



# LAB-LINK

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As your laboratory partner,

Health Network Laboratories is

pleased to keep you

connected to new and updated

laboratory testing information.

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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.

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**NEW TEST:**

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

<b>Carnitine, Urine</b>		
<b>Test Code:</b>	UCAR	
<b>Effective Date:</b>	05/01/2015	
<b>CPT Code:</b>	82379	
<b>Includes:</b>	<ul style="list-style-type: none"> <li>• Carnitine, Total, Urine</li> <li>• Carnitine, Free, Urine</li> <li>• Carnitine, Esterified, Urine</li> <li>• Carnitine, E/F Ratio, Urine</li> <li>• Esterified carnitine is derived from a mathematical calculation using free and total carnitine</li> </ul>	
<b>Methodology:</b>	Tandem Mass Spectrometry	
<b>Testing Schedule:</b>	Routine 1 time per week (Tuesday).	
<b>Report Available:</b>	4-11 days	
<b>Specimen Requirements:</b>	Minimum Volume: 5ml random urine Container: Plastic tube or container	
<b>Special Instructions:</b>	FREEZE entire urine specimen immediately after collection.	
<b>Reference Range:</b>	<b>Components</b>	<b>Reference Interval</b>
	Carnitine, Total, Urine	0-5 months: 160-1552 $\mu\text{mol/g creatinine}$ 6-23 months: 231-1710 $\mu\text{mol/g creatinine}$ 2 years and older: 73-731 $\mu\text{mol/g creatinine}$
	Carnitine, Free, Urine	0-5 months: 16-922 $\mu\text{mol/g creatinine}$ 6-23 months: 37-1066 $\mu\text{mol/g creatinine}$ 2 years and older: 7-407 $\mu\text{mol/g creatinine}$
	Carnitine, Esterified, Urine	0-5 months: 138-525 $\mu\text{mol/g creatinine}$ 6-23 months: 175-613 $\mu\text{mol/g creatinine}$ 2 years and older: 55-317 $\mu\text{mol/g creatinine}$
	Carnitine, E/F Ratio, Urine	0-5 months: 0.4-6.8 6-23 months: 0.4-5.0 2 years and older: 0.5-7.3
<b>Clinical Utility:</b>	Useful in the evaluation of patients with a clinical suspicion of a wide range of conditions including organic acidemias and fatty acid oxidation disorders.	

For more information, please contact Karen Pillow 1-877-402-4221

**NEW TEST:**

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

<b>Gluten IgG</b>	
<b>Test Code:</b>	GLUTG
<b>Effective Date:</b>	04/15/2015
<b>CPT Code:</b>	86001
<b>Methodology:</b>	Enzyme Immunoassay (FEIA)
<b>Testing Schedule:</b>	Routine daily Monday through Friday
<b>Report Available:</b>	5-7 days
<b>Specimen Requirements:</b>	Minimum Volume: 0.5 ml serum Container: Gold Top tube, <u>Serum Separator</u>
<b>Reference Range:</b>	<2.0 mcg/mL
<b>Clinical Utility:</b>	This test can be useful in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitizations by the food allergen in question.

For more information, please contact Karen Pillow at 1-877-402-4221

**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.

<b>Thyroglobulin Profile</b>	
<b>Test Code:</b>	THGLB
<b>Effective Date:</b>	06/09/2015
<b>Reason For Change:</b>	On June 9, 2015 Health Network Laboratories will modify its current process for the testing of Quantitative Thyroglobulins (THYB). The presence of anti-thyroglobulin autoantibodies, which occur in 15% to 30% of thyroid cancer patients, could lead to inaccurate quantitation of commercially available thyroglobulin assays. Recently, trypsin digestion of serum proteins has allowed accurate quantification via mass spectrometry of thyroglobulin in specimens with autoantibody interference. All requests for THYB will first be screened for the presence of anti-thyroglobulin antibodies (ATGAB). If the ATGAB result is negative (< 40 IU/mL), the immunoassay for Quantitative Thyroglobulin (THYB) will be automatically tested. If, however, ATGABs are present (> 40 IU/mL), the specimen will be referred to our reference lab for reflex to a quantitative thyroglobulin test using trypsin digestion followed by LC/MS quantification.
<b>CPT Code:</b>	84432, 86800
<b>Includes:</b>	<ul style="list-style-type: none"> <li>• Thyroglobulin Autoantibody</li> <li>• Thyroglobulin Quantitative (Immunoassay or LC/MS)</li> </ul>
<b>Methodology</b>	<b><i>Chemiluminescent Immunoassay or LC/MS</i></b>
<b>Testing Schedule:</b>	Routine, 3 times per week
<b>Report Available:</b>	4-7 days
<b>Specimen Requirements:</b>	Minimum Volume: 1 mL serum Container: Gold top tube, <u>serum separator</u>
<b>Special Instructions:</b>	Centrifuge, transfer to plastic aliquot tube and refrigerate
<b>Reference Range:</b>	<b>Thyroglobulin, Quantitative (IA)</b>
	Normal Thyroid: < 33 ng/mL
	Athyroidic Patient: < 5 ng/mL
	<b>Thyroglobulin, Quantitative (LC/MS)</b>
	6 months - 3 years 7.4 - 48.7 ng/mL
	4 - 7 years 4.1 - 40.5 ng/mL
	8 - 17 years 0.8 - 29.4 ng/mL
	≥ 18 years 1.3 - 31.8 ng/mL
	<b>Thyroglobulin Autoantibody</b> < 2.3 IU/mL
<b>Clinical Utility:</b>	Thyroglobulin testing is often used as a tumor marker to determine the effectiveness of thyroid cancer treatment.



## ADDITIONAL INFORMATION

### Mean Platelet Volume

Effective June 9, 2015 Health Network Laboratories will add Mean Platelet Volume (MPV), to the following: CBC, CBCD and CBCMD.

MPV is the average volume of individual platelets derived from the platelet histogram. It is expressed in femtoliters (fL), the MPV test results can be used to evaluate platelet production in bone marrow or platelet destruction problems. Reference range is 7.5 to 11.3 fL.

For more information, please contact Diane Raber at 1-877-402-4221



## ADDITIONAL INFORMATION

### Cervical DNA Dtex Testing

Health Network Laboratories now provides physicians the option to order the Cervical DNA Dtex® test. The Cervical DNA Dtex® test identifies the irreversible DNA damage to cervical cells on Pap tests which can help identify which high risk HPV positive and Low-Grade Squamous Intraepithelial Lesions will progress to cervical disease. The test can be run on liquid-based cytology samples within 21 days of collection. Results will be reported as an addendum to the finalized cytopathology report.

For more information, please contact Kelly Frankenfield 1-877-402-4221



**Discontinuation of abbreviated Influenza A/B/RSV  
for 2014-2015 Flu season**

**PLEASE NOTE:**

As of June 1, 2015, The Clinical Microbiology department will discontinue the abbreviated Influenza A/B/RSV panel for the 2014-15 flu season.

Only the Comprehensive Respiratory Viral Panel (RVPPR) will be offered until an increase in influenza activity is again seen. The comprehensive panel includes Influenza A (with typing), B, RSV, Parainfluenza, Adenovirus, Metapneumovirus, and Rhinovirus.

It is run once a day and is not offered STAT.

Currently, the predominate viruses being seen are Metapneumovirus, Rhinovirus, and Parainfluenza.

For more information, please contact Georgia Colasante OR Nancy Holihan at 1-877-402-4221