Health Network LABORATORIES®

LAB-LINK

VOLUME 3 • December 2015

For the most up-to-date test information, visit our online handbook at www.healthnetworklabs.com

As your laboratory partner,

Health Network Laboratories is

pleased to keep you

connected to new and updated

laboratory testing information.

In This Issue

CPT (Current & Procedural Terminology) is a trademark of the AMA. Codes listed are guidelines and are for informational purposes only. Coding questions should be directed to the third party payor and/or the AMA. 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 Medicare reimbursement is claimed may be subject to penalties. Individual components of profiles or panels may be ordered individually at an additional charge. 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.

Health Network Laboratories
794 Roble Road
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NEW TEST:
HNL is pleased to expand our testing menu to include the following test.

HCV Genotype	
Test Code:	HEPCG
Effective Date:	12/15/2015
CPT Code:	87902
Includes:	Hepatitis C Viral Load (HCVLD) and HCV genotype (HCVTP)
Alternate Name:	Hepatitis C Genotype
Methodology:	Reverse transcription Polymerase Chain Reaction (RT-PCR) of the 5'UTR and Core regions of the HCV genome, followed by solid phase electrochemical methodology
Testing Schedule:	Routine, Monday - Friday
Report Available:	4-6 days
Specimen Requirements:	Minimum Volume: 4 ml plasma Container: 3 White top tubes, EDTA OR 3 Lavender top tubes, EDTA
Special Instructions:	• Freshly drawn specimens may be stored at 2° to 8°C for up to 24 hours prior to centrifugation. • **FOR WHITE TOP EDTA TUBES**: Centrifuge specimen for 20 minutes @ 800-1600 xg (3000 rpm) within 24 hours of collection. Do not aliquot. Refrigerate. • **FOR LAVENDER TOP EDTA TUBES**: Centrifuge specimen for 20 minutes @ 800-1600 xg (3000 rpm) within 24 hours of collection. Aseptically transfer plasma to plastic aliquot tube. Refrigerate
Reference Range:	HCV Type/Subtype : 1a, 1b, 2a/c, 2b, 3, 4, 5, 6
Clinical Utility:	HCV is now a curable disease, and advances in HCV therapy have resulted in steadily higher cure rates. Before treatment for HCV can be commenced however, it is necessary to genotype the virus as different genotypes require different types and durations of treatment.

For more information, please contact Nancy Holihan 1-877-402-4221

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TEST CHANGE:

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Disopyramide	
Test Code:	DISOP
Effective Date:	11/16/2015
Reason For Change:	Reference range change.
CPT Code:	***80299***
Methodology	Quantitative Enzyme Multiplied Immunoassay Technique
Testing Schedule:	Routine, 2 times per week
Report Available:	5-7 days
Specimen Requirements:	Minimum Volume: 1 mL serum Container: Red top tube, no serum separator
Special Instructions:	Centrifuge specimen within 2 hours of collection, transfer serum to aliquot tube and refrigerate
Reference Range:	***Therapeutic:*** ***2.0 – 6.0 ug/mL*** ***Toxic:*** ***> 6.0 ug/mL***
Clinical Utility:	Useful for monitoring for appropriate therapeutic level and assessing toxicity.

