red top (Serum) tube
Requested Volume:	0.5 mL
Minimum Volume:	0.35 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:	Plasma. Specimens submitted in frozen Serum Separator Tubes (SST). Grossly hemolyzed, icteric, or lipemic specimens.
Stability:	After separation from cells: Room temperature: 24 hours Refrigerated: 1 week Frozen: 1 month

### Also Known As

IA-2 Antibody

### Test Type

IMMUNOLOGY

### Methodology

Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

### Performance Laboratory

ARUP Laboratories

### Reference Lab Test Code

3001499

# KIT and PDGFRA Mutations, Melanoma

SBMF#  
**47679**

## Mnemonic

KIT MELAN

## CPT Code(s)

81272; 81314; 88381  
(MoIDX® Recommended CPT Code: 81479)

## Medicare Coverage

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

## Specimen Information

Patient Prep:	<b>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.</b>
Specimen:	Tissue block and/or slides
Container:	Tissue transport kit (ARUP supply #47808)
Requested Volume:	<b>Resections:</b> 8 unstained 5-micron slides. <b>Small Biopsies:</b> 15 unstained 5-micron slides.
Minimum Volume:	<b>Resections:</b> 5 slides <b>Small Biopsies:</b> 10 slides
Collect:	Tumor tissue.
Specimen Processing:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Diff-Quik and Papanicolaou stained cytology smears are also acceptable. Number of slides needed is dependent on the tumor cellularity of the smear. Slide(s) will be destroyed during testing process and will not be returned to client. Protect from excessive heat. Transport block and/or slides in a tissue transport kit (ARUP supply #47808).
Storage/Transport Temp:	Room temperature. Also acceptable: Refrigerated. Ship in cooled container during summer months.
Rejection Criteria:	Less than 10 percent tumor. Specimens fixed/processed in heavy metal fixatives. Decalcified specimens. FNA smears with less than 50 tumor cells.
Remarks:	Include surgical pathology report. Tissue block will be returned after testing.
Stability:	Room temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable

## Test Type

GENETIC

## Methodology

Massively Parallel Sequencing

## Performance Laboratory

ARUP Laboratories

## Reference Lab Test Code

2002695

# Muscle-Specific Kinase (MuSK) Antibody, IgG

SBMF#  
**47724**

## Mnemonic

MSK AB

## CPT Code(s)

83519

## Specimen Information

Specimen:	Serum
Container:	Red top (Serum) or Gold top (SST) tube
Requested Volume:	2 mL
Minimum Volume:	0.5 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:	Grossly lipemic, icteric, or hemolyzed specimens.
Stability:	After separation from cells: 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

3001576

# Obstetric Panel (Includes HIV Ag/Ab) with Reflex

SBMF#  
**35852**

Mnemonic	CPT Code(s)
OBHIV PNL	80081

## Specimen Information

Specimen:	Serum <b>AND</b> Whole blood
Container:	<b>Three (3)</b> Gold top (SST) tubes <b>AND</b> <b>Two (2)</b> Lavender top (EDTA) tubes
Requested Volume:	Collection tubes filled to the stated draw volume of the tube.
Collect:	Standard phlebotomy procedure. Mix by inverting tubes 8 times.
Specimen Processing:	<b>Gold top (SST) tubes:</b> Allow specimens to clot completely at room temperature. Centrifuge to separate serum from cells. Transport properly centrifuged gel-barrier tube specimens in the original collection tubes. <b>Lavender top (EDTA) tubes:</b> Transport whole blood in the original collection tubes. <b>Do not centrifuge. Do not freeze.</b>
Storage/Transport Temp:	Refrigerated.

