Health Network LABORATORIES®

LAB-LINK

VOLUME 4 • February 2015

Health Network Laboratories
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As your laboratory partner,

Health Network Laboratories is

pleased to keep you

connected to new and updated

laboratory testing information.

In This Issue

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NEW TEST:

HNL is pleased to expand our testing menu to include the following test.

HBV Viral Load, PCR	
Test Code:	HBVLD
Effective Date:	02/10/2015
CPT Code:	87517
Includes:	Quantitation of Hepatitis B viral load in human plasma or serum by PCR
Methodology:	Real Time PCR
Testing Schedule:	Routine, 1 time per week
Report Available:	7 days
Specimen Requirements:	Minimum Volume: 2 mL EDTA plasma or serum Container: 2 lavender top (EDTA) tubes OR 2 gold serum tubes
Special Instructions:	Centrifuge specimen for 20 minutes @ 800-1600 xg (3000 rpm) within 24 hours of collection. EDTA (LAVENDER TOP) TUBES Following centrifugation, aseptically transfer all plasma to plastic screw-cap aliquot tube and refrigerate.
Reference Range:	Not Detected Level of Quantification 20 IU/mL Assay Range 20 - 1.7E8 IU/mL
Clinical Utility:	Nucleic acid amplification test for the quantitation of hepatitis B virus (HBV) in human serum or plasma. Used as an aid in the management of patients with chronic HBV infection undergoing antiviral therapy. The test can be used to measure HBV DNA levels at baseline and during treatment to aid in assessing response to treatment.

For more information, please contact Nancy Holihan 877-402-4221

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NEW TEST:
HNL is pleased to expand our testing menu to include the following test.

Trichomonas Amplified DNA Probe	
Test Code:	TRTMA
Effective Date:	02/10/2015
CPT Code:	87661
Includes:	Detection of Trichomonas vaginalis by amplified DNA utilizing PCR
Methodology:	Amplified DNA probe by PCR
Testing Schedule:	Routine, Monday - Friday
Report Available:	1 - 4 days
Specimen Requirements:	Minimum Volume: 1 swab from urethra OR 1 swab from endocervical canal OR 20-30 mL initial urine stream OR ThinPrep® Liquid Pap specimen. **NOTE**: Same specimen may be used for Chlamydia trachomatis (CTTMA) and Neisseria gonorrhoeae (GCTMA) Container: APTIMA Unisex swab specimen transport tube (Foil cap) OR APTIMA urine specimen transport tube OR ThinPrep Liquid Pap specimen Collection: * **SWAB SPECIMEN:** Collection kit comes with 2 swabs. Use the white swab to remove mucus from the cervical os. After cleaning cervix, DISCARD the white swab. USE the blue swab to collect specimens from the cervix and urethra. * **URINE SPECIMEN:** Urine specimens in GEN-PROBE transport media are stable at 2-30C for up to 30 days. Urine samples in sterile urine cup must be received in the lab and transferred to transport media (yellow tube with foil cap) within 24 hours of collection. Blood in urine does not affect this test. Collect 20-30 ml of first catch urine (patient should not have voided for at least 1 hour prior to test). Foley catheter or straight catheterized specimens are not appropriate for this test. Transfer 2 mL of urine into the urine specimen transport tube using the enclosed disposable pipette (the final volume in the tube should be between the black lines marked on the transport tube).
Special Instructions:	Follow instructions on collection kit package using ONLY the enclosed swab.
Reference Range:	Not Detected
Clinical Utility:	Used for the detection of Trichomonas vaginalis to aid in the diagnosis of trichomoniasis

For more information, please contact Nancy Holihan 877-402-4221

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NEW TEST:

HNL is pleased to expand our testing menu to include the following test.

MMA, Urine	
Test Code:	URMMA
Effective Date:	12/29/2014
CPT Code:	83921
Includes:	• Methylmalonic Acid, Urine • Creatinine, 24-Hour Urine
Methodology:	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Testing Schedule:	Routine, daily
Report Available:	5-7 days
Specimen Requirements:	Minimum Volume: Entire 24-Hour urine collection or random urine sample Container: 24-Hour plastic urine container, no preservative or plastic random urine container
Special Instructions:	See Special Instructions for "24-Hour urine Collection" listed under Specimen Collection, Preparation and Handling Section of the HNL Handbook.
Reference Range:	0.0-3.6 mmol/mol crt
Clinical Utility:	This test is useful as an early and sensitive indicator of vitamin B12 (cobalamin) deficiency. This test can also be used to monitor patients with methylmalonic aciduria.

For more information, please contact Gayle McCarthy at 877-402-4221

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NEW TEST:

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Insulin, Free and Total	
Test Code:	TFRIN
Effective Date:	01/05/2015
CPT Code:	83525,83527
Includes:	• Insulin, Free • Insulin, Total
Methodology:	Quantitative Ultrafiltration/Quantitative Chemiluminescent Immunoassay
Testing Schedule:	Routine, 5 times per week
Report Available:	5-7 days
Specimen Requirements:	Minimum Volume: 2 mLs serum Container: Gold top tube, serum separator
Special Instructions:	Centrifuge, transfer serum to plastic aliquot tube and freeze.
Reference Range:	Insulin, Free: 3-19 uIU/mL Insulin, Total: 3-19 uIU/mL
Clinical Utility:	This test is not recommended to diagnose diabetes mellitus. Analogs insulin aspart, insulin glargine and insulin lispro react on a nearly equimolar basis. Insulin detemir exhibits about 50% cross-reactivity. Test reactivity with insulin glulisine is negligible (<3%).

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NEW TEST:

HNL is pleased to expand our testing menu to include the following test.