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<table>
<tr><th colspan="2">Platelet Antibody, Direct</th></tr>
<tr><td>Test Code:</td><td>PAAD</td></tr>
<tr><td>Effective Date:</td><td>11/16/2005</td></tr>
<tr><td>Reason For Change:</td><td>Test code and specimen requirements have changed.</td></tr>
<tr><td>CPT Code:</td><td>86023 X2</td></tr>
<tr><td>Methodology</td><td>Qualitative Flow Cytometry</td></tr>
<tr><td>Testing Schedule:</td><td>Routine, daily</td></tr>
<tr><td>Report Available:</td><td>3-5 days</td></tr>
<tr><td>Specimen Requirements:</td><td>
<table>
<tr><td>Minimum Volume:</td><td>4 mL whole blood</td></tr>
<tr><td>Container:</td><td>1 Lavender top tube, <u>EDTA</u></td></tr>
<tr><td>Collection:</td><td>• Collect Monday-Thursday NO holidays.
• Specimens must arrive in laboratory BEFORE 1400.</td></tr>
</table>
</td></tr>
<tr><td>Special Instructions:</td><td>Store as whole blood in original tube at room temperature.</td></tr>
<tr><td>Reference Range:</td><td>IgG: Negative
IgM: Negative</td></tr>
<tr><td>Clinical Utility:</td><td>Detection of platelet-associated IgG and/or IgM may be used to separate thrombocytopenia of immune origin from nonimmune origin. Most patient with ITP have abnormally high levels of IgG associated with their platelets. Occasionally patients will have normal IgG levels but abnormally high levels of IgM. Dual staining and flow cytometric analysis ensures that only platelets are analyzed and relatively small volumes of blood are required. This assay does not distinguish between auto-antibodies and alloantibodies, nor does it identify specific types of antibodies, such as those against HPA-1a.</td></tr>
</table>

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Hemoglobin, Plasma	
Test Code:	PLHGB
Effective Date:	11/16/2015
Reason For Change:	Reference range change
CPT Code:	83051
Methodology	Quantitative Spectrophotometry
Testing Schedule:	Routine, daily
Report Available:	5-7 days
Specimen Requirements:	Minimum Volume: 2 mL plasma Container: Green top tube, Lithium or Sodium heparin
Special Instructions:	• Centrifuge specimen within 2 hours of collection, transfer plasma to aliquot tube and refrigerate. • NOTE: Hemolyzed samples will be rejected.
Reference Range:	***0.0-9.7 mg/dL***
Clinical Utility:	Useful for determining whether hemolysis is occurring from a transfusion reaction or mechanical fragmentation of red blood cells.

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Cryoglobulin, Qualitative, with Reflex to IFE Typing and Quantitative IgA, IgG, and IgM	
Test Code:	***CRYOB***
Effective Date:	11/16/2015
Reason For Change:	Test code and reflex testing have changed. If the Qualitative Cryoglobulin is positive, Immunofixation Electrophoresis typing will now be reflexed in addition to quantitative IgA, IgG and IgM testing on the cryoprecipitate.
CPT Code:	82595, if reflexed add 86334 and 82784x3
Includes:	• ***Cryoglobulin, Qualitative*** • ***Reflexed when appropriate: Quantitative immunoglobulins (IgG, IgA and IgM) and Immunofixation Electrophoresis Typing on the cryoprecipitate.***
Methodology	• ***Manual Inspection*** • ***If reflexed: Qualitative Immunofixation Electrophoresis/Quantitative Nephelometry***
Testing Schedule:	Routine, daily
Report Available:	***5-7 days***
Specimen Requirements:	Minimum Volume: ***3 mL serum*** Container: Pre-warmed Red top tube (10mL), no serum separator Collection: Fasting is required.
Special Instructions:	• ***Draw approximately 7 mL blood into a pre-warmed (37C) plain red tube.*** • ***Maintain collected blood at 37C until clotting is complete (up to 1 hour).*** • ***Separate serum from cells as soon as possible.*** • ***Transfer serum to a plastic aliquot vial.*** • ***Store and transport at room temperature.*** • ***Refrigerating after processing is also acceptable.***
Reference Range	***Negative at 72 hours.***
Clinical Utility:	Cryoglobulins are usually associated with certain plasma cell and lymphoproliferative disorders but have also been deonstrated in collagen vascular disease, hepatitis C, and infections such as infectious mononucleosis and cytomegalovirus disease.