## Components

25517 CBC with Automated Differential  
 28183 Hepatitis B Virus Surface Antigen, with Reflex to HBsAg Neutralization  
 28272 HIV Antigen-Antibody Combo with Reflex to HIV-1/HIV-2 Ab Differentiation  
 28036 Rubella Antibody, IgG  
 28445 Rapid Plasma Reagin (RPR) Screen with Reflex to Syphilis Total Antibody and RPR Titer, Serum  
 28031 HDN Antibody Screen with Reflex to Antibody ID and Titer(s)  
 22000 ABO Blood Group and Rh Type

## Note

Refer to catalog listing for each component test for complete information including run schedules, reflexive testing, alternate containers, minimum volumes, stability limits, and rejection criteria.

## Also Known As

OB Panel with HIV; Obstetric Panel With Fourth-generation HIV

## Test Type

CARE SET

## Obstetric Panel with Reflex

SBMF#  
**35851**

Mnemonic	CPT Code(s)
OB PANEL	80055

### Specimen Information

Specimen:	Serum <b>AND</b> Whole blood
Container:	<b>Two (2)</b> Gold top (SST) tubes <b>AND</b> <b>Two (2)</b> Lavender top (EDTA) tubes
Requested Volume:	Collection tubes filled to the stated draw volume of the tube.
Collect:	Standard phlebotomy procedure. Mix by inverting tubes 8 times.
Specimen Processing:	<b>Gold top (SST) tubes:</b> Allow specimens to clot completely at room temperature. Centrifuge to separate serum from cells. Transport properly centrifuged gel-barrier tube specimens in the original collection tubes. <b>Lavender top (EDTA) tubes:</b> Transport whole blood in the original collection tubes. <b>Do not centrifuge. Do not freeze.</b>
Storage/Transport Temp:	Refrigerated.

### Components

25517 CBC with Automated Differential  
28183 Hepatitis B Virus Surface Antigen, with Reflex to HBsAg Neutralization  
28036 Rubella Antibody, IgG  
28445 Rapid Plasma Reagin (RPR) Screen with Reflex to Syphilis Total Antibody and RPR Titer, Serum  
28031 HDN Antibody Screen with Reflex to Antibody ID and Titer(s)  
22000 ABO Blood Group and Rh Type

### Note

Refer to catalog listing for each component test for complete information including run schedules, reflexive testing, alternate containers, minimum volumes, stability limits, and rejection criteria.

### Also Known As

OB Panel

### Test Type

CARE SET

## OmegaCheck®, Whole Blood

SBMF#  
**43793**

### Mnemonic

OMEGACHECK

### CPT Code(s)

82542

### Medicare Coverage

Local Coverage Determination (LCD): MoIDX: Biomarkers in Cardiovascular Risk Assessment (L36523)

### Specimen Information

Patient Prep:	Fasting is preferred but not required.
Specimen:	Whole blood
Container:	Lavender top (EDTA) tube
Requested Volume:	0.5 mL
Minimum Volume:	0.1 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.
Specimen Processing:	Transport whole blood in the original collection tube. <b>Do not centrifuge.</b>
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Specimens other than EDTA whole blood. Improper labeling. Samples not stored properly. Samples older than stability limits. Lipemic samples.
Stability:	Room temperature: 10 weeks Refrigerated: 10 weeks Frozen: Unacceptable

### Components

EPA+DPA+DHA  
Arachidonic Acid/EPA Ratio  
Omega-6/Omega-3 Ratio  
Omega-3 Total  
EPA  
DPA  
DHA  
Omega-6 Total  
Arachidonic Acid  
Linoleic Acid

### Also Known As

Omega 3 and 6 Fatty Acids

### Test Type

CHEMISTRY

### Methodology

Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)

### Performance Laboratory

Cleveland HeartLab, LLC (via Quest SJC)