Alpha-1-Antitrypsin, random stool	
Test Code:	A1AST
Effective Date:	01/05/2015
CPT Code:	82103
Alternate Name:	A1A, Random Stool
Methodology:	Quantitative Enzyme-Linked Immunosorbent Assay
Testing Schedule:	Routine, 3 times per week
Report Available:	5-7 days
Specimen Requirements:	Minimum Volume: 5 grams stool Container: Sterile plastic container
Special Instructions:	• Freeze entire specimen. Once frozen, transport specimen submerged in dry ice • If more than 1 stool test is ordered, please submit a separate container for each test. If this is not possible stool should be separated and a separate container submitted for each test before freezing..
Reference Range:	0.00-0.50 mg/g
Clinical Utility:	Useful for diagnosing protein-losing enteropathies. Patients with protein-losing enteropathies generally have alpha-1-antitrypsin stool concentrations >100 mg/mL. Borderline elevations above the normal range are equivocal for protein-losing enteropathies.

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NEW TEST:

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Myocardial Ab, IgG	
Test Code:	MYOCG
Effective Date:	01/05/2015
CPT Code:	86255; If titer is reflexed add 86256
Includes:	• Myocardial Antibody, IgG Screen • If Myocardial antibody is 1:20, a titer will be reflexed
Alternate Name:	• Cardiac Muscle Antibodies
Methodology:	Semi-Quantitative Indirect Fluorescent Antibody
Testing Schedule:	Routine, Monday-Friday only
Report Available:	5-7 days
Specimen Requirements:	Minimum Volume: 1 mL serum Container: Gold top tube, serum separator
Special Instructions:	Centrifuge within 2 hours of collection, transfer serum to plastic aliquot tube and refrigerate.
Reference Range:	<1:20, No antibody detected
Clinical Utility:	Myocardial antibodies are present following myocardial infarction (28-31%), acute rheumatic fever (25-43%) and in post-pericardiotomy syndrome. All positives are titered to endpoint.

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NEW TEST:

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Allergen Profile, Citrus	
Test Code:	CITRS
Effective Date:	02/02/2015
CPT Code:	86003 x5
Includes:	The following specific IgE allergens: • Grapefruit • Lemon • Lime • Orange • Tangerine
Methodology:	ImmunoCAP (FEIA)
Testing Schedule:	Routine, 4-6 times per week
Report Available:	3-5 days
Specimen Requirements:	Minimum Volume: 2 mL serum Container: 1 Gold top tube, serum separator
Reference Range:	• Total IgE: See individual test listing • Specific IgE Allergens: See order code ALKIT
Clinical Utility:	Allergen specific IgE levels (kU/L) provide 95% Positive Predictive Value (PPV) for clinical reactivity to the specific allergen challenge.

For more information, please contact Kim Pacella at 877-402-4221

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NEW TEST:

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Allergen Profile, Mold	
Test Code:	MOLDP
Effective Date:	02/02/2015
CPT Code:	86003 x12
Includes:	• Alternaria tenuis • Aspergillus fumigatis • Aureobasidium pullulans • Candida albicans • Cladosporium herbarum • Epicoccum purpurascens • Fusarium moniliforme • Helminthosporium spp. • Mucor racemosus • Penicillium notatum • Phoma betae • Stemphylium botryosu
Methodology:	ImmunoCAP (FEIA)
Testing Schedule:	Routine, 4-6 times per week
Report Available:	3-5 days
Specimen Requirements:	Minimum Volume: 3 mL serum Container: 3 Gold top tubes, serum separator
Reference Range:	• Total IgE: See individual test listing • Specific IgE Allergens: See order code ALKIT
Clinical Utility:	Allergen specific IgE levels (kU/L) provide 95% Positive Predictive Value (PPV) for clinical reactivity to the specific allergen challenge.

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NEW TEST:

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BHCG, Tumor Marker	
Test Code:	HCGTM
Effective Date:	01/20/2015
CPT Code:	84702
Alternate Name:	• Beta-hCG, Quantitative tumor marker • Human Chorionic gonadotropin, tumor marker
Methodology:	Quantitative Electrochemiluminescent Immunoassay
Testing Schedule:	Routine, daily
Report Available:	2-4 days
Specimen Requirements:	Minimum Volume: 1 mL serum Container: Gold top tube, serum separator
Special Instructions:	Allow specimen to clot completely at room temperature Centrifuge within 2 hours of collection, transfer serum to plastic aliquot tube and refrigerate
Reference Range:	Male: 0-3 IU/L Female: 0-5 IU/L
Clinical Utility:	Human chorionic gonadotropin (hCG) is a valuable aid in the management of patients with trophoblastic tumors, nonseminomatous testicular tumors, and seminomas when used in conjunction with information available from the clinical evaluation and other diagnostic procedures. Increased serum hCG concentrations have also been observed in melanoma, carcinoma of the breast, gastrointestinal tract, lung, and ovaries, and in benign conditions, including cirrhosis, duodenal ulcer, and inflammatory bowel disease. This result cannot be interpreted as absolute evidence of the presence or absence of malignant disease. This result is not interpretable as a tumor marker in pregnant females. The combination of the specific monoclonal antibodies used in the Roche Beta HCG electrochemiluminescent immunoassay recognize the holo-hormone, "nicked" forms of hCG, the beta-core fragment, and the free beta-subunit. Results obtained with different test methods or kits cannot be used interchangeably.

For more information, please contact Gayle McCarthy at 877-402-4221

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NEW TEST:

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Chlamydia trachomatis Antibodies, IgM	
Test Code:	CTRM
Effective Date:	01/20/2015
CPT Code:	86632
Methodology:	Enzyme-Linked immunosorbent assay (ELISA)
Testing Schedule:	Routine, daily
Report Available:	3-5 days
Specimen Requirements:	Minimum Volume: 0.5 mL serum Container: Gold top tube, serum separator
Special Instructions:	Centrifuge, transfer serum to plastic aliquot tube and refrigerate.
Reference Range:	Negative: <1:8
Clinical Utility:	Useful to diagnose possible chlamydial infection.