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<table>
<tr><th colspan="2">Parathyroid Hormone Related Peptide</th></tr>
<tr><td>Test Code:</td><td>PTHRP</td></tr>
<tr><td>Effective Date:</td><td>11/16/2015</td></tr>
<tr><td>Reason For Change:</td><td>Note added to clinical utility.</td></tr>
<tr><td>CPT Code:</td><td>82542</td></tr>
<tr><td>Methodology</td><td>Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry</td></tr>
<tr><td>Testing Schedule:</td><td>Routine, 3 times per week</td></tr>
<tr><td>Report Available:</td><td>5-7 days</td></tr>
<tr><td>Specimen Requirements:</td><td>
<table>
<tr><td>Minimum Volume:</td><td>1 mL plasma</td></tr>
<tr><td>Container:</td><td>Special Collection tube required: Protease Inhibitor tube (PPACK) tubes must be obtained prior to collection (store tube refrigerated.) Tube must be collected with a winged collection device (butterfly) to avoid chemical reflux back into the vein of the patient. Contact our Customer Care Department at 1-877-402-4221 for special tube or collection device (butterfly needle).</td></tr>
</table>
</td></tr>
<tr><td>Special Instructions:</td><td>

Collect special collection tube (white top) using a winged collection device (butterfly needle).
Mix collection tube thoroughly.
Centrifuge specimen within one hour of collection, transfer plasma to plastic aliquot tube and freeze.
Once frozen, transport specimen submerged in dry ice.

</td></tr>
<tr><td>Reference Range</td><td>
<table>
<tr><td>Age</td><td>Male</td><td>Female</td></tr>
<tr><td>18 years and older</td><td>0.0-2.3 pmol/L</td><td>0.0-3.4 pmol/L</td></tr>
</table>
</td></tr>
<tr><td>Clinical Utility:</td><td>Useful to aid in evaluation of unexplained hypercalcemia, particularly in suspected hypercalcemia of malignancy.
NOTE: Amino (N)- and Carboxy (C) terminus PTHrP fragments, such as those produced by some patients with renal insufficiency, do not interfere with this assay.</td></tr>
</table>

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5-Hydroxyindoleacetic Acid, (HIAA), Urine	
Test Code:	HIAAU
Effective Date:	11/16/2015
Reason For Change:	Testing Methodology
CPT Code:	83497
Includes:	• Volume Measurement for 24 hour collections • Collection Period for 24 hour collections • 5-Hydroxyindolacetic Acid, Urine • Creatinine, Urine
Methodology	***Quantitative High Performance Liquid Chromatography - Tandem Mass Spectrometry***
Testing Schedule:	Routine, 6 times per week
Report Available:	5-7 days
Specimen Requirements:	Minimum Volume: Entire 24-Hour urine collection or random urine collection Container: • 24-Hour plastic urine container, no preservative • Plastic random urine container
Special Instructions:	• Patients should not eat avocados, bananas, eggplant, pineapple, plums, tomatoes, tomato products and walnuts which are high in serotonin for a 72-hour period prior to start of collection. • Patients should abstain from medications known to affect the metabolism of serotonin, over the counter drugs and herbal remedies for at least 72 hours prior to the tests.
Reference Range:	HIAA: 0.0-15.0 mg/24 Hours HIAA/Creatinine: 0-14 mg/qCrt The HIAA-Creatinine ratio will be reported whenever the urine collection is less than 24 hours, or the urine volume is less than 400 mL/24 hours.
Clinical Utility:	Useful for biochemical diagnosis and monitoring of intestinal carcinoid syndrome.

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Treponema pallidum Antibody by TP-PA	
Test Code:	***TPPA***
Effective Date:	09/18/2015
Reason For Change:	New test code effective 9/18/2015
CPT Code:	86780
Alternate Names:	• Flouorescent Treponemal Antibody • Syphilis antibody by MHA
Methodology	Semi-Quantitative Particle Agglutination
Testing Schedule:	Routine, Monday-Friday
Report Available:	3-7 days
Specimen Requirements:	Minimum Volume: 0.5 mL serum Container: Gold top, serum separator tube
Special Instructions:	Centrifuge within 2 hours of collection. Transfer serum to plastic aliquot tube and refrigerate.
Reference Range	Nonreactive
Clinical Utility:	Useful to confirm past infection if RPR is negative and syphilis serology (SYPHL) is positive.