### Reference Lab Test Code

Quest# 92701 | CHL# C302

## Oxidized Low-density Lipoprotein

SBMF#  
**43787**

### Mnemonic

OXLDL

### CPT Code(s)

83520

### Specimen Information

Specimen:	Plasma
Container:	Lavender top (EDTA) tube
Alternate Specimen:	Serum
Alternate Container:	Gold top (SST) tube
Requested Volume:	0.5 mL
Minimum Volume:	0.2 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.
Specimen Processing:	Allow serum specimen to clot for 30 minutes at room temperature. Centrifuge to separate serum or plasma from cells. <b>SST:</b> Transport properly centrifuged gel-barrier tube specimen in the original collection tube. <b>EDTA:</b> Transfer plasma to a screw-capped plastic transport tube. Note "EDTA Plasma" on the transport tube label.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Specimens other than EDTA plasma or serum. Improper labeling. Samples not stored properly. Samples older than stability limits.
Stability:	Room temperature: Unacceptable Refrigerated: 7 days Frozen (-20°C): 28 days Frozen (-70°C): 6 months

### Also Known As

Oxidized LDL; OxLDL

### Test Type

LIPID

### Methodology

Quantitative Enzyme Linked Immunosorbent Assay (ELISA)

### Performance Laboratory

Cleveland HeartLab, LLC (via Quest SJC)

### Reference Lab Test Code

Quest# 92769 | CHL# C335

# Phosphatidylcholine Antibodies, IgG, IgM and IgA

SBMF#  
**45369**

**Mnemonic**  
PHOSCHOPAN

**CPT Code(s)**  
83520x3

## 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:	Transfer serum to a screw-capped plastic transport tube.
Storage/Transport Temp:	Refrigerated. Also acceptable: Frozen.
Stability:	Room temperature: 1 hour Refrigerated: 14 days Frozen: 60 days

## Components

Phosphatidylcholine Ab (IgG)  
Phosphatidylcholine Ab (IgA)  
Phosphatidylcholine Ab (IgM)

## Also Known As

aPC Antibodies

**Test Type**  
IMMUNOLOGY

**Methodology**  
Immunoassay (IA)

**Performance Laboratory**  
Quest Diagnostics Nichols Institute, Valencia  
(via Quest SJC)

**Reference Lab Test Code**  
83170N



# Rapid Plasma Reagin (RPR) Screen with Reflex to Syphilis Total Antibody and RPR Titer, Serum

SBMF#  
**28445**

## Mnemonic

RPRSC

## CPT Code(s)

See reflexive testing algorithm

## Medicare Coverage

### Frequency Limitations

National Coverage Determination (NCD) for Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (210.10)

## 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 ASAP or within 2 hours of collection. <b>SST:</b> Transport properly centrifuged gel-barrier tube specimen in the original collection tube. <b>Red top:</b> Transfer serum to a plastic transport tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Hemolyzed, contaminated, or lipemic specimens.
Stability:	Refrigerated: 5 days Frozen: Greater than 5 days (avoid repeated freeze/thaw cycles)

## Components

Qualitative RPR by Immunoassay

## Reflexive Testing

If RPR is non-reactive, no further testing is performed and CPT 0065U is billed.

If RPR is reactive, then Syphilis Total Antibody is added and CPT 0064U is billed.

If RPR and Syphilis Total Antibody are both reactive, then RPR titration (CPT 86593) is added.

28455 REFLEX: Syphilis Total Antibody, Serum

28448 REFLEX: RPR Titer, Serum

2028445 zz.BILLONLY: RPR by Immunoassay (CPT 0065U)

2128439 zz.BILLONLY: Syphilis Total Antibody and RPR by Immunoassay, Serum (CPT 0064U)

## Also Known As

RPR Screen with Confirmation; Syphilis Screening Cascade; Syphilis Serology Cascade; T. pallidum; Traditional Syphilis Serology Testing Algorithm; Treponema pallidum