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NEW TEST:
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<table>
<tr><th colspan="2">Redtop/Bent Grass IgE</th></tr>
<tr><td>Test Code:</td><td>REDTG</td></tr>
<tr><td>Effective Date:</td><td>01/20/2015</td></tr>
<tr><td>CPT Code:</td><td>86003</td></tr>
<tr><td>Alternate Name:</td><td>Agrostis alba IgE</td></tr>
<tr><td>Methodology:</td><td>Radioimmunoassay (RIA)</td></tr>
<tr><td>Testing Schedule:</td><td>Routine, Mon-Fri ONLY</td></tr>
<tr><td>Report Available:</td><td>3-5 days</td></tr>
<tr><td>Specimen Requirements:</td><td>Minimum Volume: 1 mL serum
Container: Gold top tube, serum separator</td></tr>
<tr><td>Special Instructions:</td><td>Centrifuge, transfer serum to plastic aliquot tube and refrigerate.</td></tr>
<tr><td>Reference Range:</td><td>
<table>
<tr><th>Class</th><th>kU/L</th><th>Comment</th></tr>
<tr><td>0</td><td><0.1</td><td>Below Detection</td></tr>
<tr><td>0/1</td><td>0.1-0.34</td><td>Equivocal/Borderline</td></tr>
<tr><td>1</td><td>0.35-0.69</td><td>Low Positive</td></tr>
<tr><td>2</td><td>0.7-3.4</td><td>Moderate Positive</td></tr>
<tr><td>3</td><td>3.5-17.4</td><td>Positive</td></tr>
<tr><td>4</td><td>>17.4</td><td>Strong Positive</td></tr>
</table>
</td></tr>
<tr><td>Clinical Utility:</td><td>This test is used to detect allergen specific IgE using the original RAST method.</td></tr>
</table>

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NEW TEST:
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Protein S Antigen	
Test Code:	PRSAG
Effective Date:	01/20/2015
CPT Code:	85305,85306
Includes:	• Total Protein S • Free Protein S
Methodology:	Total Protein S is measured directly by enzyme immunoassay (EIA). Free Protein S is measured by EIA after C4b-BP complexed Protein S is precipitated out with polyethylene glycol.
Testing Schedule:	Routine, daily
Report Available:	5-7 days
Specimen Requirements:	Minimum Volume: 3 mLs plasma Container: 2 Full light blue top tubes, sodium citrate Collection: • Avoid Warfarin (Coumadin) therapy for 2 weeks prior to test. • Avoid Heparin therapy for 2 days prior to test. • DO NOT draw from an arm with a heparin lock or heparinized catheter.
Special Instructions:	• The sample should be mixed immediately to ensure adequate mixing of the anticoagulant with the blood. • Centrifuge sample ASAP, preferably within 30 minutes of collection • Transfer plasma from each collection tube to a separate plastic aliquot tube. **NOTE**: Glass should not be used because glass can activate the clotting cascade. • The specimen should be frozen immediately. • STRICT FROZEN: If multiple test are ordered, separate samples must be submitted.
Reference Range:	Total Protein S: 58% to 150% Free Protein S: 56% to 124% **NOTE**: In newborns, total PS levels are lower than in adults (12% to 60%). Levels gradulally reach adult ranges by 6 months of age.
Clinical Utility:	Useful for confirmation and characterization of Protein S (PS) congenital deficiency.

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NEW TEST:
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<table>
<tr><th colspan="2">PCA3 Prostate Cancer Biomarker</th></tr>
<tr><td>Test Code:</td><td>PCA3</td></tr>
<tr><td>Effective Date:</td><td>01/20/2015</td></tr>
<tr><td>CPT Code:</td><td>81313</td></tr>
<tr><td>Methodology:</td><td>Qualitative Transcription-Mediated Amplification</td></tr>
<tr><td>Testing Schedule:</td><td>Routine, 2 times per week</td></tr>
<tr><td>Report Available:</td><td>5-7 days</td></tr>
<tr><td>Specimen Requirements:</td><td>Minimum Volume: 20 to 30 mL first catch random urine
Container:
• Progensa PCA3 Urine Specimen Transport Tubes required.
• Tubes are part of a special PCA3 collection kit that must be obtained prior to collection.
• Kits can be ordered from the HNL storeroom.
Collection: Collection must follow Digital Rectal Exam (DRE</td></tr>
<tr><td>Special Instructions:</td><td>Follow directions included in special PCA3 collection kit, invert urine collection container 5 times to mix, then transfer 2.5 mL urine to each Progensa PCA3 Urine Specimen Transport Tube. Liquid level must be between black lines on transport tubes. Cap transport tubes 5 times to mix. Store transport tubes frozen (preferred). Transport tubes are stable refrigerated for up to 5 days.</td></tr>
<tr><td>Reference Range:</td><td>
<table>
<tr><th>PCA3 Ratio</th><th>Interpretation</th></tr>
<tr><td>0-17</td><td>Negative-Result associated with decreased likelihood of a positive biopsy for prostate cancer.</td></tr>
<tr><td>18-24</td><td>Negative-Result should be interpreted with caution. Due to normal test variability, specimens with PCA3 scores near the cut-off may yield a different overall interpretation upon repeat testing.</td></tr>
<tr><td>25-31</td><td>Positive-Result should be interpreted with caution. Due to normal test variability, specimens with PCA3 scores near the cut-off may yield a different overall interpretation upon repeat testing.</td></tr>
<tr><td>>31</td><td>Positive-Result associated with increased probability of a positive biopsy for prostate cancer.</td></tr>
</table>
</td></tr>
<tr><td>Clinical Utility:</td><td>Useful to aid in the decision for repeat biopsy in men 50 years of age and older who have had one or more previous negative prostate biopsies and for whom a repeat biopsy would be recommended by a urologist based on standard of care</td></tr>
</table>

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NEW TEST:
HNL is pleased to expand our testing menu to include the following test.

