HNL Lab Medicine®

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LAB-LINK

NEW AND UPDATED LABORATORY TESTING INFORMATION

HNL Lab Medicine®
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FOR THE MOST UP-TO-DATE TEST INFORMATION, VISIT OUR ONLINE HANDBOOK AT HNL.COM/TESTMENU

The American Medical Association (AMA) Current Procedural Terminology (CPT) codes published by HNL Lab Medicine are guidelines and are intended for informational purposes only. CPT coding is the exclusive responsibility of the billing entity. HNL Lab Medicine strongly recommends confirmation of CPT codes with third-party payors and/or the AMA. We assume no responsibility for billing errors due to reliance upon CPT codes provided by HNL Lab Medicine. OIG guidelines recommend tests ordered should be reasonable and necessary for the patient, given their clinical condition. Physicians who order medically unnecessary tests for which federal healthcare plan reimbursement is claimed may be subject to penalties. Individual components of profiles or panels may be ordered individually. Physicians who consider reflex testing unnecessary may order an initial test without the reflexed test. Reflex or confirmation tests are performed at an additional charge.

TEST UPDATE

Oligoclonal Band Profile (MSPAN)	
DESCRIPTION OF CHANGE:	ARUP Oligoclonal Band Profile is replacing Mayo MS Profile
EFFECTIVE DATE:	**Immediately**
INCLUDES:	• Immunoglobulin G • Immunglobulin G, CSF • Albumin, CSF • Albumin Index • CSF IgG/Albumin Ratio • IgG Index • CSF Oligoclonal Bands • Interpretation • CSF IgG Synthesis Rate • Albumin by Nephelometry • Oligoclonal Bands Number, CSF
ALTERNATE NAME:	• Multiple Sclerosis Panel • MS Panel • CSF Oligoclonal Bands
METHODOLOGY:	Qualitative Isoelectric Focusing/Electrophoresis/Nephelometry
TESTING SCHEDULE:	Routine, daily
REPORT AVAILABILITY:	3-5 days
SPECIMEN REQUIREMENTS:	MINIMUM VOLUME: • 1 mL serum AND 1.5 mL cerebrospinal fluid CONTAINER: • Gold Top Tube (serum separator) OR Red Top tube (no serum separator) • CSF in sterile container COLLECTION: Allow serum to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to aliquot tube. Transfer 1.5 mL CSF to a sterile aliquot tube and refrigerate.
SPECIAL INSTRUCTIONS:	Specimens must be assayed together for interpretation. A patient is considered positive for CF oligoclonal bands if there are two or more bands in the CSF immunoglobulin region that are not present in the serum. In order to confirm local production of oligoclonal IgG in CSF, a matched serum sample is required. Oligoclonal bands present in CSF, but not in serum, indicate central nervous system production. Oligoclonal bands are performed using isoelectric focusing and immunofixation.
REFERENCE RANGE:	Professional interpretation provided by ARUP Laboratories
CLINICAL UTILITY:	Preferred test in the workup of multiple sclerosis. Detect unique IgG oligoclonal bands in cerebrospinal fluid (CSF) in conjunction with a matched serum specimen. Calculate CSF IgG Index.

- Albumin Index and CSF IgG/Albumin Ratio are included in the ARUP report
- ARUP requires slightly more CSF specimen volume to perform patient testing

Table 1: ARUP Test Equivalents

MAYO LABORATORY TEST	
DESCRIPTION	**TEST CODE**
MULTIPLE SCLEROSIS SCREEN	MSPR

ARUP LABORATORIES TEST	
DESCRIPTION	**TEST CODE**
OLIGOCLONAL BAND PROFILE	MSPAN

continued →

Table 2: NEW Specimen Requirements - ARUP's specimen requirements are summarized below

Differences from previous Mayo Laboratory test are in **red** font.