## Test Type

INFECTIOUS ANTIBODY

## Methodology

Multiplex Flow Immunoassay (MFI); Semi-Quantitative Charcoal Flocculation

## Performance Laboratory

.SBMF Chemistry and Immunoassays

## Rapid Plasma Reagin (RPR) with Reflex to RPR Titer, Serum (Response to Therapy)

SBMF#  
**28446**

Mnemonic	CPT Code(s)
RPRT	0065U

### 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 ASAP or within 2 hours of collection. <b>SST:</b> Transport properly centrifuged gel-barrier tube specimen in the original collection tube. <b>Red top:</b> Transfer serum to a plastic transport tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Hemolyzed, contaminated, or severely lipemic specimens.
Stability:	Refrigerated: 5 days Frozen: Greater than 5 days (avoid repeated freeze/thaw cycles)

### Components

Qualitative RPR by Immunoassay

### Reflexive Testing

If RPR is non-reactive, no further testing is performed.  
If RPR is reactive, then RPR titration (CPT 86593) is added.  
28448 REFLEX: RPR Titer, Serum

### Test Type

INFECTIOUS ANTIBODY

### Methodology

Multiplex Flow Immunoassay (MFI); Semi-Quantitative Charcoal Flocculation

### Performance Laboratory

.SBMF Chemistry and Immunoassays

## Rivaroxaban, Plasma

SBMF#  
**43786**

Mnemonic	CPT Code(s)
RIVAR	80299

### Specimen Information

Patient Prep:	Collect samples 2-4 hours post dose ( <b>peak</b> )
Specimen:	Platelet-poor plasma (PPP)
Container:	Light Blue top (Sodium Citrate) tube
Requested Volume:	1 mL
Minimum Volume:	0.5 mL
Collect:	<ul style="list-style-type: none"> <li>• <b>NOTE:</b> Traumatic puncture invalidates sample for coagulation studies and necessitates recollection</li> <li>• Observe proper collection order for coagulation tests; collect tubes for coagulation studies prior to collecting tubes containing clot activators, additives, or anticoagulants</li> <li>• Fill Light Blue top tubes to stated tube volume</li> <li>• If coagulation study is only test ordered, collect 1-2 mL blood into tube for discard, then collect Light Blue top coagulation study tube(s)</li> <li>• If multiple coagulation studies are requested, submit additional samples for each coagulation test</li> <li>• Immediately after collection, mix by gently inverting tubes 3-4 times</li> </ul>
Specimen Processing:	Separate plasma from cells immediately <ul style="list-style-type: none"> <li>• Promptly centrifuge 15 minutes</li> <li>• Carefully transfer plasma portion of sample to separate plastic tube using plastic pipette</li> <li>• <b>NOTE:</b> Platelet/Buffy coat layer of sample must be avoided</li> <li>• Centrifuge transferred plasma sample again to produce platelet-poor plasma (PPP)</li> <li>• Use second plastic pipette to carefully transfer top portion of plasma leaving approximately 250 mcL discard in bottom of tube</li> <li>• Aliquot PPP into clearly labeled plastic tubes</li> <li>• Immediately freeze PPP samples</li> </ul>
Storage/Transport Temp:	<b>CRITICAL FROZEN: Separate specimens must be submitted when multiple tests are ordered.</b>
Rejection Criteria:	Thawed specimen.
Stability:	Room temperature: Unacceptable Refrigerated: Unacceptable Frozen: 28 days

### Also Known As

Xarelto®

Test Type	Methodology
COAGULATION	Chromogenic

### Performance Laboratory

Quest Diagnostics Nichols Institute, Chantilly  
(via Quest SJC)

### Reference Lab Test Code

90981

# ROMA (Risk of Ovarian Malignancy Algorithm)

SBMF#  
**43639**

Mnemonic	CPT Code(s)
ROMA.	81500

## Medicare Coverage

National Coverage Determination (NCD) for Tumor Antigen by Immunoassay - CA 125 (190.28)