Drug Screen, Meconium

Test Code:	MECDS
Effective Date:	01/07/2015
CPT Code:	80301; If screen is positive, add appropriate confirmation/quantitation CPT code: 80326,80345,80347,80349,80353,80358,80364,80367,83992
Includes:	• Qualitative screening for the following drugs: Marijuana, Cocaine, Opiates, Phencyclidine, Amphetamines, Methadone, Barbituates, Benzodiazepines and Propoxyphene on meconium. • If the sample screens positive, confirmation/quantitation by GC/MS and/or LC-MS/MS will be reflexed. Unless otherwise notified, the reflex testing will take place in the following order: Amphetamines (0.125 g required) Cocaine (0.5 sample required) Opiates (0.125 g sample required) Marijuana (0.125 g sample required) Benzodiazepines (0.5 g sample required) Methadone (0.125 g sample required) Propoxyphene (0.125 g sample required) Phencyclidine-PCP (0.5 g sample required) Barbituates (0.5 g sample required)
Methodology:	• Screen Qualitative Enzyme-Linked Immunosorbent Assay • Reflex Confirmation/Quantitation: Quantitative Gas Chromatography-Mass Spectrometry/Quantitative Liquid Chromatography-Tandem Mass Spectrometry
Testing Schedule:	Routine, daily
Report Available:	3-5 days
Specimen Requirements:	Minimum Volume: All meconium available, 4 grams preferred. Minimum:2 grams or 3/4 cube on each side. Container: Plastic specimen cup or container
Special Instructions:	Refrigerate entire sample.
Reference Range:	Drugs covered and cutoff concentrations

Drug	Screen	Confirmation
Marijuana	30 ng/g	5 ng/g
Cocaine	30 ng/g	20 ng/g
Opiates	30 ng/g	20 ng/g
Phencylidine	15 ng/g	10 ng/g
Amphetamines	30 ng/g	20 ng/g
Barbituates	75 ng/g	50 ng/g
Methadone	40 ng/g	10 ng/g
Benzodiazepines	75 ng/g	20 ng/g
Propoxyphene	75 ng/g	10 ng/g

Clinical Utility:	Meconium begins to form between the 12th and 18th week of gestation. Meconium drug testing can detect maternal drug use during the last 4 to 5 months of pregnancy. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drug use depends on the quantity and quality of the specimen tested as well as the pattern and frequency of drug(s) used by the mother. Although not likely, drugs administered during labor and delivery may be detected in meconium.

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TEST CHANGE:

The following test change will be effective on the date indicated below. Please note that the changes are listed in Bold, italicized type. Additional information regarding the change will be provided where applicable.

Allergen Profile, Northeastern Upper Respiratory Disease	
Test Code:	NEAPR
Effective Date:	02/02/2015
Reason For Change:	Several recent studies have shown that mouse allergens are highly prevalent and relevant allergens. Mouse allergen is incredibly common in urban and suburban areas and exposure drives sensitization. Patients who had mouse allergy and were exposed had a higher rate of adverse events. The widespread prevalance of this allergen across demographic, geographic regions and socioeconomic groups would suggest that including this mouse allergen on the profile would be an aid in identifying allergic sensitization and thus allowing sensitized patients to reduce their exposure and total allergic load.
CPT Code:	82785 and 86003 x26
Includes:	***Total IgE along with the following specific IgE allergens:*** • ***Tree Pollens: Box Elder/Maple, Elm, Oak, Silver Birch, Walnut*** • ***Grass Pollens: Bermuda, Meadow/Kentucky Blue (June), Orchard, Rye, Timothy*** • ***Weed Pollens: Common ragweed, English plantain, Goosefoot (Lamb's quarters), Russian thistle (Saltwort)*** • ***Molds: Alternaria alternata, Aspergillus fumigatus, Cladosporium herbarium, Helminthosporium halodes, Penicillium notatum*** • ***Miscellaneous: House dust mites: D. pteronyssius and D. farinae, House dust/ Hollister-Stier Labs, Cat dander, Dog dander, Cockroach, Mouse urine***
Alternate Name:	• NE Allergen Profile • NE Allergy Screen • Northeast Allergen Profile • Northeastern URD Profile
Methodology	ImmunoCAP (FEIA)
Testing Schedule:	Routine, 4-6 times per week
Report Available:	3-5 days
Specimen Requirements:	Minimum Volume: 6 mL serum Container: 3 Gold top tubes, serum separator
Reference Range:	• Total IgE: See individual test listing • Specific IgE Allergens: See order code ALKIT
Clinical Utility:	Allergen specific IgE levels (kU/L) provide 95% Positive Predictive Values (PPV) for clinical reactivity to the specific allergen challenge.

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Allergen Profile, Food, Basic	
Test Code:	FODPR
Effective Date:	02/02/2015
Reason For Change:	According to national guidelines: common childhood food triggers include cow's milk, hen's egg, peanut, tree nuts, soybean, wheat, fish and shellfish and common adult food triggers include fish, shellfish, tree nut and peanut. These foods account for 90% of all food allergy reactions: Peanut, Tree Nuts (walnut, cashew, almond and hazelnut), milk, egg, wheat, soy, fish (cod, tuna and salmon), shellfish (scallop and shrimp). Tree Nut allergy has become more common and the current tree nut (walnut) on the food profile does not adequately detect (via cross-reactivity) sensitization to the other tree nuts therefore hazelnut, cashew and almond are being added. Fish allergy is one of the top food allergies; however, the current fish (cod) on the food profile does not adequately capture other non-cross-reactive fish therefore salmon and tuna are being added. Chicken, clam, corn and tomato are being removed. The broad use of this food allergy profile across demographics, geographic regions and socioeconomic groups would suggest that including these additional food allergens on the profile across all regions would be an aid in identifying additional allergic sensitization and reducing exposure and total allergic load.
CPT Code:	82785 and 86003 x15
Includes:	***Total IgE along with the following specific IgE allergens:*** • ***Almond, Cashew, Cow's Milk, Egg White, Fish (Cod), Hazelnut, Peanut, Salmon, Scallop, Sesame, Shrimp, Soybean, Tuna, Walnut, Wheat***
Alternate Name:	***Food Allergen Profile, Basic***
Methodology	ImmunoCAP (FEIA)
Testing Schedule:	Routine, 4-6 times per week
Report Available:	3-5 days
Specimen Requirements:	Minimum Volume: 4 mL serum Container: 2 Gold top tubes, serum separator
Reference Range:	• Total IgE: See individual test listing • Specific IgE Allergens: See order code ALKIT
Clinical Utility:	Allergen specific IgE levels (kU/L) provide 95% Positive Predictive Values (PPV) for clinical reactivity to the specific allergen challenge.