PARAMETERS	OLIGOCLONAL BAND PROFILE	
PERFORMING LAB INFORMATION:	ARUP (0080440)	
NEW HNL TEST CODE:	**MSPAN**	
INCLUDES:	• CSF Oligoclonal Band • CSF and Serum IgG • CSF and Serum Albumin • IgG Index	• **CSF IgG Synthesis Rate** • **Albumin Index** • CSF IgG/Albumin Ratio • Interpretation
COLLECT:	Serum and CSF: 1 Gold Top Tube (SST) or 1 Red Top Tube (no serum separator) AND **1.5 mL CSF** in sterile container **NOTE: SERUM MUST BE COLLECTED WITHIN 48 HRS OF CSF COLLECTION**	
PROCESSING:	Allow serum to clot completely at room temperature. Separate serum from cells within 2 hours of collection. Transfer 1.0 mL serum to aliquot tube. Transfer 1.5 mL CSF to sterile aliquot tube and refrigerate.	
TRANSPORT:	Refrigerated (2-8*C)	
REJECTION CRITERIA:	• Plasma. Specimens collected outside the 48 hour window • Grossly hemolyzed specimens	
STABILITY:	Room Temp (18-26* C)	Serum: 8 hours CSF: 8 hours
	Refrigerated (2-8*C)	Serum: 1 week CSF: 1 week
	Frozen (</= -20*C)	Serum: 1 year CSF: 1 year
REFERENCE RANGES:	Professional Interpretation provided by ARUP Laboratories	
TESTING SCHEDULE:	**Routine, Daily**	
REPORT:	**2-5 days**	
METHODOLOGY:	Qualitative Isoelectric Focusing **Electrophoresis** Nephelometry	
CPT CODES:	Oligoclonal Bands: 83916 Serum Albumin: 82040 CSF IgG: 82784 IgG Synthesis Rate: 82784 CSF Albumin: 82042	
NOTES:	Specimens must be assayed together for interpretation. A patient is considered positive for CSF Oligoclonal bands if there are two or more bands in the CSF immunoglobulin region that are not present in the serum. In order to confirm local production of oligoclonal IgG in CSF, a matched serum sample is required. Oligoclonal bands present in CSF, but not in serum, indicate central nervous system production. Oligoclonal bands are performed using isoelectric focusing and immunofixation.	

For questions, please call **877-402-4221**.

For technical questions related to this test, please ask for **Technical Support** between the hours of **8 a.m. and 4:30 p.m.** For general inquiries, Customer Care is available to assist at any time.

TEST UPDATE

Obstetric Profile PREN with Urinalysis (PN3)	
DESCRIPTION OF CHANGE:	Update to specimen collection instructions and reflex testing for blood bank specimens
EFFECTIVE DATE:	**12/1/20**

INCLUDES:	• ABO/Rh and Antibody Screen (PREN code-ordered separately)
	• CBC with Differential (CBCD)
	• Hepatitis B surface Antigen (HbsAg)
	• Rubella IgG Antibody, Immune Status (RUBG)
	• Urinalysis (URIN)
	• Glucose (GLUC)
	• Creatinine (CREAT)
	• RPR
	• Reflexed when appropriate:
	  • Hepatitis B Surface Antigen Neutralization
	  • Syphilis serology
	  • RPR Titer
	  • Antibody Identification
	  • Phenotype Antigen Test
	  • Direct Antiglobulin Test
	  • Antibody Elution
	  • Antibody Titer
	  • EGA Treatment
	  • RHD Molecular Testing
	  • Red Cell Antigen Molecular Testing
	  • IgG/IgM Subclass
	  • Adsorption

METHODOLOGY:	**See** individual test listings.
TESTING SCHEDULE:	Routine, daily
REPORT AVAILABILITY:	1-3 days
SPECIMEN REQUIREMENTS:	CONTAINER: • 2 Gold top tubes, serum separator, 1 Lavender top tube, EDTA , 1 Pink top tube, • EDTA AND 1 plastic urine container COLLECTION: Specimens for Blood Bank testing must be labeled with 2 independent identifiers (ex: patient name, DOB, MRN) and initials of person collecting the specimen.
SPECIAL INSTRUCTIONS:	Submit Blood Bank specimens with a completed Blood Bank Requisition (LAB-04) Form
REFERENCE RANGE:	**See** individual test listings.
CRITICAL VALUES:	**See** individual test listings.
CLINICAL UTILITY:	**See** individual test listings.

For questions, please call **877-402-4221**.

For technical questions related to this test, please ask for **Technical Support** between the hours of **8 a.m. and 4:30 p.m.** For general inquiries, Customer Care is available to assist at any time.