## Specimen Information

Specimen:	Serum or plasma
Container:	Gold top (SST) or Red top (Serum) tube. Also acceptable: Green top (Sodium Heparin), Green top (Lithium Heparin), Lavender top (EDTA), or Pink top (K2EDTA) tube.
Requested Volume:	1.5 mL
Minimum Volume:	1 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.
Specimen Processing:	Allow serum specimen to clot completely at room temperature. Centrifuge to separate from cells and transfer serum or plasma to a screw-capped plastic transport tube.
Storage/Transport Temp:	Frozen.
Rejection Criteria:	Hemolyzed specimens.
Stability:	Room temperature: 5 hours Refrigerated: 48 hours Frozen: 4 months

## Components

CA125  
HE4  
ROMA

## Also Known As

Ovarian Malignancy Risk (ROMA®)

Test Type	Methodology
TUMOR MARKER	Quantitative Electrochemiluminescent Immunoassay (ECLIA)

Performance Laboratory	Reference Lab Test Code
ARUP Laboratories	2012618

## Small Dense Low-density Lipoprotein

SBMF#  
**43791**

### Mnemonic

SDLDL

### CPT Code(s)

83722

### Medicare Coverage

Local Coverage Determination (LCD): MoIDX: Biomarkers in Cardiovascular Risk Assessment (L36523)

### Specimen Information

Patient Prep:	Fasting may be required for this test. Please ask your doctor if you should fast prior to testing.
Specimen:	Serum
Container:	Gold top (SST) tube
Requested Volume:	0.5 mL
Minimum Volume:	0.2 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 5 times. <b>NOTE:</b> At least 3 mL of blood should be drawn.
Specimen Processing:	Allow specimen to clot for 30 minutes at room temperature. Centrifuge to separate serum from cells. Transport properly centrifuged gel-barrier tube specimen in the original collection tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Specimens other than serum. Improper labeling. Samples not stored properly. Samples older than stability limits.
Remarks:	Drawing less than 3 ml of blood in a Gold top serum separator tube (SST) may cause erroneous results.
Stability:	Room temperature: Unacceptable Refrigerated: 5 days Frozen: Unacceptable

### Also Known As

sd-LDL; sdLDL; Small Dense LDL

### Test Type

LIPID

### Methodology

Quantitative Immunoturbidimetric

### Performance Laboratory

Cleveland HeartLab, LLC (via Quest SJC)

### Reference Lab Test Code

Quest# 36406 | CHL# 1341

# Syphilis Total Antibody with Reflex to RPR and TP-PA, Serum

SBMF#  
**28439**

## Mnemonic

SYPHTC

## CPT Code(s)

See reflexive testing algorithm

## Medicare Coverage

### Frequency Limitations

National Coverage Determination (NCD) for Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (210.10)

## 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 ASAP or within 2 hours of collection. <b>SST:</b> Transport properly centrifuged gel-barrier tube specimen in the original collection tube. <b>Red top:</b> Transfer serum to a plastic transport tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Hemolyzed, contaminated, or lipemic specimens.
Stability:	Refrigerated: 5 days Frozen: Greater than 5 days (avoid repeated freeze/thaw cycles)

## Components

Syphilis Total Antibody

## Reflexive Testing

If Syphilis Total Antibody is non-reactive or equivocal, no further testing is performed and CPT 86780 is billed.

If Syphilis Total Antibody is reactive, then qualitative RPR by immunoassay is added and CPT 0064U is billed.

If RPR is reactive, then RPR titration (CPT 86593) is added.

If RPR is non-reactive, then T. pallidum antibody by particle agglutination (CPT 86780-59) is added.