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Allergen Profile, Pediatric	
Test Code:	PALPR
Effective Date:	02/02/2015
Reason For Change:	Several recent studies have shown that mouse allergens are highly prevalent and relevant allergens. Mouse allergen is incredibly common in urban and suburban areas and exposure drives sensitization. Patients who had mouse allergy and were exposed had a higher rate of adverse events. The widespread prevalance of this allergen across demographic, geographic regions and socioeconomic groups would suggest that including this mouse allergen on the profile would be an aid in identifying allergic sensitization and thus allowing sensitized patients to reduce their exposure and total allergic load.
CPT Code:	82785 and 86003 x13
Includes:	***Total IgE along with the following specific IgE allergens:*** • ***Foods: Egg White, Fish (Cod), Milk, Peanut, Soybean, Wheat*** • ***Miscellaneous: Cat dander, Cockroach, Dog dander, Alternaria alternata, House dust mites: D. farinae and D. pteronyssius, Mouse urine***
Methodology	ImmunoCAP (FEIA)
Testing Schedule:	Routine, 4-6 times per week
Report Available:	3-5 days
Specimen Requirements:	Minimum Volume: 4 mL serum Container: 2 Gold top tubes, serum separator
Reference Range:	• Total IgE: See individual test listing • Specific IgE Allergens: See order code ALKIT
Clinical Utility:	Allergen specific IgE levels (kU/L) provide 95% Positive Predictive Values (PPV) for clinical reactivity to the specific allergen challenge.

For more information, please contact Kim Pacella at 877-402-4221

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TEST CHANGE:

The following test change will be effective on the date indicated below. Please note that the changes are listed in Bold, italicized type. Additional information regarding the change will be provided where applicable.

Allergen Profile, Asthma	
Test Code:	ASMPR
Effective Date:	02/02/2015
Reason For Change:	Several recent studies have shown that mouse allergens are highly prevalent and relevant allergens. Mouse allergen is incredibly common in urban and suburban areas and exposure drives sensitization. Patients who had mouse allergy and were exposed had a higher rate of adverse events. The widespread prevalance of this allergen across demographic, geographic regions and socioeconomic groups would suggest that including this mouse allergen on the profile would be an aid in identifying allergic sensitization and thus allowing sensitized patients to reduce their exposure and total allergic load.
CPT Code:	82785 and 86003 x14
Includes:	***Total IgE along with the following specific IgE allergens:*** • ***Molds: Alternaria alternata, Aspergillus fumigatus, Candida albicans, Cladosporium herbarium, Mucor racemosus*** • ***Miscellaneous: Cat dander, Dog dander, Cockroach, Common ragweed, Timothy grass, Oak, House dust mites: D. farinae and D. pteronyssius, Mouse urine***
Methodology	ImmunoCAP (FEIA)
Testing Schedule:	Routine, 4-6 times per week
Report Available:	3-7 days
Specimen Requirements:	Minimum Volume: 4 mL serum Container: 2 Gold top tubes, serum separator
Reference Range:	• Total IgE: See individual test listing • Specific IgE Allergens: See order code ALKIT
Clinical Utility:	Allergen specific IgE levels (kU/L) provide 95% Positive Predictive Values (PPV) for clinical reactivity to the specific allergen challenge.

For more information, please contact Kim Pacella at 877-402-4221

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TEST CHANGE:

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Herpesvirus 6 Antibody, IgM	
Test Code:	HV6M
Effective Date:	01/05/2015
Reason For Change:	Test code updated to include reflex to titer
CPT Code:	86790, If titer is reflexed add 86790
Includes:	• Herpesvirus 6 IgM Antibody screen • If Herpesvirus 6 IgM antibody is detected at 1:10, a titer is reflexed
Alternate Name:	HHV6 IgM
Methodology	Semi-Quantitative Immunofluorecence
Testing Schedule:	Routine, 2 times per week
Report Available:	7-10 days
Specimen Requirements:	Minimum Volume: 1.0 mL serum Container: Gold Top tube, serum separator
Special Instructions:	Centrifuge specimen, transfer serum to plastic aliquot tube and refrigerate.
Reference Range:	<1:10 **NOTE**: Specimens positive for Cytomegalovirus and Adenovirus IgM may cause false reactive results.
Clinical Utility:	Useful to help diagnose herpesvirus 6 infection.

For more information, please contact Gayle McCarthy at 877-402-4221

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ADDITIONAL INFORMATION

Health Network Laboratories Launches New Online Lab Handbook

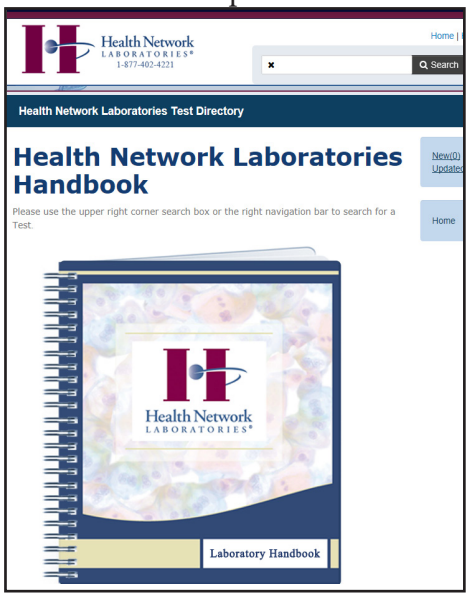
You asked for an improved electronic HNL Lab Handbook, and we answered. In February, we will launch a new web-based lab handbook that is fully integrated with our laboratory test menu. The new online handbook will make it easier for clinicians in physician practices, hospitals and skilled nursing facilities to order the right lab tests for the right patients at the right time.

Key features include:

- Simplified, more intuitive navigation
- Cleaner appearance
- Real-time updates for improved efficiency
- Consolidated categories for easy access
- Broader search term optimization so you always find the right test

The new online lab handbook will be available Feb. 2, 2015. It is your one-stop source for the most current testing information. A survey will be conducted after launch so we can obtain feedback on what you like and what you think needs further improvement. We hope the upgrades will help you continue to efficiently and effectively treat your patients.