NEW TEST

Pain Management Phentermine, Quantitative, Urine (PPHEN)	
EFFECTIVE DATE:	**12/1/2020**
INCLUDES:	Identification, quantitation and interpretation for pain management compliance monitoring of Phentermine in urine.
METHODOLOGY:	Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
TESTING SCHEDULE:	Routine, 5 times per week
REPORT AVAILABILITY:	1-3 days
SPECIMEN REQUIREMENTS:	MINIMUM VOLUME: • 5 mL random urine CONTAINER: • Plastic urine container
SPECIAL INSTRUCTIONS:	Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only medications taken within the last 2-3 days.
REFERENCE RANGE:	Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.
CLINICAL UTILITY:	• Compliance monitoring for pain management • Useful for the detection, identification and quantitation of phentermine in urine

For questions, please call **877-402-4221**.

For technical questions related to this test, please ask for **Technical Support** between the hours of **8 a.m. and 4:30 p.m.** For general inquiries, Customer Care is available to assist at any time.

NEW TEST

Pain Management Naloxone, Quantitative, Urine (PPNAL)	
EFFECTIVE DATE:	**12/1/2020**
INCLUDES:	Identification, quantitation and interpretation for pain management compliance monitoring of Naloxone in urine.
METHODOLOGY:	Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
TESTING SCHEDULE:	Routine, 5 times per week
REPORT AVAILABILITY:	1-3 days
SPECIMEN REQUIREMENTS:	MINIMUM VOLUME: • 5 mL random urine CONTAINER: • Plastic urine container
SPECIAL INSTRUCTIONS:	Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only medications taken within the last 2-3 days.
REFERENCE RANGE:	Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.
CLINICAL UTILITY:	• Compliance monitoring for pain management • Useful for the detection, identification and quantitation of naloxone in urine

For questions, please call **877-402-4221**.

For technical questions related to this test, please ask for **Technical Support** between the hours of **8 a.m. and 4:30 p.m.** For general inquiries, Customer Care is available to assist at any time.

NEW TEST

Pain Management Naltrexone, Quantitative, Urine (PPNTX)	
EFFECTIVE DATE:	**12/1/2020**
INCLUDES:	Identification, quantitation and interpretation for pain management compliance monitoring of the following in urine: • Naltrexone • Beta-Naltrexol
METHODOLOGY:	Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
TESTING SCHEDULE:	Routine, 5 times per week
REPORT AVAILABILITY:	1-3 days
SPECIMEN REQUIREMENTS:	MINIMUM VOLUME: • 5 mL random urine CONTAINER: • Plastic urine container
SPECIAL INSTRUCTIONS:	Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only medications taken within the last 2-3 days.
REFERENCE RANGE:	Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.
CLINICAL UTILITY:	• Compliance monitoring for pain management • Useful for the detection, identification and quantitation of naltrexone in urine

For questions, please call **877-402-4221**.

For technical questions related to this test, please ask for **Technical Support** between the hours of **8 a.m. and 4:30 p.m.** For general inquiries, Customer Care is available to assist at any time.

GENERAL INFORMATION

Update to GFR Reporting Calculation

Effective Date: 1/5/21

HNL Lab Medicine will be updating the reporting calculation for Glomerular Filtration Rate (GFR) testing to include patient Race. Reports will now include the Estimated Glomerular Filtration Rate (eGFR) calculation for African American and Non-African American patients.

This change will be performed to any battery that contains the eGFR calculation:

- (BMP) Basic Metabolic Panel
- (CAACC) Amylase Clearance/Creatinine Clearance Ratio, Urine
- (CALCR) Creatinine Clearance, Urine 24-Hour
- (CKDKP) CKD Kidney profile
- (CPMP) Comprehensive Metabolic Panel
- (CREAT) Creatinine, Serum
- (RCHEM) Research Chemistry Profile
- (RFP) Renal Function Panel

There will be no changes to the reference range.

The comment section, which includes the units of measure, result interpretation, and calculation description, will now result under a new test parameter of **eGFR Comment**.

The report display will be listed in the following order on the patient's report:

- eGFR, Non-African Am
- eGFR, African Amer
- eGFR Comment

Note: The updated reporting calculation for GFR will also be implemented for testing performed at HRHS (Holy Redeemer Health System).