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Schistosoma Ab, IgG	
Test Code:	***SCHTG***
Effective Date:	09/23/2015
Reason For Change:	New test codes as of 9/23/15
CPT Code:	86682
Methodology	Semi-Quantiative Enzyme-Linked Immunosorbent Assay
Testing Schedule:	Routine, 1 time per week
Report Available:	3-10 days
Specimen Requirements:	Minimum Volume: 1 mL serum Container: Gold top tube, serum separator
Special Instructions:	Centrifuge within 2 hours of collection, transfer 0.5 mL serum to plastic aliquot tube and refrigerate.
Reference Range	<0.20 OD: Negative: No significant level of IgG antibody to Schistosoma detected. ≥0.20 OD: Positive: Presumptive evidence of current or past infection with Schistosoma.
Clinical Utility:	Useful to diagnose current or past infection with Schistosoma.

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Vascular Endothelial Growth Factor	
Test Code:	***VEGF***
Effective Date:	09/18/2015
Reason For Change:	New test code as of 9/18/2015
CPT Code:	82397
Methodology	Quantitative Chemiluminescent Immunoassay
Testing Schedule:	Routine 1 time per week
Report Available:	3-10 days
Specimen Requirements:	Minimum Volume: 0.3 mL EDTA plasma Container: Lavender top, EDTA tube
Special Instructions:	Centrifuge within 2 hours of collection, transfer plasma to plastic aliquot tube and freeze. **Specimen must remain frozen, if multiple tests are ordered, additional specimens must be submitted.** This assay is performed using the QuanatiGlo Chemiluminescent EIA kit. Values obtained with different assay methods or kits cannot be used interchangeably.
Reference Range	9 to 86 pg/mL
Clinical Utility:	This test may have value in the evaluation of patients with various types of cancer who are being considered for anti-angiogenesis therapy.

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Pyruvate	
Test Code:	PYRU
Effective Date:	10/05/2015
Reason For Change:	Patient preparation and specimen tube type have changed.
CPT Code:	84210
Methodology	Quantitative Enzymatic
Testing Schedule:	Routine, daily
Report Available:	5-7 days
Specimen Requirements:	***Minimum Volume:*** ***1 mL whole blood*** ***Container:*** ***Prior to collecting specimen, contact our Customer Care Department at 877-402-4221 for a special prechilled collection tube containing 2.5 mL 8% perchloric acid into which blood will be transferred.*** ***Collection:*** • ***Patient should be fasting*** • ***Patient should be at complete rest and avoid exercise of the hand or arm before or during collection.*** • ***Draw the specimen without a tourniquet or within 3 minutes of applying the tourniquet, but before releasing it.***
Special Instructions:	• ***Collect sufficient blood with a syringe or vacutainer tube (Lithium or Sodium heparin green top tube) to transfer exactly 1 mL directly into the PRECHILLED collection tube.*** • ***Mix well for 30 seconds, then place in chameleon cooler or refrigerater for 10 minutes.*** • ***Centrifuge for 10 minutes at 1500 x g.*** • ***Decant 2 mLs supernatant to a plastic aliquot tube (min 1 mL) and freeze immediately.***
Reference Range	0.030-0.107 nmol/L
Clinical Utility:	Pyruvate, in conjunction with lactate determined from a blood specimen collected at the same time, is used to assess the L/P ratio. The L/P ratio is considered a helpful (not diagnostic) tool in the evaluation of patients with possible disorders of mitochondrial metabolism. Pyruvic acid levels alone have little clinical utility.

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