Desktop View



Mobile View

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ADDITIONAL INFORMATION

CPT CODE Updates

ACT	ACETAMINOPHEN	AMA 80329, CMS G6039
ALCU	ALCOHOL, URINE	AMA 80301, CMS G6040
ALCUC	ALCOHOL, URINE, with REFLEX CONFIRMATION	AMA 80301, CMS G6040
ALPRZ	ALPRAZOLAM	AMA 80346, CMS G6031
AMITR	AMITRIPTYLINE AND METABOLITE	AMA 80335, CMS G6030
AMPCO	AMPHETAMINE QUANTITATION, MECONIUM	AMA 80326, CMS G6042
AMPHT	AMPHETAMINES (EIA), URINE	AMA 80301, CMS G0431
APHT	AMPHETAMINES, QUALITATIVE, URINE	AMA 80301, CMS G0431
B6MAM	6MAM, QUANTITATIVE, BLOOD	AMA 80356, CMS G6056
BAMPS	GC/MS, AMPHETAMINES, BLOOD, QUANTITATIVE	AMA 80326, CMS G6042
BARCO	BARBITUATE QUANTITATION, MECONIUM	AMA 80345, CMS G6043
BBARB	BARBITURATES, BLOOD	AMA 80345, CMS G6043
BBEN	DIPHENHYDRAMINE, QUANTITATIVE, BLOOD	AMA 80375, CMS 80299
BBIT	BARBITURATES, QUALITATIVE, URINE	AMA 80301, CMS G0431
BBT	BARBITURATES (EIA), URINE	AMA 80301, CMS G0431
BCOD	CODEINE, QUANTITATIVE, BLOOD	AMA 80361, CMS G6056
BCOKE	COCAINE, QUANTITATIVE, BLOOD	AMA 80353, CMS G6044
BENCO	BENZODIAZEPINE QUANTITATION, MECONIUM	AMA 80347, CMS G6031
BENZ	BENZODIAZEPINE, LCMS	AMA 80346, CMS G6031
BFOPI	OPIATES, FREE, QUANTITATIVE, BLOOD	AMA 80361, 80365, CMS G6056
BHCD	HYDROCODONE, QUANTITATIVE, BLOOD	AMA 80361, CMS G6056
BHCOD	HYDROCODONE, QUANTITATIVE, BLOOD	AMA 80361, CMS G6056
BHM	HYRDOMORPHONE, QUANTITATIVE, BLOOD	AMA 80361, CMS G6056
BIL28	INTERLEUKIN 28B POLYMORPHISM	81400
BMTHD	GC/MS, METHADONE, BLOOD, QUANTITATIVE	AMA 80358, CMS G6053
BNDZ	BENZODIAZEPINES, QUALITATIVE, URINE	AMA 80301, CMS G0431
BNZD	BENZODIAZEPINES (EIA), URINE	AMA 80301, CMS G0431
BOXM	OXYMORPHONE, QUANTITATIVE, BLOOD	AMA 80365, CMS G6056
BOXYC	OXYCODONE, QUANTITATIVE, BLOOD	AMA 80365, CMS G6056
BPCP	PHENCYCLIDINE (PCP), BLOOD, QUANTITATIVE	AMA 83992, CMS G6058
BPR1	BUPRENORPHINE SCREEN, URINE	AMA 80301, CMS G0431
BTHCP	CANNABINOIDS, QUANTITATIVE, BLOOD	AMA 80349, CMS 80299
BTM	MORPHINE, TOTAL, QUANTITATIVE, BLOOD	AMA 80361, CMS G6056

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CPT CODE Updates (con't)

BTO	OPIATES, TOTAL, QUANTITATIVE, BLOOD	AMA 80361, 80365, CMS G6056
BUPN	BUPRENORPHINE, QUALITATIVE, URINE	AMA 80301, CMS G0431
BUPQU	BUPRENORPHINE, QUANTITATIVE, URINE	AMA 80348, CMS G6056
BUPRP	BUPROPION	AMA 80338, CMS 80229
BUSPR	BUSPIRONE	AMA 80332, CMS 80299
BUTAL	BUTALBITAL	AMA 80345, CMS G6043
CANNA	CANNABINOIDS SCREEN, URINE	AMA 80301, CMS G0431
CARIS	CARISOPRODOL and METABOLITE	AMA 80369, CMS 80299
CCAN	COCAINE METABOLITE, QUALITATIVE, URINE	AMA 80301, CMS G0431
CITLP	CITALOPRAM	AMA 80332, CMS 80299
CLOM	CLOMIPRAMINE	AMA 80335, CMS 80299
CLONA	CLONAZEPAM	AMA 80346, CMS G6031
COCM	COCAINE METABOLITE SCREEN, URINE	AMA 80301, CMS G0431
COCON	COCAINE QUANTITATION, MECONIUM	AMA 80353, CMS G6044
COTNS	COTININE, SERUM	AMA 80323, CMS G6055
COTU	COTININE SCREEN, URINE	AMA 80302, CMS G6055
DHTTR	DIHYDROTESTOSTERONE	CMS G6047
DIAZP	DIAZEPAM	AMA 80346, CMS G6031
DOA5	DRUG SCREEN 5, URINE	AMA 80301, CMS G0431
DOA7	DRUG SCREEN 7, URINE	AMA 80301, CMS G0431
DOA9	DRUG SCREEN 9, URINE	AMA 80301, CMS G0431
DOXEP	DOXEPIN AND METABOLITE	AMA 80335, CMS G6034
DSU6	6MAM CONFIRMATION, URINE	AMA 80356, CMS G6056
DSUA	AMPHETAMINES CONFIRMATION, URINE	AMA 80326, CMS G6042
DSUB	BARBITURATES CONFIRMATION, URINE	AMA 80345, CMS G6043
DSUC	COCAINE METABOLITE CONFIRMATION, URINE	AMA 80353, CMS G6044
DSUM	METHADONE CONFIRMATION, URINE	AMA 80358, CMS G6053
DSUO	OPIATES CONFIRMATION, URINE	AMA 80361, 80365,CMS G6056
DSUP	PHENCYCLIDINE (PCP) CONFIRMATION, URINE	AMA 83992, CMS G6058
DSUT	THC METABOLITE CONFIRMATION, URINE	AMA 80349, CMS G6058
DSUX	PROPOXYPHENE CONFIRMATION, URINE	AMA 80367, CMS G6058
DSUZ	BENZODIAZEPINES CONFIRMATION, URINE	AMA 80346, CMS G6031
DULX	DULOXETINE	AMA 80332, CMS 80299
ETOH	ALCOHOL, SERUM OR PLASMA	AMA 80320; CMS G6040
ETS	EXPANDED TOXICOLOGY SCREEN	AMA 80304, CMS G0431