28447 REFLEX: Rapid Plasma Reagin (RPR), Qualitative, by Immunoassay, Serum

28448 REFLEX: RPR Titer, Serum

28449 REFLEX: Treponema pallidum Antibody, TP-PA, Serum

2028439 zz.BILLONLY: Syphilis Total Antibody, Serum (CPT 86780)

2128439 zz.BILLONLY: Syphilis Total Antibody and RPR by Immunoassay, Serum (CPT 0064U)

## Also Known As

Reverse Syphilis Serology Testing Algorithm; Syphilis Antibody Cascading Reflex; Syphilis Screening Cascade; Syphilis Serology Cascade; T. pallidum; Treponema pallidum

## Test Type

INFECTIOUS ANTIBODY

## Methodology

Multiplex Flow Immunoassay (MFI); Semi-Quantitative Charcoal Flocculation; Qualitative Particle Agglutination

## Performance Laboratory

.SBMF Chemistry and Immunoassays

# Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping

SBMF#  
**47728**

## Mnemonic

TPMT2

## CPT Code(s)

81306; 81335  
(MoIDX® Recommended CPT Code: Pending)

## Medicare Coverage

Local Coverage Determination (LCD): Molecular Diagnostic Testing (L36807)

## Specimen Information

Patient Prep:	<p><b>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.</b></p> <p>Counseling and informed consent are recommend</p>	
Specimen:	Whole blood	
Container:	Lavender top (EDTA), Pink top (K2EDTA), or Yellow top (ACD Solution A or B) tube	
Alternate Specimen:	Saliva	
Alternate Container:	OCD-100 Saliva Collection Device by DNA Genotek (ARUP Supply #49295)	
Requested Volume:	<p><b>Whole blood:</b> 3 mL</p> <p><b>Saliva:</b> One collection device</p>	
Minimum Volume:	1 mL	
Collect:	<p><b>Whole blood:</b> Standard phlebotomy procedure. Mix by inverting tube 8 times.</p> <p><b>Saliva:</b> Follow instructions in collection kit.</p>	
Specimen Processing:	<p>Transport whole blood in the original collection tube.</p> <p><b>Do not centrifuge.</b></p> <p><b>OR</b> Transport the Saliva Collection Device.</p>	
Storage/Transport Temp:	<p><b>Whole blood:</b> Refrigerated.</p> <p><b>Saliva:</b> Room temperature.</p>	
Rejection Criteria:	Plasma or serum. Specimens collected in sodium heparin or lithium heparin.	
Stability:	<p><b>Whole blood:</b></p> <p>Room temperature: 72 hours</p> <p>Refrigerated: 1 week</p> <p>Frozen: 1 month</p>	<p><b>Saliva:</b></p> <p>Room temperature: 2 weeks</p> <p>Refrigerated: Unacceptable</p> <p>Frozen: Unacceptable</p>

## Also Known As

TPMT and NUDT15

## Test Type

GENETIC

## Methodology

Polymerase Chain Reaction (PCR); Fluorescence Monitoring

## Performance Laboratory

ARUP Laboratories

## Reference Lab Test Code

3001535

## TMAO (Trimethylamine N-oxide)

SBMF#  
**43788**

Mnemonic	CPT Code(s)
TMAO	82542

### Specimen Information

Patient Prep:	Patients should fast overnight and refrain from consuming fish or other seafood the day before the blood draw to avoid false elevations in TMAO.
Specimen:	Serum
Container:	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:	Allow specimen to clot for 30 minutes at room temperature. Centrifuge to separate serum from cells. Transport properly centrifuged gel-barrier tube specimen in the original collection tube.
Storage/Transport Temp:	Refrigerated.
Rejection Criteria:	Specimens other than serum. Improper labeling. Samples not stored properly. Samples older than stability limits. Hemolyzed specimens.
Stability:	Room temperature: 1 day Refrigerated: 7 days Frozen (-20°C): 193 days Frozen (-70°C): 193 days

### Also Known As

Tri N-Oxide

Test Type	Methodology
CHEMISTRY	Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)

Performance Laboratory	Reference Lab Test Code
Cleveland HeartLab, LLC (via Quest SJC)	Quest# 94154   CHL# C524