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CPT CODE Updates (con't)

FELB	FELBAMATE	AMA 80339, CMS 80299
FENTA	FENTANYL, URINE	AMA 80354, CMS G6056
FENTB	FENTANYL, BLOOD	AMA 80354, CMS G6056
FLUX	FLUOXETINE AND METABOLITE	AMA 80332, CMS 80299
FRVA	VALPROIC ACID, FREE	80165
GCU6	6-MONOACETYLMORPHINE (6MAM), ID & QUANTITATION, URINE	AMA 80356, CMS G6056
GCUA	AMPHETAMINES, ID & QUANTITATION, URINE	AMA 80326, CMS G6042
GCUB	BARBITURATES, ID & QUANTITATION, URINE	AMA 80345, CMS G6043
GCUC	COCAINE METABOLITE, ID & QUANTITATION, URINE	AMA 80353, CMS G6044
GCUM	METHADONE, ID & QUANTITATION, URINE	AMA 80358, CMS G6053
GCUO	OPIATES, ID & QUANTITATION, URINE	AMA 80361, 80365, CMS G6056
GCUP	PHENCYCLIDINE (PCP), ID & QUANTITATION, URINE	AMA 83992, CMS G6058
GCUT	THC METABOLITE, ID & QUANTITATION, URINE	AMA 80349, CMS G6058
GCUX	PROPOXYPHENE, ID & QUANTITATION, URINE	AMA 80367, CMS G6058
GCUZ	BENZODIAZEPINES, ID & QUANTITATION, URINE	AMA 80346, CMS G6031
HPVSP	HPV DNA, SUREPATH	87624
	HIGH RISK HPV DNA PLUS 16 & 18 GENOTYPING	87624
	REFLEX HIGH RISK HPV DNA PLUS 16 & 18 GENOTYPING	87624
	HPV DNA PLUS 16 AND 18 GENOTYPING ONLY	87624
IMBS	DRUG SCREEN 9 without CONFIRMATION, BLOOD	AMA 80301, CMS G0431
IMIPR	IMIPRAMINE	AMA 80335
LACOS	LACOSAMIDE	AMA 80339, CMS 80299
LBAC	LEGAL BLOOD ALCOHOL	AMA 80320, CMS G6040
LORAZ	LORAZEPAM	AMA 80346, CMS G6031
LOUO	OPIATES, QUANTITATION, LOW CUTOFF CONC, URINE	AMA 80361, 80365 , CMS G6056
MARCO	MARIJUANA QUANTITATION, MECONIUM	AMA 80349, CMS G6058
MECDS	DRUG SCREEN, MECONIUM	AMA 80301; CMS G0431
MEOH	METHANOL	AMA 80320, CMS G6040
MEPH	MEPHOBARBITAL	AMA 80184, 80345 CMS 80184, G6043
MEPR	MEPROBAMATE	AMA 80369, CMS G6052

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CPT CODE Updates (con't)

METCO	METHADONE QUANTITATION, MECONIUM	AMA 80358, CMS G6058
MIRTZ	MIRTAZAPINE	AMA 80335, CMS 80299
MTDN	METHADONE, QUALITATIVE, URINE	AMA 80301, CMS G0431
MTHA	METHADONE SCREEN, URINE	AMA 80301, CMS G0431
NICOU	NICOTINE AND METABOLITES, URINE	AMA 80323, CMS G6055
NORT	NORTRIPTYLINE	AMA 80335, CMS G6037
OPCON	OPIATES QUANTITATION, MECONIUM	AMA 80364, CMS G6056
OPI3	OPIATES, QUALITATIVE, URINE	AMA 80301, CMS G0431
OSU6	6MAM CONFIRMATION, URINE	AMA 80356, CMS G6056
OSUA	AMPHETAMINES CONFIRMATION, URINE	AMA 80326, CMS G6042
OSUB	BARBITURATES CONFIRMATION, URINE	AMA 80345, CMS G6043
OSUC	COCAINE METABOLITE CONFIRMATION, URINE	AMA 80353, CMS G6044
OSUM	METHADONE CONFIRMATION, URINE	AMA 80358, CMS G6053
OSUO	OPIATES CONFIRMATION, URINE	AMA 80361, 80365 CMS G6056
OSUP	PCP CONFIRMATION, URINE	AMA 83992, CMS G6058
OSUT	THC METABOLITE CONFIRMATION, URINE	AMA 80349, CMS G6058
OSUX	PROPOXYPHENE CONFIRMATION, URINE	AMA 80367, CMS G6058
OSUZ	BENZODIAZEPINES CONFIRMATION, URINE	AMA 80346, CMS G6031
OXYC	OXYCODONE, QUALITATIVE, URINE	AMA 80301, CMS G0431
PARXT	PAROXETINE	AMA 80332, CMS 80299
PENTO	PENTOBARBITAL	AMA 80345, CMS G6043
PHNC	PHENCYCLIDINE, QUALITATIVE, URINE	AMA 80301, CMS G0431
PMBP	PAIN MANAGEMENT BASIC PROFILE, URINE	AMA 80301, 82570, 81002 CMS G0431, 82570, 81002
PMPE	PAIN MGT SUPPLEMENTAL PROFILE, URINE	AMA 80354, 80364, 80369 CMS G6056x2, G6052
PPALC	PAIN MGT ALCOHOL, URINE	AMA 80301, CMS G6040
PPAMI	PAIN MGT AMITRIPTYLINE, QUANTITATION, URINE	AMA 80337, CMS G6030
PPAMP	PAIN MGT AMPHETAMINE QUANTITATION, URINE	AMA 80326, CMS G6042
PPBAR	PAIN MGT BARBITURATES QUANTITATION, URINE	AMA 80345, CMS G6043
PPBNZ	PAIN MGT BENZODIAZEPINE QUANTITATION, URINE	AMA 80346, CMS G6031
PPBUP	PAIN MGT BUPRENORPHINE QUANTITATION, URINE	AMA 80348, CMS G6056
PPCAR	PAIN MGT CARISOPRODOL QUANTITATION, URINE	AMA 80369, CMS G6052

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CPT CODE Updates (con't)

PPCCB	PAIN MGT CYCLOBENZAPRINE QUANTITATION, URINE	AMA 80369, CMS G6058
PPCOC	PAIN MGT COCAINE, QUANTITATION, URINE	AMA 80353, CMS G6044
PPDLX	PAIN MGT DULOXETINE QUANTITATION, URINE	AMA 80332, CMS G6058
PPETG	PAIN MGT ETHYL GLUCURONIDE QUANTITATION, URINE	AMA 80321, CMS G6058
PPFEN	PAIN MGT FENTANYL, QUANTITATION, URINE	AMA 80354, CMS G6056
PPGAB	PAIN MGT GABAPENTIN QUANTITATION, URINE	AMA 80355, CMS G6058
PPMAM	PAIN MGT 6-MONOACETYLMORPHINE QUANTITATION, URINE	AMA 80356, CMS G6056
PPMEP	PAIN MGT MEPERIDINE QUANTITATION, URINE	AMA 80364, CMS G6056
PPMTD	PAIN MGT METHADONE QUANTITATION, URINE	AMA 80358, CMS G6053
PPOPI	PAIN MGT OPIATE QUANTITATION, URINE	AMA 80361, 80365, CMS G6056
PPPCP	PAIN MGT PHENCYCLIDINE QUANTITATION, URINE	AMA 83992, CMS G6058
PPPRG	PAIN MGT PREGABALIN QUANTITATION, URINE	AMA 80366, CMS G6058
PPPRO	PROPOXYPHENE, EIA	AMA 80301, CMS G0431
PPPXY	PAIN MGT PROPOXYPHENE, QUANTITATION, URINE	AMA 80367, CMS G6058
PPRIT	PAIN MGT METHYLPHENIDATE QUANTITATION, URINE	AMA 80360, CMS G6058
PPTAP	PAIN MGT TAPENTADOL QUANTITATION, URINE	AMA 80372, CMS G6056
PPTHC	PAIN MGT CANNABINOID QUANTITAION, URINE	AMA 80349, CMS G6058
PPTRA	PAIN MGT TRAMADOL QUANTITATION, URINE	AMA 80373, CMS G6056
PPXP	PROPOXYPHENE, QUALITATIVE, URINE	AMA 80301, CMS G0431
PPXY	PROPOXYPHENE, URINE	AMA 80301, CMS G0431
PPZOL	PAIN MGT ZOLPIDEM QUANTITATION, URINE	AMA 80368, CMS G6058
PRCON	PROPOXYPHENE QUANTITATION, MECONIUM	AMA 80367, CMS G6058
QUETP	QUETIAPINE	AMA 80342, CMS 80299
RISP	RISPERIDONE	AMA 80342, CMS 80299
RTS2	TOX SCREEN, RAPID	AMA 80320, 80329 x 2, 80300 CMS G0434, G6040, G6039, G6038
RUDS2	DRUG SCREEN, RAPID, URINE	AMA 80300; CMS G0434
SALI	SALICYLATE	AMA 80329; CMS G6038
SERTA	SERTRALINE	AMA 80332, CMS 80299
TEMAZ	TEMAZEPAM	AMA 80346, CMS G6031

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CPT CODE Updates (con't)

THCB	CANNABINOIDS, QUALITATIVE, URINE	AMA 80301, CMS G0431
TRAZO	TRAZODONE	AMA 80338, CMS 80299
UALC	ALCOHOL, URINE, with REFLEX	AMA 80301, CMS G6040
UDS10	DRUG SCREEN 10 WITH CONFIRMATION, URINE	AMA 80301, CMS G0431
UDS5	DRUG SCREEN 5 WITH CONFIRMATION, URINE	AMA 80301, CMS G0431
UDS7	DRUG SCREEN 7 WITH CONFIRMATION, URINE	AMA 80301, CMS G0431
UDS8	DRUG SCREEN 8 WITH CONFIRMATION, URINE	AMA 80301, CMS G0431
UDS9	DRUG SCREEN 9 WITH CONFIRMATION, URINE	AMA 80301, CMS G0431
VENL	VENLAFAXINE AND METABOLITES	AMA 80338, CMS 80299
VOSC	VOLATILE SCREEN	AMA 80320, CMS G6040
WBAC	ALCOHOL, WHOLE BLOOD	AMA 80320, CMS G6040
ZOLPB	ZOLPIDEM	AMA 80368, CMS 80299
	Immunohistochemistry, per specimen; initial single antibody stain procedure	88342
	Immunohistochemistry, per specimen; each additional single antibody stain procedure	88341
	Immunohistochemistry, per specimen; each multiplex antibody stain procedure	88344
	In situ hybridization (e.g. FISH), per specimen, initial single probe stain procedure	88365
	In situ hybridization (e.g. FISH), per specimen, each additional single probe stain procedure	88364
	In situ hybridization (e.g. FISH), per specimen, each multiplex stain procedure	88366
	Morphometric analysis, in situ hybridization (quantitative or semi quantitative); manual, per specimen; initial single probe stain procedure	88368
	Morphometric analysis, in situ hybridization (quantitative or semi quantitative); manual, per specimen; each additional single probe stain procedure	88369
	Morphometric analysis, in situ hybridization (quantitative or semi quantitative); manual, per specimen; each additional multiplex probe stain procedure	88377