# Tryptase, Mature and Total

SBMF#  
**43784**

## Mnemonic

TRYP MT

## CPT Code(s)

83520

## Specimen Information

Patient Prep:	For anaphylaxis, specimen should preferably be collected between 15 minutes and four hours after the suspected event causing mast cell activation. For mastocytosis, specimen should be collected during a non-acute time period.
Specimen:	Serum
Container:	Red top (Serum) tube
Alternate Specimen:	Plasma
Alternate Container:	Lavender top (EDTA), Royal Blue top (EDTA; Trace element-free), Gray top (Potassium Oxalate/Sodium Fluoride), Green top (Sodium Heparin), Blue top (Sodium Citrate), or Yellow top (ACD Solution B) tube
Requested Volume:	3 mL
Minimum Volume:	1 mL
Collect:	Standard phlebotomy procedure. Mix by inverting tube 8 times.
Specimen Processing:	Promptly centrifuge 15 minutes. Immediately transfer serum or plasma to a screw-capped plastic transport tube and freeze.
Storage/Transport Temp:	<b>CRITICAL FROZEN: Separate specimens must be submitted when multiple tests are ordered.</b>
Rejection Criteria:	Specimens in glass containers.
Stability:	Room temperature: Unacceptable Refrigerated: Unacceptable Frozen: 6 months

## Components

Mature Tryptase  
 UniCAP Total Tryptase

## Also Known As

Autopsy Tryptase; B-Tryptase; Beta-Tryptase; Mature and Total Tryptase

## Test Type

IMMUNOLOGY

## Methodology

Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

## Performance Laboratory

Virginia Commonwealth University Health  
 System, Dr. Lawrence B. Schwartz's Lab (via  
 Quest SJC)

## Reference Lab Test Code

Quest# 10497N

# Warfarin Sensitivity (CYP2C8, CYP2C9, CYP4F2, VKORC1) Genotyping

SBMF#  
**47729**

## Mnemonic

WARF PAN

## CPT Code(s)

81227; 81355

(MoIDX® Recommended CPT Code: Pending)

## Medicare Coverage

Local Coverage Determination (LCD): Genetic Testing for CYP2C19, CYP2D6, CYP2C9, and VKORC1 (L36398)

National Coverage Determination (NCD) for Pharmacogenomic Testing for Warfarin Response (90.1)

## Specimen Information

Patient Prep:	<b>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.</b>	
	Counseling and informed consent are recommend	
Specimen:	Whole blood	
Container:	Lavender top (EDTA), Pink top (K2EDTA), or Yellow top (ACD Solution A or B) tube	
Alternate Specimen:	Saliva	
Alternate Container:	OCD-100 Saliva Collection Device by DNA Genotek (ARUP Supply #49295)	
Requested Volume:	<b>Whole blood:</b> 3 mL	<b>Saliva:</b> One collection device
Minimum Volume:	1 mL	
Collect:	<b>Whole blood:</b> Standard phlebotomy procedure. Mix by inverting tube 8 times.	
	<b>Saliva:</b> Follow instructions in collection kit.	
Specimen Processing:	Transport whole blood in the original collection tube. <b>Do not centrifuge.</b>	
	<b>OR</b> Transport the Saliva Collection Device.	
Storage/Transport	<b>Whole blood:</b> Refrigerated.	
Temp:	<b>Saliva:</b> Room temperature.	
Rejection Criteria:	Plasma or serum. Specimens collected in sodium heparin or lithium heparin.	
Stability:	<b>Whole blood:</b>	<b>Saliva:</b>
	Room temperature: 72 hours	Room temperature: 2 weeks
	Refrigerated: 1 week	Refrigerated: Unacceptable
	Frozen: 1 month	Frozen: Unacceptable

## Test Type

GENETIC

## Methodology

Polymerase Chain Reaction (PCR); Fluorescence Monitoring

## Performance Laboratory

ARUP Laboratories

## Reference Lab Test Code

3001541